

psychoses). Usually, menstrual psychosis has a polymorphism of both psychotic and affective symptoms (Brockington I. Menstrual psychosis. *World Psychiatry*. 2005;4(1):9-17.). In this article we present a case of menstrual psychosis with premenstrual onset.

**Objectives:** A 26 years old, nulliparous single female with one mentally ill relative on her mother's side (her grandmother) presented with an episodic illness characterized by mood swings, irrelevant speech, irritability, suspiciousness and thought disorder related to her menstrual cycles. She had earlier suffered prolonged attacks of mania, developed a recurrent episodic illness which returned every month for five years. Her menses began at 15. She presented with the history of a few episodes of manic illness starting five days before and ending suddenly with the onset of the menses.

**Methods:** On mental status evaluation during the index episode, the patient was agitated, had labile affect, grandiose and referential delusions and erotomania. A detailed physical examination, routine biochemistry, and gonadal hormonal assay were unremarkable.

**Results:** She was started on olanzapine 10 mg/day, lithium 1200 mg/day and low-dose clonazepam. Although the severity of the psychotic and affective symptoms gradually reduced during the future menstrual cycles, they did not completely resolve.

**Conclusions:** The pathophysiology of menstrual psychosis is not exactly understood, but it has been postulated that fluctuation of the sex hormones occurring during the menstrual cycle is responsible. Previous studies have reported the association of psychosis with estrogen withdrawal (Mahé V, Dumaine A. Oestrogen withdrawal associated psychoses. *Acta Psychiatr Scand*. 2001;104(5):323-331.). Treatment strategies for menstrual psychosis include the use of oral contraceptive pills for the regulation of hormones during the menstrual cycle, in our case patient did not want to use oral contraceptive pills.

**Disclosure of Interest:** None Declared

## EPV0955

### From childhood trauma to psychosis: Investigating the attachment link

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**Introduction:** Childhood trauma encompasses instances of sexual, physical, and emotional abuse, along with neglect experienced during childhood and adolescence. Individuals with psychosis, particularly those with schizophrenia, exhibit a heightened prevalence of childhood trauma. One potential mediator in understanding this connection is insecure attachment.

**Objectives:** This study aimed to better understand how childhood trauma relates to schizophrenia by examining two aspects of attachment: attachment anxiety and attachment avoidance.

**Methods:** We conducted a descriptive and analytical cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the 'B' psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 26-item Revised Psychosis Attachment

Measure (PAM\_R) questionnaire, translated into Arabic, to assess attachment. Additionally, participants completed the 28-item Childhood Trauma Questionnaire (CTQ). We used both the Wilcoxon test for paired samples and the Spearman correlation test to assess the statistical differences and correlations.

**Results:** We included 41 female patients, of which 65.9% had schizophrenia and 34.2% had schizoaffective disorder. The average age of the participants was 49.19 years. Among the attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Regarding childhood trauma, the average total score on the Childhood Trauma Questionnaire (CTQ) was 56.34. Specifically, 39% of patients reported experiencing physical abuse, 24.4% reported sexual abuse, 14.6% reported emotional abuse, and 4.9% reported physical neglect. The Spearman correlation analysis between avoidant attachment and scores on the Childhood Trauma Questionnaire (CTQ) yielded a diverse set of findings. It indicated a significant positive correlation with physical abuse ( $p = 0.004$ ,  $p < 0.001$ ), a significant negative correlation with emotional abuse ( $p = -0.045$ ,  $p < 0.001$ ), a significant positive correlation with sexual abuse ( $p = 0.036$ ,  $p < 0.001$ ), a significant negative correlation with physical neglect ( $p = -0.083$ ,  $p < 0.001$ ), a significant negative correlation with emotional neglect ( $p = -0.047$ ,  $p < 0.001$ ), and a significant positive correlation with denial ( $p = 0.080$ ,  $p < 0.001$ ). On the other hand, the Spearman correlation analysis between anxious attachment and scores on the CTQ showed varying correlations: a significant positive correlation with physical abuse ( $p = 0.094$ ,  $p < 0.001$ ) and sexual abuse ( $p < 0.0001$ ,  $p = 0.05$ ).

**Conclusions:** Our findings indicate that individuals with an insecure attachment style and a history of childhood trauma should be considered a high-risk group, necessitating early clinical intervention, continuous monitoring, and personalized therapeutic approaches designed to alleviate the psychological effects of trauma.

**Disclosure of Interest:** None Declared

## EPV0956

### Attachment styles in Tunisian women with schizophrenia

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**Introduction:** Attachment refers to the emotional bond between a child and their primary caregiver, reflecting the child's confidence in the caregiver's capacity to offer security. Evaluating attachment styles in individuals with schizophrenia spectrum disorders holds significance in pinpointing a potential factor affecting therapeutic relationships. This, in turn, indirectly aids in comprehending the emergence of low adherence as a significant barrier to schizophrenia.

**Objectives:** The goal of this study is to assess attachment styles in women with schizophrenia spectrum disorders.

**Methods:** We conducted a descriptive and analytical cross-sectional study at the Psychiatry “B” department of Hedi Chaker University Hospital in Sfax, Tunisia, during May and June 2023. Our study involved stabilized female patients diagnosed with either schizophrenia or schizoaffective disorder. We utilized the 26-item Revised Psychosis Attachment Measure (PAM\_R) questionnaire translated into Arabic and the Positive and Negative Syndrome Scale (PANSS) score to assess schizophrenic symptoms.

**Results:** We enrolled a total of 41 female patients in our study, with 65.9% diagnosed with schizophrenia and 34.2% with schizoaffective disorder. The average age of the participants was 49.19 years, ranging from 17 to 79 years old. In terms of attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Our study revealed significant associations between avoidant attachment and several factors. Patients who began psychiatric follow-up with hospitalization had a significantly higher level of avoidant attachment compared to those starting with outpatient consultation ( $p < 0.001$ ). The type of therapy also influenced avoidant attachment, with a significant difference ( $p < 0.001$ ). Insight into their condition also played a significant role ( $p < 0.001$ ). Moreover, the age at which psychiatric follow-up began showed a statistically significant correlation with avoidant attachment (Spearman's  $\rho = 0.000$ ,  $p < 0.001$ ). Individuals with higher avoidant attachment tended to have a longer duration of untreated psychosis, supported by a statistically significant positive correlation (Spearman's  $\rho = 0.082$ ,  $p < 0.001$ ). There was also a statistically significant relationship between avoidant attachment and the equivalent dose of chlorpromazine, with a positive correlation (Spearman's  $\rho = 0.091$ ,  $p < 0.001$ ), indicating that individuals with higher avoidant attachment may require higher equivalent doses of chlorpromazine. Finally, higher levels of avoidant attachment were associated with a lower presence of positive symptoms in schizophrenia (Spearman's  $\rho = -0.026$ ,  $p < 0.001$ ).

**Conclusions:** Insecure attachment is a valuable mechanism for understanding the evolution of schizophrenia spectrum phenomenology and may be a useful target for prophylactic interventions.

**Disclosure of Interest:** None Declared

## EPV0957

### Identifying Challenges in Social Functioning Among Women with Schizophrenia

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**Introduction:** Schizophrenia spectrum disorders profoundly impacts social functioning, affecting interpersonal relationships, work interactions, and self-care. This disorder often leads to cognitive, perceptual, motor, and emotional challenges that result in social withdrawal.

**Objectives:** The aim of the study is to identify the specific challenges in social functioning faced by women diagnosed with schizophrenia spectrum disorders.

**Methods:** We conducted a descriptive cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the ‘B’ psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We collected both sociodemographic and clinical data from the participants. The Social Functioning Scale (SFS) and Global Functioning Scale (EGF) were used to assess social and global functioning, respectively.

**Results:** Forty-one patients were included: 65.9% had schizophrenia, and 34.2% had schizoaffective disorder. The mean age was 49.19 years, ranging from 17 to 79 years. More than a third (39%) of our patients had significant impairment in global functioning ( $EGF < 50$ ). The average total score on the social functioning scale was 13.65, with a range from 6.29 to 20.29. Additionally, 39% of our patients exhibited low social functioning, and 51.21% had a high withdrawal score. The most impacted domains were leisure (63.41%) and employment (60.97%), followed by interpersonal behavior (58.53%), prosocial activities (48.78%), independence competence (41.46%), and lastly, independence performance (36.85%).

**Conclusions:** Social skills training is crucial for enabling women with schizophrenia to function well in their environment.

**Disclosure of Interest:** None Declared

## EPV0958

### Prevalence of Childhood Trauma Among Women with Schizophrenia: A Cross-Sectional Study

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**Introduction:** Schizophrenia is a complex and multifactorial disorder believed to arise from the interplay between genetic factors and environmental influences. Among these environmental factors, childhood trauma stands out as a significant contributor to the onset of schizophrenia in adulthood.

**Objectives:** The objective of this study was to assess the occurrence rates of physical, emotional, and sexual abuse, as well as physical and emotional neglect in a group of Tunisian women diagnosed with schizophrenia spectrum disorders.

**Methods:** We conducted a descriptive cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the ‘B’ psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 28-item Childhood Trauma Questionnaire (CTQ).

**Results:** In this study, 41 female patients were enrolled, with 65.9% diagnosed with schizophrenia and 34.2% with schizoaffective disorder. The average age of participants was 49.19 years, ranging from 17 to 79. The mean score on the Childhood Trauma Questionnaire (CTQ) was 56.34, with scores ranging from 43 to 98. Emotional neglect was the most prevalent form of trauma, reported by 40 patients (97.6%). Following emotional neglect, physical abuse was found in 16 patients (39%), sexual abuse in 10 patients (24.4%), emotional abuse in 6 patients (14.6%), and physical neglect in 2 patients (4.9%).