

patients with marital conflicts reported little to no improvement of their symptoms. 20% of women were victims of domestic violence.

Conclusions: Our findings were able to show a high percentage of demographic risk factors for MDD in the studied population. They also imply a correlation between the husband's deployment and the higher family responsibility reported by the wife in these cases, and a lack of improvement of the depressive symptoms under treatment. Although previous studies reported a correlation between the husband's history of psychiatric disorder and the wife's depression, we didn't reach the same conclusion, this could be limited by the size of our study sample, as well as possibly underdiagnosed disorders in service men. These findings suggest the need for a specific approach for this population, as well as additional support services to help prevent and improve the treatment of depressive disorders in military wives.

Disclosure of Interest: None Declared

EPV2015

The burden of birth control: a narrative review on the mood-related side effects of hormonal contraception

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Introduction: Hormonal contraception (HC) is widely used by females worldwide. Sex hormones – oestrogen and progesterone – affect the central nervous system's function, structure, and neuro-transmission, modulating emotional and behavioural responses. The use of HC, by introducing exogenous hormones and modulating the internal production of sex hormones, may be associated with mood changes and depressive symptoms. These symptoms are commonly reported by females taking HC and are one of the most frequent reasons for its discontinuation.

Objectives: To explore the relationship between HC and depressive symptoms in females of reproductive age, with a focus on clinical implications.

Methods: A narrative literature review was conducted using the *PubMed*® database with the search query: "(Hormonal Contraception) AND ((Mood) OR (depression))". Studies published in the last 20 years were included.

Results: Recent studies have shown an association between HC use and depression. The relationship between HC and mood changes is complex and influenced by various factors, including the type of HC, dosage, patients' psychiatric history, and psychosocial factors. The link between HC and depression seems to be related to the dosage and type of progestogen. Also, the use of progestins with androgenic activity, such as levonorgestrel, may carry a higher risk of deleterious mood changes. Adolescent females, those with a personal or family history of mood disorders, females with premenstrual dysphoric disorder or premenstrual syndrome, and those who have experienced adverse mood effects with previous use of HC are more predisposed to developing depressive symptoms related to HC. HC is also associated with sexual dysfunction and an increased risk of suicide and suicide attempt. On the other hand, continuous use of HC may provide relief from depressive symptoms in females with premenstrual dysphoric disorder by stabilising fluctuations in hormone levels. Limited evidence suggests that HC use among females with depressive or bipolar

disorders is not associated with a worse clinical course compared to the use of non-hormonal methods.

Conclusions: The mechanism underlying how HC influences mood remains poorly understood. In clinical practice, the effects of HC on mood seem to be most relevant in selected subsets of females. Most females using HC demonstrate no effect or a beneficial effect on mood, with a low incidence of adverse effects. The risk of adverse mood effects should not preclude the prescription of HC. Mental health risk factors, as well as any newly present or ongoing mental health symptoms, should be considered when initiating and reviewing HC in the management and treatment of female patients.

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EPV2016

The self-image of a mother in women with experience of miscarriage

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Introduction: In the modern world, the problem of infertility is becoming more significant. In particular, the number of women with experience of miscarriage is increasing. Problems with pregnancy, frustration of the desire to become a mother influence the formation of a woman's motherhood and self-image as a mother, which can lead to intrapersonal problems of a woman and to a distortion of care practices and child-parent relations in relation to the future child.

Objectives: To study the features of the self-image as a mother in women with experience of miscarriage.

Methods: A pilot study was conducted. Two methods were used in this study: "Unfinished sentences" (Sachs-Levy, mod. A.G. Dolgikh, 2018), method of semantic differential (spaces proposed by A.G. Dolgikh, 2018).

The study sample consists of 3 groups: 30 women with experience of miscarriage for medical reasons aged 25 to 35 years; 30 women aged 25 to 30 years who have no experience of pregnancy; 30 women raising children under the age of five.

Results: The results of attitudes peculiarities psychodiagnostic study towards motherhood in women using the "Unfinished Sentences" technique demonstrate that generally more expressed positive attitude towards motherhood in general and attitude towards themselves as a future mother for the group of women with experience of miscarriage compared to other groups of women.

The self-image as a mother using the semantic differential method showed that the semantic universals of this image for both the entire sample and for a group of women with miscarriage experience are adjectives "reliability", "caring", "tenderness".

The self-image as a mother semantic profiles comparative analysis revealed significant differences in the indicators of this image among the study groups. Women with the experience of miscarriage characterized themselves as more warm, more soft, more caring and more harmonious ($p < 0.05$) compared with women from other groups. They also perceive the image of themselves as a future

mother as lighter, more reliable, more anxious and more affectionate than women without experience of pregnancy and motherhood ($p < 0.05$).

Conclusions: Women experienced miscarriage are characterized by more idealized ideas about motherhood probably due to problems with pregnancy and frustration of the desire to become a mother.

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EPV2017

Navigating the Hormonal Labyrinth: Understanding the Impact of Menstrual Cycle Dynamics on ADHD Symptoms

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by significant sex differences in symptomatology, prevalence rates, and associated developmental challenges. Research indicates that these disparities are not merely superficial but are rooted in complex biological, psychological, and social factors. Despite the growing recognition of these differences, the underlying etiological mechanisms remain inadequately explored.

Objectives: This study aims to propose a framework addressing hormonal fluctuations in females with ADHD, emphasizing the cyclical nature of ovarian hormones and their impact on executive functioning and behavioral regulation. We hypothesize that hormonal changes exacerbate ADHD symptoms during specific menstrual cycle phases, ultimately enhancing our understanding of sex differences in ADHD and informing future research and treatment strategies.

Methods: We conducted a literature review to synthesize studies on estrogen levels, executive function, and ADHD symptoms. Our focus was on the role of estradiol (E2) in cognitive functions, particularly in the prefrontal cortex, and the effects of cyclical hormonal changes on behavior and cognition in females with ADHD during adolescence and the menstrual cycle.

Results: Evidence suggests that estrogen is crucial for cognitive control, with fluctuations in hormone levels impacting mental performance in women. Notably, ADHD symptoms are more likely to manifest during periods of rapid estrogen decline, particularly within the menstrual cycle. These hormonal decreases correlate with reduced executive function and self-regulation at two critical phases: increased risk-taking behaviors during the mid-cycle (periovulatory phase) and heightened avoidance and negative emotions in the perimenstrual phase. Research indicates that drops in estradiol (E2) can lead to significant increases in inattention and hyperactivity-impulsivity symptoms, especially in young adult women with high impulsivity traits. Additionally, the organizational effects of puberty may interact with hormonal changes, particularly in females with advanced limbic system development, increasing the risk of emotional dysregulation and impulsive behavior. Changes in the limbic system, essential for emotional

processing and memory, further underscore the importance of considering individual sensitivity to hormonal variations.

Conclusions: This framework emphasizes the importance of hormonal influences in diagnosing and treating ADHD in females. By recognizing the relationship between hormonal fluctuations and ADHD symptoms, particularly via the Multiple Hormone Sensitivity Theory, we advocate for a tailored treatment approach. Future research should focus on longitudinal studies to deepen understanding and develop targeted interventions, thereby improving ADHD management and quality of life for females.

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EPV2019

Prevalence and predictors of generalized anxiety disorder in women during the postpartum period

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Introduction: Up to 10% of women experience severe anxiety symptoms during pregnancy and the postpartum period, which are often underdiagnosed and undertreated, leading to negative outcomes for both mother and child.

Objectives: This observational study aims to assess: 1) the prevalence of Generalized Anxiety Disorder (GAD) in the postpartum period, and 2) identify its predictors.

Methods: All women attending the Gynecology and Obstetrics Department at "L. Vanvitelli" University Hospital were invited to participate in the study. Women who provided consent were assessed within three days after delivery using a specifically designed form for sociodemographic and clinical data collection, the Labor and Delivery Questionnaire (LDQ) for obstetric and gynecological information, and the Italian versions of the following assessment tools: Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder 7-item scale (GAD-7). A GAD-7 score of ≥ 10 was used as the cutoff for moderate to severe Generalized Anxiety Disorder.

Results: A sample of 110 women with a mean age of 30.74 (± 5.67) years, predominantly Caucasian (91.8%), was recruited. Of these, 18.8% ($n = 20$) had GAD-7 scores indicating a diagnosis of Generalized Anxiety Disorder. Compared to women without GAD, those with GAD were significantly more likely to be unemployed or face difficulty finding work ($p < 0.05$), have a family history of anxiety disorders ($p < 0.05$), have other children ($p < 0.05$), experience conflicts with their parents ($p < 0.001$), and score higher on the EPDS ($p < 0.001$). Logistic regression analysis showed a higher likelihood of having GAD among younger women (OR: -0.029; $p < 0.05$), those with a positive family history of anxiety disorders (OR: 0.63; $p < 0.05$), and those with higher EPDS scores (OR: 0.044; $p < 0.001$).

Conclusions: The study highlights that age, employment status, and a family history of anxiety disorders may be significant predictors of GAD in peripartum period. Further studies with larger samples are necessary to confirm these findings; however, collaboration between psychiatrists, gynecologists, and obstetricians is recommended to identify women at risk of developing GAD early