

clinical characteristics were found to be predictive of adverse pregnancy outcomes: young maternal age ($\beta=-1.15, p<.03$), late-term first contact with the maternity hospital ($\beta=0.08, p<.02$), advanced term of delivery ($\beta=4.01, p<.03$), and a history of psychiatric disorders associated with an AUD but without smoking before pregnancy ($\beta=-1.07, p<.03$). Despite all, pregnant women had a relatively sustained follow-up of their pregnancies.

Conclusions: Mental disorders have a negative impact on pregnancy. More studies should be promoted to raise the attention of professionals to manage and improve women's pregnancy and motherhood with psychiatric conditions.

Disclosure of Interest: None Declared

EPP1083

Factors associated with sexual disorders in women followed for breast cancer

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Introduction: Breast cancer is the most frequently encountered malignant tumor among women in Tunisia and in the world. The quality of sexual life of patients with breast cancer is impaired by multifactorial mechanisms.

Objectives: The aim of our study was to determine the factors associated with sexual disorders in patients followed for breast cancer.

Methods: Cross-sectional analytic study including patients followed for breast cancer at the outpatient medical oncology consultation of Hadj Ali Soua regional hospital from January to March 2021. We collected sociodemographic and clinical data with an assessment of sexuality (FSFI), marital satisfaction (MAT), psychological profile (HAD) and quality of life (SF36).

Results: Fifteen patients were included with a mean age of 49.87 ± 8.48 years and a mean age at diagnosis of 46.73 ± 7.55 years. At the TNM classification, 66.6% of the patients had a T1 or T2 at the time of diagnosis and 80% had an N0. All patients received a surgical intervention, which was conservative in 53.3% of cases. No patient underwent breast reconstruction. Chemotherapy and hormone therapy were prescribed in 86.7% of patients. The mean score of the FSFI questionnaire in our study was 17.25. Eleven patients (73.3%) had an FSFI score below 26.55. We found negative correlations between age and FSFI score ($r=-0.622$; $p=0.013$). We noted statistically significant negative correlations between FSFI and HAD-D ($r=-0.606$; $p=0.017$) and FSFI and HAD-a ($r=-0.707$; $p=0.01$) as well as significant correlations between FSFI and the following items: RE ($r=0.84$; $p=0.000$), SF ($r=0.684$; $p=0.005$), GH ($r=0.671$; $p=0.006$) and MCS ($r=0.788$; $p=0.000$).

Conclusions: Focusing on a small sample of patients followed for breast cancer, our study provides an assessment of the sexual

function in its various areas and shows how sexuality is deeply intertwined with other sections of medical management.

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ADHD Dimension, Childhood trauma and Perceived Stress: an observational study on peripartum women affected by mood and anxiety disorders

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Introduction: Pregnancy is an important life event, involving body and mind transformation as well as brain reorganization. ADHD dimension is an additional aggravating factor, albeit poorly studied in the literature, in patients with mental health disorders in the peripartum.

Objectives: The purpose of this study was to evaluate the correlation among ADHD dimension, trauma in childhood, and anxiety-depressive symptomatology to assess whether the ADHD dimension may affect the quality of life of peripartum patients, and to identify vulnerability factors and self-harm risk.

Methods: The sample included 74 women aged 21-46 years, recruited from Sant'Andrea Hospital in Rome between 2015 and 2019. All recruited women were administered the following scales: Adult ADHD Self Report Scale (ASRS), Edinburgh Postnatal Depression Scale (EPDS); Childhood Trauma Questionnaire (CTQ), Perceived Stress Scale (PSS); Minnesota Multiphasic Personality Inventory (MMPI). Statistical analysis was performed by Pearson's correlation with SPSS software to verify the presence of linear relationships ($p<0.05$) among the ADHD dimension, assessed by the ASRS scale, and the other psychopathological dimensions.

Results: The sample was divided into two groups depending on the results of ASRS: 26 patients were positive for at least one of the ASRS scale items, while 48 patients were negative. The groups did not statistically differ in socio-demographic variables examined. The medium score at EPDS was $15.11 (\pm 8.43)$. It was found that the severity of ADHD dimension directly correlated with the duration of mental symptoms in peripartum ($r=0.324$; $p=0.013$), with the total CTQ scale score ($r=0.342$; $p=0.004$), with emotional abuse detected by CTQ ($r=0.415$; $p<0.001$), with emotional neglect detected by CTQ ($r=0.291$; $p=0.014$) and with perceived stress detected by PSS scale ($r=0.456$; $p<0.001$). Furthermore, we identified a correlation between self-injurious ideation and ADHD symptomatology ($r=0.269$; $p=0.049$) evaluating the item 10 of EPDS.

Conclusions: The severity of ADHD traits directly correlates with the symptomatology and duration of mental disorder in peripartum. Specifically, ADHD patients who develop anxious-depressive