

Introduction: Women with schizophrenia require health interventions and safe spaces sufficiently different from those of men.

Objectives: To describe units in two mental health outpatient services specialized in the treatment of women with schizophrenia and related disorders.

Methods: Two units in Spain projected to treat women with schizophrenia and related disorders - Community Mental Health Programs (CMHU Rambla, CMHU Sant Cugat) will be described. Recruitment, assessment, intervention, and evaluation and satisfaction measures will be characterized, and the need to build-in safety precautions (policy/structural).

Results: Demographics:(Preliminary 2021 data on the two services).

Patients attending (CMHU): 3,393. Forty-five per cent diagnosed with severe mental illness. Schizophrenia and related disorders: 873 patients. 58% women.

Staffing projected: 2 psychiatrists, 2 nurses, 1 clinical psychologist, 2 social workers.

Physical structure: Safe spaces for women/children.

Programs (offered currently and in planning stages): 1)Therapeutic Drug Monitoring/Adherence, 2)Individual/group patient/family sessions, 3)Perinatal Mental Health (preconception, pregnancy, lactation, postpartum, parent training/support), 4)Collaborative programs (primary care, medical specialties especially obstetrics/gynecology and endocrinology, trauma specialists, addiction experts), 5)prevention/intervention of suicide risk, 6)social services (single mothers, family issues, domestic abuse, sexual exploitation) 7)home-based services, 8)peer support, 9)physical activity, 10)psychoeducation for patients and families.

Planned quality evaluation measures: diagnostic assessment (reliability, long-term validity);regular treatment effectiveness evaluation (individualization of treatment plans, assessment of adverse effects of drugs, screening for metabolic syndrome/ physical health, family intervention, psychoeducation (individual/group) assessment of suicidal ideation and global functioning.

Conclusions: Specific services for women with schizophrenia and related disorders represent an important resource to improve patient well-being and offer clinical care leading to individual recovery.

Disclosure of Interest: None Declared

EPV1100

The link between Pos-Traumatic Stress Disorder and Childbirth

A. M. Fraga^{1*}, A. Quintão², B. Mesquita¹, C. Melo Santos², F. Soares¹, J. Correia³, M. Albuquerque¹, S. Neves⁴, A. Moutinho¹ and P. Cintra¹

¹Departamento de Psiquiatria e Saúde Mental, Hospital de Cascais, Cascais; ²Serviço de Psiquiatria, Centro Hospitalar Lisboa Ocidental, Lisboa; ³Serviço de Psiquiatria, Unidade de Saúde Local do Nordeste, Bragança and ⁴Serviço de Psiquiatria, Centro Hospitalar de Tâmega e Sousa, Penafiel, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2390

Introduction: Childbirth can be experienced as distressing or even traumatic for some women and her partners, which could cause psychological distress, intense fear or helplessness and increases the

risk of anxiety, depression and even post-traumatic stress disorder (PTSD). The reported prevalence of post-traumatic stress disorder after childbirth ranges from 1.5% to 6%.

Objectives: The current study aimed to elaborate a narrative literature review to identify predictors associated development of PTSD in women and the partners.

Methods: PubMed database searched using the terms “post-traumatic stress disorder” and “childbirth” and “trauma”. Only research conducted in the past 20 years was considered for inclusion.

Results: Several variables were associated with risk to development PTSD after childbirth, including negative experiences and severe fear of childbirth, subjective distress, previous abortion, psychological difficulties in pregnancy, previous psychiatric problems, history of PTSD and trauma. Furthermore, obstetric and birth-related factors such as pregnancy complications, type of birth could also contribute to PTSD in women and her partners. Additionally, different environmental factors like poor interaction between provider and mother, low social support during labour and birth are associated with development of PTSD.

Conclusions: Clinicians should be aware that many women and her partners have a risk to development PTSD following childbirth. We need to research risk factors in routine clinical practice and carefully monitored the patients with high risk.

Disclosure of Interest: None Declared

EPV1101

MOTHER-CHILD RELATIONSHIP IN THE CONTEXT OF DOMESTIC VIOLENCE

A. Boukdir

¹Psychiatry, University Psychiatric Hospital Ar-razi of Salé, University Hospital Centre Ibn Sina, Temara, Morocco
doi: 10.1192/j.eurpsy.2023.2391

Introduction: Mother-child relationship has a major role in a child's cognitive, emotional and behavior shaping. Unfortunately, in the context of domestic violence, this relationship can be negatively impacted becoming strained or distant.

Objectives: To assess the quality of Mother-Child Relationship in the context of domestic violence or intimate partner violence. And to investigate the factors influencing negatively the Mother-Child Relationship.

Methods: This is a descriptive and analytical cross-sectional study, conducted among abused women and their children, recruited from associations combatting violence against women, from Moulay abdellah hospital of Salé, and from consultation at the university psychiatric hospital Arrazi of Salé, through a hetero-questionnaire that includes socio-demographic characteristics and scales measuring the quality of mother-child relationship (IPA, CAM) and psychological distress of the mother and the child (EMMDP).

Results: From the results observed in women and children recruited in our study, we retain that various elements are impacting the mother-child relationship, such as psychological maternal functioning, child's behavior functioning, parenting qualities, insecurity of child's attachment, unhealthy internalized representations...

Conclusions: A better understanding of the factors influencing mother-child relationship, can allow us to offer more tailored

supports and could enable interventions promoting recovery and women's and children's well-being in the context of domestic violence.

Disclosure of Interest: None Declared

EPV1102

Mental health, Reproductive health and contraception: pharmacological interaction, current evidence and challenges

C. Pinto Osório* and P. Macedo

¹Departamento de Psiquiatria e Saúde Mental, Centro Hospitalar do Tâmega e Sousa, Penafiel, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2392

Introduction: Mental pathology is relatively prevalent in the women, and there is often a need for treatment with psychotropic drugs, with an impact on women's reproductive health. The use of contraception is widely spread among this population and the choice between these methods must be considered carefully.

Objectives: This review aims to present the main interactions between contraceptive methods and psychotropic therapy and its impact on psychiatric disorders, in addition to the precautions to be taken in their choice.

Methods: Literature review of relevant articles on Pubmed. Query: Contraceptive+(psychiatric disorder, depression, anxiety, schizophrenia, bipolar disorder, psychotropic drugs).

Results: Based on current evidence, no statistically significant differences regarding unplanned pregnancy rates or the psychotropic treatment outcomes were found when using combined oral contraceptives and antidepressants, benzodiazepines or atypical antipsychotics (being clozapine the exception). The impact of contraceptive methods on mood was unclear, as some articles showed an association between contraceptive use and a higher risk of beginning antidepressants and others showing no differences or even as a protective factor. Although the interactions of the aforementioned drugs are infrequent, there are cases where important interactions occur, such as clozapine, valproic acid, lamotrigine and carbamazepine, as some herbal products as the St. John's wort. With clozapine, there is an increased serum concentrations, while the opposite occurs in the case of valproate and lamotrigine with a decrease of 32.6% and 23.4%, respectively. Treatment with valproic acid in women of childbearing age has been discouraged because of its association with polycystic ovary syndrome, elevated testosterone concentrations and menstrual irregularities, in addition to the risk of fetal malformations. In cases where this drug is prescribed, it is recommended to use highly effective methods such as subcutaneous implants or intrauterine devices. Lamotrigine and carbamazepine reduce the effectiveness of some contraceptive methods, such as oral contraceptives, transdermal patch and vaginal ring, in which case the placement of a subcutaneous implant or intrauterine device is indicated.

Conclusions: The magnitude of the impact between contraceptives, regarding depressive disorders, is unclear. The evidence shows that some women report the appearance and recrudescence of depressive symptoms, evidencing the need of further studies to identify the risk factors in these cases. The importance of clear and simple information and a shared decision on which contraception

to choose is crucial, as clarification about their interactions with psychiatric treatment. The clinician must also be aware of the implications for reproductive health, in order to reduce the risks and side effects associated with some drugs.

Disclosure of Interest: None Declared

EPV1103

Use of psychotropic medications during pregnancy and the postpartum period: Review on Recent Works and Clinical Scenarios.

E. Román^{1*}, M. Natividad², J. Cobo³, R. Ayasa⁴, H. Cachinero⁵, I. Figueras⁶, E. Izquierdo⁷, E. Martínez⁶, J. P. Paolini San Miguel⁸, J. A. Monreal⁹ and A. González-Rodríguez¹⁰

¹Mental Health, Mutua Terrassa University Hospital. University of Barcelona (UB). CIBERSAM; ²Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca. University of Barcelona. CIBERSAM., Terrassa; ³Mental Health, Parc Tauli University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Sabadell; ⁴Psychiatry, Marqués Valdecilla University Hospital. IDIVAL. National University of Distance Education. CIBERSAM, Santander; ⁵Mental Health, Mutua Terrassa University Hospital. University of Barcelona. Fundació Docència i Recerca Mutua Terrassa; ⁶Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona; ⁷Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona., Terrassa; ⁸Mental Health, Parc Tauli University Hospital. Autonomous University Hospital. I3PT. CIBERSAM, Sabadell; ⁹Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona. CIBERSAM. Inst. Neurociències UAB and ¹⁰Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona. CIBERSAM, Terrassa, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2393

Introduction: The effects of antidepressant and antipsychotic medications in the perinatal period in both mothers and children have been a subject of interest for many decades. Risks and benefits should be considered according to the illness stage, trimester of pregnancy/ postpartum period, and neonatal outcomes.

Objectives: Our goal was to summarize the knowledge about the use of antidepressants and antipsychotics in the perinatal period. To illustrate the complexity of treatment decisions with clinical reports.

Methods: Review: A narrative review was carried out using the PubMed database including papers published in 2022. Evidence about the risks and benefits of using antidepressants and antipsychotics in the perinatal period is presented. Search terms: antidepressants OR antipsychotics AND (perinatal OR pregnancy OR postpartum).

Case reports (5 clinical scenarios): (1) pre-pregnancy counselling, (2-4) first-, second- and third-trimester of pregnancy, and (5) postpartum/breastfeeding.

Results: Review: (1) Depression/antidepressants. Treating maternal depressive symptoms is associated with a lower risk of pregnancy complications. Although placental passage of sertraline is low, drug monitoring is recommended. Antidepressant use in pregnancy is associated with preterm delivery and low weight at birth. (2)