

symptoms are more likely to have experienced emotional abuse and emotional neglect in childhood.

Disclosure of Interest: None Declared

EPP1085

Association between violence and anxiety and depression problems in women living in the Magdalena region, Colombia

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Introduction: Violence against women constitutes a social and health problem, exploring the impact that this can generate on mental health is an indispensable resource for the development of intervention and prevention strategies, primarily in one of the regions with the highest report of femicides in Colombia, such as Magdalena.

Objectives: To evaluate the association between violence and anxiety and depression problems in women living in the Magdalena region, Colombia.

Methods: The study was quantitative, exploratory and by convenience, with face-to-face application and by web platform. The sample consisted of 375 women residents ($\bar{x}=32$; $sd=13$) in the Magdalena region -Colombia. Psychometric tests adapted and validated in Colombia and Mexico were applied, with Cronbach's alpha values between .81 and .95, to evaluate anxiety (Self-Rating Anxiety Scale by Zung, 1971, adapted by Rodríguez et al, 2020), depression (Abbreviated Scale of the Center for Epidemiological Studies of Depression-10. by Radloff, 1977, abbreviated and validated by Rueda-Jaimes et al., 2009), and violence (Suffered and Exercised Partner Violence Questionnaire by De la Rubia and Sandra, 2015). In the data analysis, a nonparametric distribution was identified. Spearman was used to estimate correlations and the Kruskal-Wallis test was used to verify intergroup variance.

Results: Of the total sample, 40.3% showed medium depression, 67.5% showed low anxiety, 3.2% showed a high degree of suffered violence and 2.9% showed a high degree of exercised violence. Significant positive correlations were found between violence, anxiety and depression, as well as between violence, anxiety and depression (see Figure 1). Significant differences were also found between the variables (see Figure 2).

Image:

Figure 1. Bilateral correlation

VARIABLES	Depression	Anxiety
Depression		0,794 (0,001) *
Anxiety	0,794 (0,001) *	
Suffered Violence	0,158 (0,002) *	0,131(0,011) *
Exercised Violence	0,157 (0,002) *	0,125 (0,016) *

(1) Spearman's correlation index (Rho) was calculated, and the significance value (p) =Rho(p) is provided. *. Significance

Image 2:

Figure 2. Segmented variance

VARIABLES	Depression X ² (gl); p	Anxiety X ² (gl); p
Depression		142,326(2); 0,001*
Anxiety	143,563(2); 0,001*	
Suffered Violence	23,785(2); 0,001*	10,498(2); 0,005*
Exercised Violence	26,215(2); 0,001*	9,940(2); 0,007*

X²: Kruskal-Wallis Chi-square. gl: Degrees of freedom. p: Significance level. * There is a significant difference.

Source: own elaboration

Conclusions: The results allow us to conclude that violence against women may be associated with anxiety and depression problems in this population, which allows us to explore this phenomenon from a public health perspective. This also allows us to contemplate the importance of devoting greater efforts to its prevention. Credit is given to project BPIN 2020000100758: Development of an Integrated Technological System for the promotion of mental health, psychosocial and socioemotional problems and prevention of gender violence caused by the COVID19 pandemic in the Magdalena region, and to Universidad del Magdalena for their support and funding.

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EPP1086

The role of interactions within the family in the psychological well-being of postmenopausal women in shiraz (Iran)

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Introduction: As one of the most basic social institutions, the family plays an important role in different periods of people's lives. One of these periods, which are usually associated with a crisis and change in the physical and mental conditions of women, is menopause, which requires the provision of suitable conditions for transition, especially in the family.

Objectives: the purpose of this research is to study the role of interactions within the family in the psychological well-being of postmenopausal women.

Methods: To achieve this goal, qualitative content analysis method has been used. The main question of this research is how do family interactions play a role in the life of postmenopausal women? The participants of this research were 15 menopausal women aged 45 to 60 years old in Shiraz (Iran) who were selected using the purposeful sampling method. Data were collected, coded and analyzed using in-depth and semi-structured interviews. In order to achieve the accuracy and reliability of the data, Guba and Lincoln reliability criteria have been used.

Results: The analysis of the interviews of the participants in this research led to the extraction of 6 subcategories included, "mental rumination in sexual relations", "changes in marital intimacy", "insufficient interactions in the family", "resistant normative

femininity and motherhood”, “fear of aging”, “female shame and taboo”, and the two main categories included “lack of awareness as a relationship parasite” and “destructive resistance”.

Conclusions: The findings of the research indicate that the family members’ lack of knowledge about this period and the prevailing culture of female shame and the taboo of women’s bodies make the family unable to provide the necessary support to menopausal women. On the other hand, keeping menopause a secret and emphasizing on maintaining pre-menopausal conditions by women is a destructive resistance that ultimately leads to psychological damage to them. Therefore, it is suggested that in addition to holding training programs for women in order to enter and face this period properly, trainings should also be considered for other family members and especially husbands (men). It seems that family members can play an effective role in various stages of menopause, including preparation and psychological adaptation of women by receiving correct training.

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EPP1087

Expectant Fathers’ Mental Health History Predicts Actual Depressive Symptomatology in Pregnant Women

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Introduction: Peripartum period is a risky period for mental ill health among women. Biologically endocrinal changes, pregnancy complications, and lack of sleep due to childcare may increase psychopathology. From a social perspective, there is a role translation from women into mother, which is highly demanding. Moreover, the psychological approach underlines interpersonal relationships during the peripartum period. Even though the clinical focus is on postpartum depression, research shows its roots in pregnancy depression.

Objectives: The present study aims to detect predisposing factors to pregnancy depression.

Methods: One hundred-six pregnant women admitted to Salesi Pediatric Hospital of Ancona, participated in the study between April 2021- February 2022. Participants completed the sociodemographic form and Edinburgh Postpartum Depression Scale (EPDS). EPDS scores higher than or equal to 9 are considered psychometric depression.

Results: The mean age of participants were 33.30 ± 4.64 . Most were Italian (97.2%) and cohabiting/married (97.2%). Almost half of the participants were university graduates (50.9%). 84% were employed. The pregnant women were predominantly in the third trimester (71.7%). 58.5% had no children before. No participants were using alcohol or drugs. Pregnancy depression was 13.2% prevalent (See Table 1). Table 2 summarizes binary logistic regression analysis: Higher age, gestational comorbidity, and pregnant women’s and their partner’s psychiatric disorder history predicted depressive symptoms above the threshold.

Image:

Variable	Frequance (%)
Previous abortus	22 (20.8%)
Spontaneous pregnancy	103 (97.2%)
Smoking	5 (4.7%)
Gestational comorbidity	30 (28.3%)
Medical comorbidity (other than gestational)	28 (26.4%)
Edinburgh Postpartum Depression Scale ≥ 9	14 (13.2%)
Previous psychiatric disorder	19 (17.9%)
Family history of psychiatric disorder	34 (32.1%)
Partner’s previous psychiatric disorder	10 (9.4%)

Table 1. Sociodemographic and clinical characteristics (n=106)

Image 2:

Variable	B	Odd’s ratio	95% CI		p
			Lower	Upper	
Age	0.277	1.320	1.087	1.602	0.005
Gestational comorbidity (reference: none)	2.392	10.931	1.754	68.108	0.010
Women’s previous psychiatric disorder (reference: none)	2.944	19.001	3.305	109.232	0.001
Partners’ previous psychiatric disorder (reference: none)	2.806	16.536	2.402	113.815	0.004
Nagelkerke R ² = 0.516 Omnibus $\chi^2=34.793$ (p<0.001), Hosmer & Lemeshow $\chi^2=1.329$ (p=0.988)					
Dependent variable: Depressive symptomatology (Edinburgh Postnatal Depression Scale score ≥ 9)					

Table 2. Predictors of depressive symptomatology requiring clinical attention in pregnant women

Conclusions: Our study reveals well-known risk factors for pregnancy depression and a new finding: expectant fathers’ mental health history predicts actual depressive symptomatology in pregnant women. Fathers should be included in perinatal mental health care. Prevention programs targeting peripartum depression should cover fathers’ mental health.

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EPP1088

COVID-19 and Mental Health: Psychological Impact of the Pandemic on Women during Pregnancy and Puerperium

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