

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

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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.

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EPV1103

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

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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)

Psychosis/Antipsychotics. Antipsychotic intrauterine exposure is not significantly associated with increased risk of major congenital malformations. Minimum effective doses are recommended.

Case reports. (1)Pre-pregnancy counselling. Schizoaffective disorder receiving perphenazine, quetiapine and lithium. (2)First-trimester pregnancy. Discontinuation of treatment in major depressive disorder. (3-4)Second/third trimester. Occurrence of anxiety symptoms in posttraumatic stress disorder. (5)Postpartum/Breastfeeding. Discontinuation of antidepressants.

Conclusions: Shared decision-making models for antidepressants and antipsychotics prescription represent patient-centered approaches to be recommended in perinatal period.

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EPV1104

Postmenopausal women's perceptions regarding menopause within the context of cognitive behavioral model: A qualitative evaluation

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Introduction: Women experience some physiological, cognitive and emotional symptoms due to changes during menopause, which is a critical period in their lives. Every woman experience differences in symptoms and severity of them. Women's individual perceptions and attitudes towards menopause affect their quality of life.

Objectives: The aim of this study is to describe women's perceptions and feelings about menopausal process and symptoms experienced and their behaviours to cope with these symptoms within framework of Cognitive Behavioral Model.

Methods: Phenomenology design was used in this study. Three focus group interviews were held June-September 2022, using Zoom platform. Purposive sampling was used as the sampling method of study. A total of 13 women in a menopausal period of 1-15 years, 5-6 people in each group, were included in the study. Focus group interviews were held for 1-1.5 hours and once with each group. In the focus group interviews, a 'Semi-Structured Interview Form' consisting of 4 questions was used to evaluate perceptions, changes and behaviors of postmenopausal women regarding menopause process. Zoom recordings were taken during the interviews and data were written down. The data were evaluated by thematic analysis method within framework of Cognitive Behavioral Model.

Results: In this study, 11 themes were defined as women's perception of menopause at individual and social level. These themes are negative automatic beliefs about female identity such as menopause reduces woman and loses her femininity, woman is not understood and struggles alone, woman has been stigmatized, women need support, hidden and spoken in a low voice, long and difficult process, also beliefs that physiological changes occur in the body associated with the fact that it's a natural process and that it's necessary to use new coping strategies to effectively manage these changes, onset of diseases, changing relationships, and high self-observation process. Emotions such as irritability, tension, sadness, and hypersensitivity are negative automatic beliefs that decrease

woman and loss of femininity, accompanied by emotions such as irritability, sadness, and behaviors such as crying crises, social withdrawal, that woman is not understood and is a process that she struggles alone, avoidance and social withdrawal behaviors such as reading books, listening music, walking alone.

Conclusions: In this study, it was observed that women had difficulties with gender identity along with physiological and psychological changes during menopause, and there was an increase in self-observation. It was determined that they used some new behavioral and psychological strategies to cope with this new situation. It was evaluated that these changes in emotions, thoughts and behaviors could be well formulated within the cognitive behavioral model and this model would be useful in supporting women.

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EPV1105

Mental Health problems and psychotherapy in female victims of human trafficking

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Introduction: Human trafficking is the trade of humans for the purpose of forced labor, sexual slavery, or commercial sexual exploitation for the trafficker or others. This may encompass providing a spouse in the context of forced marriage or the extraction of organs.

Research into the mental health impact of trafficking has consistently found high rates of mental health problems, most commonly depression, anxiety, and posttraumatic stress disorder (PTSD).

While there is some evidence that these factors can contribute the diagnosis of PTSD, exposure to trauma is the most important feature in the development of PTSD.

Other Mental Health Problems in victims of Trafficking:

1. Dissociative disorders
2. Substance-related disorders
3. Complex trauma

Objectives: Although mental health problems among victims of trafficking have been shown to be high, recovery without treatment is rare, particularly in those who have developed PTSD.

Where there is comorbidity, recovery often does not occur even when rehabilitation has been attempted. This is unsurprising given the multiplicity of trauma that victims of trafficking have experienced, which often includes trauma prior to the trafficking situation.

Methods: Evidence-Based Therapeutic Treatment Options for PTSD:

Some evidence suggests that selective serotonin reuptake inhibitors can effectively complement the psychotherapeutic treatment of PTSD as well as other anxiety and mood disorders.

Cognitive-behavioral therapy

Exposure therapy

Eye movement desensitization and reprocessing

Narrative Exposure Therapy (NET)

Results: In the absence of research pertaining to the mental health treatment of victims of human trafficking, mental health