

baby units could help prevent unnecessary separations, promote bonding, and provide opportunities for early parenting interventions.

Disclosure of Interest: None Declared

EPV2033

Mental health approach to premenstrual dysphoric syndrome: case series

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Introduction: Six clinical cases of patients with premenstrual dysphoric syndrome treated in Mental Health with SSRIs are presented.

Objectives: The aim is to briefly review the pharmacological approach to premenstrual dysphoric syndrome through the presentation of a series of cases.

Methods: Six cases of female patients are presented, with a mean age of 35.4 years, two of whom were nulliparous. All of them had no history of mental health problems. They had regular cycles and had no relevant medical or gynecological history. They reported that for the last three years they had been more irritable, emotionally labile, feeling apathetic and sad, with difficulties in concentration and a feeling of loss of self-control, which made interpersonal relationships difficult, especially at work.

The patients denied that they had previously experienced these symptoms throughout their lives.

Analyses were carried out, with estrogen and progesterone levels, without obtaining significant alterations.

The MADRS and HAMILTON scales were administered to all of them on the 14th day of the cycle, as well as on the 5th day of the cycle. A mean of 9.2 was obtained on the MADRS on the 5th day of the cycle, compared to 15.6 on the 14th day, while the HAMILTON obtained a score of null-mild anxiety on the 5th day and moderate anxiety on the 14th day.

Results: After this comparison, treatment with fluoxetine at a dose of 20mg DMD was started only from the day of ovulation to menstruation, withdrawing this treatment for the rest of the cycle. Again, both scales were compared and the results obtained were more similar on the 5th and 14th day of the cycle.

Conclusions: To avoid hormonal treatment and thus the moderate side effects it presents, premenstrual dysphoric syndrome can be treated by taking SSRIs at low doses, only for 15 days of the cycle.

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Subjective anxiety and depression in a sample of pregnant women with panic disorder

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Introduction: Panic disorder and depression during pregnancy are significant mental health concerns that can adversely affect both maternal and fetal well-being. Prompt recognition and management of these conditions through early screening are essential, not only for maternal health but also for the neuropsychological development of the child.

Objectives: This study aims to assess anxiety and depression in pregnant women diagnosed with panic disorder, utilizing both objective and subjective measurement tools while integrating patient perspectives.

Methods: The study included pregnant women with a confirmed diagnosis of panic disorder, evaluated in an outpatient setting (N=40). The participants were divided into three groups: (1) those with panic disorder (42.5%), (2) panic disorder with agoraphobia (20.0%), and (3) panic disorder with depression (37.5%). Objective measures such as the Hamilton Depression Rating Scale (HAM-D) and the Hamilton Anxiety Rating Scale (HAM-A) were used, along with self-reported scales, including the Hospital Anxiety and Depression Scale (HADS-A/HADS-D). Statistical methods, including descriptive analyses, the Student's t-test, One-way ANOVA, and multiple linear regression, were employed. Ethical approval was obtained for the study.

Results: Most participants were in their first pregnancy (77.5%) and had no prior psychiatric history (75%). Depression scores, measured by HADS-D ($F(2, 37) = 6.05, p = .005, \omega = .20$) and HAM-D ($F(2, 37) = 5.71, p = .007, \omega = .19$), were significantly higher in patients with depression compared to those with panic disorder, with or without agoraphobia. Higher gestational age was also associated with increased self-reported depression ($p = .002, R^2 = .324, F(6) = 2.632, p = .034$). Anxiety, as measured by the HADS-A scale, was significantly higher in the panic disorder group ($F(2, 37) = 71.12, p < .01, \omega = .78$) than in the agoraphobia and depression groups. No significant differences were found between the groups on the HAM-A scale ($p > .05$).

Conclusions: Proper identification of anxiety and depression during pregnancy is essential, as these conditions can negatively affect maternal functioning and quality of life. Moreover, they may hinder the mother's ability to care for her infant postnatally. Utilizing both objective and subjective tools to assess anxiety and depression can improve diagnostic accuracy. Recognizing depression as a distinct domain in cases of anxiety disorder during pregnancy is also crucial for targeted intervention.

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Assessing Personality Traits in Transfemales: A Comparative Analysis with Gender-Affirming Males and Females Using a Binary Logistic Regression Model

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