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Sex differences and age of onset in well-being and recovery in people with psychotic disorders. A PHAMOUS study

L. Hoeksema^{1,2*}, J. Bruins^{1,3}, S. Gangadin^{3,4}, L. van der Meer^{5,6}, M. Pijnenborg^{3,5,7}, E. Visser^{8,9}, M. Timmerman¹⁰ and S. Castelein^{1,2,3}

¹Lentis Research, Lentis Psychiatric Institute; ²Faculty of Behavioural and Social Sciences, Department of Clinical Psychology and Experimental Psychopathology, University of Groningen; ³University Center for Psychiatry, Rob Giel Research center; ⁴Department of Biomedical Sciences of Cells & Systems, University Medical Center Groningen; ⁵Faculty of Behavioural and Social Sciences, Department of Clinical and Developmental Neuropsychology Psychopathology, University of Groningen; ⁶Department of Psychiatric Rehabilitation, Lentis Psychiatric Institute, Groningen; ⁷Department of Psychotic Disorders, GGZ Drenthe Mental Health Institution, Assen; ⁸University Medical Center Groningen, Faculty of Medical Sciences; ⁹University Center for Psychiatry, Rob Giel Research center and ¹⁰Faculty of Behavioural and Social Sciences, Department of Psychometrics & Statistics, University of Groningen, Groningen, Netherlands

*Corresponding author.

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Introduction: Women generally have a later age of onset, and may therefore have a more favourable course of psychotic illness than men regarding psychopathology. Little is known about a broader range of outcomes, including well-being and recovery, and about the influence of age of onset.

Objectives: This study examines longitudinal sex-related and age of onset-related differences in well-being and recovery of people with a psychotic disorder with long illness durations.

Methods: Routine outcome monitoring data (2012-2021) of n=3843 patients were used. Well-being (quality of life and personal recovery) and recovery (clinical and societal recovery and psychosocial functioning) were assessed. Latent class growth analysis (LCGA) was performed to assess whether classes with different trajectories of well-being and recovery could be identified. Classes were related to sex and (early/late) age of onset of psychosis (EOP/LOP).

Results: LCGA identified five classes with varying combinations in levels of well-being and recovery, which were stable over time. Sex, age of onset and the combination of these two were significantly related to class membership. Women and individuals with LOP were more prevalent in better functioning classes than men and individuals with EOP.

Conclusions: This study showed sex differences in long-term recovery patterns of psychosis. Not only women but also individuals with LOP had a higher chance of better well-being and recovery, while men with EOP were at risk for worse outcomes. Taking these sex differences into account when deciding on policy and treatment protocols for individual patients might provide better mental health care to people with psychosis.

Disclosure of Interest: None Declared

EPP265

Association Between Premenstrual Disorders and Quality of Life: A Cross-Sectional Study of 8311 women in Sweden

Q. Wang^{1*} and D. Lu²

¹Karolinska Institutet, Stockholm, Sweden and ²Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden

*Corresponding author.

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Introduction: Premenstrual disorders (PMDs), including premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), manifest a range of affective, cognitive, behavioral, and physical symptoms during the late luteal phase of the menstrual cycle. Several studies have indicated that women with PMDs have a lower health-related quality of life, though findings on specific affected dimensions vary. Most of them relied on community- or clinical setting-based sampling, limiting the generalization. Furthermore, no prior study has formally assessed the association by accounting for the potential confounders. Therefore, we conducted a cross-sectional study based on the LifeGene cohort to evaluate the difference in quality of life among women with and without PMDs. **Objectives:** We seek to understand, to what extent and in which way PMDs may impact the quality of life of women in Sweden.

Methods: We conducted a cross-sectional study of 8311 women enrolled to the LifeGene cohort during 2009-2019 in Sweden. PMDs were assessed with the modified Premenstrual Symptom Screening Tool at baseline, while data on quality of life (QoL) was obtained using the EQ-5D-3L scale (the higher the score, the worse the quality of life) from the LifeGene baseline dataset. Linear regression models were employed to assess the QoL score change associated with PMDs, as well as the separate analyses for PMDD and PMS. The models were adjusted for age, education level, country of birth, marital status, obesity, smoking, alcohol consumption, and childhood abuse.

Results: At a mean age of 34.01 years (SD=9.63), 1903 (22.90%) women met the criteria for PMDs. In the crude analysis, PMDs were positively associated with a lower quality of life (mean increased QoL score: 0.37, CI: 0.32-0.42). After adjustment for demographics and potential confounders, similar results were yielded (mean increased QoL score: 0.34, CI: 0.29-0.39). Among the five indicators included in the questionnaire (mobility, self-care, activity, pain and anxiety), only self-care was not associated with PMDs. For PMD subtypes, we found a lower quality of life among women with PMDD (mean increased QoL score: 0.35, CI: 0.30-0.41) but not among women with PMS.

Conclusions: Our findings suggested that women with PMDD had a lower quality of life compared to those without PMDD. While evidence based on prospective data is warranted in future, effective management is needed to improve the quality of life for women suffering from PMDD.

Disclosure of Interest: None Declared