

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.

Disclosure of Interest: None Declared

EPV2017

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

M. Cameira^{1*}, P. Abreu¹, M. Pereira¹, M. Soares¹, I. Vidó¹, I. Lopes² and F. Ramalheira³

¹Hospital Júlio de Matos - ULS São José, Lisboa; ²Hospital do Barreiro - ULS Arco Ribeirinho, Barreiro and ³Hospital Júlio de Matos - ULS São José, Lisbon, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2398

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.

Disclosure of Interest: None Declared

EPV2019

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

S. Cipolla^{1*}, P. Catapano¹, C. Toni¹, M. Di Vincenzo¹, C. Brandi¹, M. Luciano¹, G. Sampogna¹ and A. Fiorillo¹

¹Department of Psychiatry, University of Campania "L. Vanvitelli", Naples, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2399

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

on, facilitating timely and appropriate diagnosis and treatment, and reducing the risks to the mental health of both mother and child.

Disclosure of Interest: None Declared

EPV2020

A Systematic Review of Interventions to Promoting Psychosocial Well-Being and Empowerment of Women victim of gender violence

M. Cruz^{1*} and H. Pereira¹

¹Psychology, UBI, Covilhã, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2400

Introduction: Gender-based violence (GBV), defined as violence directed at an individual based on their gender, encompasses a range of harmful behaviors, including physical, psychological, and sexual abuse, often perpetrated by intimate partners. In this context psychosocial well-being is often severely compromised (Choden et al., 2022), and is essential interventions that can help women rebuild their sense of self, foster resilience, and improve overall mental health. Empowerment, in the context of GBV, involves not only psychological, emotional and cognitive processes in which the person is able to think positively about themselves and their abilities and master individual and social aspects of their life, but also social and relational processes, since violence occurs in relationships with others (Amirrouid et al., 2022), and therefore, empowerment allows women to assert their rights, build confidence, and engage actively in social and economic activities (Malhotra & Schuler, 2005).

Objectives: This systematic literature review (SLR), based on the PRISMA 2020 guidelines, aims to provide an updated overview of interventions designed to promote psychosocial well-being and/or empowerment (PWE) among women who are victims of gender-based violence, with the goal of informing future intervention projects.

Methods: Data collection was conducted through the SCOPUS and Web of Science databases, focusing on studies published between 2018 and January 15, 2024, in English. The inclusion and exclusion criteria were based on the PICO framework: (P) women affected by gender-based violence, (I) interventions to enhance PWE, (C) comparison between initial and final intervention phases, and (O) assessed outcomes related to PWE. thirteen studies were included.

Results: The primary intervention components were counseling, health education, mindfulness and relaxation practices and expressive therapies. Experimental studies reported significant improvements in mood, reductions in depressive symptoms, anxiety, and stress levels. Empowerment components were less frequently addressed, they also showed positive outcomes, including increases in self-esteem and self-efficacy. Overall, EG demonstrated superior results across nearly all assessed variables compared to CG. The most effective interventions were those incorporating mindfulness and relaxation, counseling techniques, and expressive strategies. Key limitations of the included studies involved methodological quality, sample size, and representativeness, as well as the potential for response bias.

Conclusions: This SLR offers an original contribution by advocating for evidence-based practice and providing valuable insights for healthcare professionals, policymakers, and researchers engaged in

the integrative health care of women impacted by gender-based violence.

Disclosure of Interest: None Declared

EPV2021

The importance of close follow-up in the postpartum period. Manic episode after childbirth in a patient with bipolar disorder. A case report

P. Del Sol^{1*}, A. Izquierdo¹, R. Fernández², M. García Moreno¹, B. Tejero¹ and M. Diaz de Neira¹

¹Hospital Puerta de Hierro, Madrid and ²Hospital Infanta Cristina, Parla, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2401

Introduction: Bipolar disorder is a serious mental disorder that requires follow-up and pharmacological treatment for the patient to function properly. It is known that stressful events can generate decompensation in these patients. Pregnancy and postpartum are moments of high vulnerability for women with bipolar disorder, being essential their immediate follow-up and treatment in case of decompensation. In these cases it is essential to ensure an adequate bond with the baby.

Objectives: To present a case of a patient with a diagnosis of bipolar disorder, who in both pregnancies has a manic episode after delivery.

Methods: Case presentation and literature review.

Results: The patient is a 37-year-old woman who comes to the emergency department for manic symptoms. Her psychiatric history includes a diagnosis of bipolar disorder in 2022 after an admission for a manic episode two months after the birth of her first child. She is currently under active follow-up by psychiatry and a perinatal group intervention program. She lives with her husband and two-year-old son. During pregnancy she received lithium without decompensation. When she came to the emergency room, she was on lithium 400 mg every 8 hours and olanzapine 10 mg prescribed 4 weeks ago by her psychiatrist, who had noticed the decompensation, which she stopped a week ago on her own.

In the examination, he shows an accelerated speech with verbose and uninhibited contact. She says that 5 days ago she began to present the idea that she was a threat to her children, with increasing anguish. She began with a decrease in the hours of sleep and suddenly refers that the idea of having to travel to Bali appeared, since "it is her favorite place in the world". Without considering the price and without informing her husband, she left her home and arrived in Bali, where she incurred high expenses. When she arrived there, she reported meeting a friend who helped her to return to her country and informed her family.

Conclusions: Pregnancy and postpartum are moments of high vulnerability and emotional intensity for any woman. It is known that for patients with mental disorders, this vital moment may involve a risk of decompensation of their mental disorder, compromising their health, and may have negative repercussions on the bonding with their baby and the style of attachment they build with it. It is essential to train professionals in pharmacological treatments allowed during pregnancy, postpartum and lactation, as well as to facilitate close follow-up programs for these patients in order to reduce the risk of decompensation as much as possible.

Disclosure of Interest: None Declared