

of trans men and their partners. In this study, insecure attachment rates were found to be high in both groups. Attachment styles and romantic relationships are fundamental components for psychosocial adjustment and well-being. For this reason, attachment styles should be made a part of the clinical evaluation of transgender people. It should be aimed to increase the sense of security of the person. Thus, clinical studies that should evaluate attachment styles as part of a standardized assessment and increase one's sense of security must be produced primarily. Therefore, individual and group psychotherapeutic work aimed at reshaping internal working models could directly or indirectly facilitate access to support groups, reinforce a more positive self-image.

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EPV2006

Perinatal depression and resilience in Polish women during the war-inflation crisis

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Introduction: The ongoing armed conflict in Ukraine has significantly destabilized Europe's geopolitical and economic situation, leading to a war-inflation crisis that may substantially affect the mental health of women during the perinatal period.
Objectives: Our primary objective was to investigate the prevalence of depressive symptoms and assess the role of resilience as a protective factor against anxiety and depression in Polish perinatal women during the war-inflation crisis. We analyzed the percentage of women experiencing anxiety related to childbirth and the war-economic crisis, as well as their relationship with perinatal depression. The study also aimed to identify risk factors for perinatal depression and various types of anxiety, including those related to childbirth, war, and the global situation.
Methods: 152 women participated in three online surveys – two conducted during pregnancy and one after childbirth. To evaluate mental well-being and the intensity of depressive and anxiety symptoms, we utilized the Edinburgh Postnatal Depression Scale (EPDS), Beck Depression Inventory (BDI-2), Labour Anxiety Questionnaire (LAQ), along with research team-developed questionnaires assessing anxiety related to the war (WAQ) and global situation (GSAQ). Resilience was assessed using the Resilience Measure Questionnaire (KOP-26).
Results: About 32.2% of perinatal women were diagnosed with depression based on the EPDS scale with a cutoff of ≥ 14 . Nearly 70% scored 14 or higher on the LAQ scale, indicating a significant rise in labour-related anxiety. Additionally, 24.3% experienced high levels of anxiety due to the war, while 25% faced severe anxiety related to the global situation. The Kruskal-Wallis analysis, with resilience as the independent variable, revealed statistically significant differences in the distribution of depression ($F=28.302$; $df=2$; $p<0.001$) and global situation anxiety ($F=7.183$; $df=2$; $p<0.028$) variables between the groups. Post hoc analysis showed differences in the severity of depressive symptoms and global situation anxiety between

the low and high resilience groups. The correlation heat map between psychometric scores at the start of the study is presented in Table 1.

	EPDS	LAQ	WAQ	GSAQ
EPDS				
LAQ	$r=.53$ $p<.001$			
WAQ	$r=.10$ $p=.205$	$r=.21$ $p=.008$		
GSAQ	$r=.33$ $p<.001$	$r=.40$ $p<.001$	$r=.27$ $p=.001$	

Conclusions: The prevalence of depressive disorders among women in the perinatal period may increase during crises caused by war and inflation, compared to periods of geopolitical and economic stability. This is a strong argument for improving the screening system for perinatal depression in Poland. A lower level of resilience during pregnancy may be a significant predictor of increased severity of depressive symptoms and higher levels of anxiety related to global situation among the perinatal population.
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EPV2007

Correlation between postpartum depression and the number of births

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Introduction: Postpartum depression is a disorder that usually occurs six weeks after birth and can last for up to a year. If postpartum depression is not diagnosed and treated, there is a risk of suicide. Postpartum depression affects 18% of mothers worldwide.
Objectives: To investigate the relationship between the prevalence of postpartum depression, the number of births, and postpartum depression.
Methods: Women who gave birth will be surveyed using the Edinburgh test specially prepared by WHO for primary health care practitioners.
Results: 41% of the women who gave birth in the study had their first birth, 28% had their second birth, 21% had their third birth, and 10% had four or more births. 2% of women who gave birth had no postpartum depression, 15% had self-managed depression, and 83% had postpartum depression. 4% of women aged 20-24 have no postpartum depression, 20% have self-managed depression, and 76% have postpartum depression. 0% of women aged 25-29 had no postpartum depression, 14.3% had self-managed depression, and 85.7% had postpartum depression. 0% of women aged 30-34 have no postpartum depression, 10% have self-managed depression, and 90% have postpartum depression. 5% of women aged 35-39 have no postpartum depression, 15% have self-managed depression, and 80% have postpartum depression. Among women aged 40-44, 0% had no postpartum depression, 0% had self-managed depression, and 100% had postpartum depression. Among women aged 45-49,

0% had no postpartum depression, 50% had self-managed depression, and 50% had postpartum depression.

Among 41 women with their first child, 2.4% did not have postpartum depression, 17.1% had self-correcting depression, and 80.5% had postpartum depression. Among 28 women with second birth, 0% did not have postpartum depression, 17.9% had self-correcting depression, and 82.1% had postpartum depression. Among 22 women with their third child, 4.5% did not have postpartum depression, 4.5% had self-correcting depression, and 90.9% had postpartum depression. Of the 9 women with four or more births, 0% did not have postpartum depression, 22.2% had self-correcting depression, and 77.8% had postpartum depression.

Conclusions: Postpartum depression is very high among the women who gave birth in the study. According to the results of the study, there is a weak positive correlation between the number of births and the stress of the mother. Stress and insomnia are strongly related. Postpartum depression and insomnia are strongly correlated in Edinburgh. Therefore, there is a need to increase the diagnosis and treatment of postpartum depression.

Disclosure of Interest: None Declared

EPV2008

Determining the level of insomnia in postpartum women, comparing their age and child's age

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Introduction: Studies have shown that postpartum women are more affected by sleep disorders than women who have not given birth. Reasons for sleep disturbances include insufficient sleep time, poor sleep quality, and postpartum depression. Having a sleep disorder has a negative effect on the formation of a close relationship between mother and child.

Objectives: To determine the level of insomnia in postpartum women and study the correlation.

Methods: The study will be conducted by women who agreed to sleep disorder detection questionnaires specially prepared by the World Health Organization for doctors in primary health care institutions. The results of the research parameters were statistically processed using Microsoft Word 2016, Microsoft Excel 2016, and SPSS 26 programs.

Results: Of the 100 women who participated in the study, 25% had no insomnia, 48% had mild sleep disorders, 27% had sleep disturbances, 23% had no stress, 42% had moderate stress, and 35% had high stress. 16% of women aged 20-24 have no insomnia, 72% have mild sleep disorders, and 12% have sleep disorders. 23.8% of women aged 25-29 have no insomnia, 47.6% have mild sleep disorders, and 28.6% have sleep disorders. 25% of women aged 30-34 have no insomnia, 40% have mild sleep disorders, and 35% have sleep disorders. 45% of women aged 35-39 have no insomnia, 20% have mild sleep disorders, and 35% have sleep disorders. 0% of women aged 40-44 have no insomnia, 70% have mild sleep disorders, and 30% have sleep disorders. 50% of women aged 45-49 have no insomnia, 25% have mild sleep disorders, and 25% have sleep disorders. 35% of women with children aged 0-3 months have

no insomnia, 35% have mild sleep disorders, and 30% have sleep disorders. 15% of women with children aged 4-6 months have no insomnia, 50% have mild sleep disorders, and 35% have sleep disorders. 35% of women with children aged 7-9 months have no insomnia, 45% have mild sleep disorders, and 20% have sleep disorders. 15% of women with children aged 10 months to 1 year have no insomnia, 50% have mild sleep disorders, and 35% have sleep disorders. 25% of women with 2-year-old children have no insomnia, 60% have mild sleep disorders, and 15% have sleep disturbances.

Conclusions: As mothers age, insomnia rates increase, stress levels decrease, and postpartum depression rates increase. As children age, sleep deprivation rates decrease, stress levels decrease, and postpartum depression rates decrease. As maternal fertility increases, insomnia rates decrease, stress levels decrease, and postpartum depression rates decrease. Insomnia, stress, and postpartum depression are also affected by living conditions.

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EPV2009

Perceptions, Attitudes, and Challenges: Are Tunisian Medical Residents Prepared to Address Gender-Based Violence?

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Introduction: Violence against women is a worldwide critical public health issue. Despite the introduction of legal frameworks in Tunisia, there remains a need for effective medical intervention and support. Tunisian Medical residents often serve as frontline responders to cases of violence, making their training and awareness crucial in addressing this public health concern.

Objectives: This study aimed to evaluate the knowledge and attitudes of medical residents in Tunisia concerning the management of gender based violence (GBV).

Methods: A cross-sectional survey was conducted using an online questionnaire distributed via social media, completed by 85 medical residents from various specialties. The study included residents from psychiatry, family medicine, medical, and surgical specialties, providing a comprehensive overview of perceptions across disciplines.

Results: We included 85 medical residents. The preliminary results showed that 73% were aged 26 to 29 years, and 75% were women. Specialties included 38.8% in psychiatry or child psychiatry, followed by family medicine (25.9%), medical specialties (24.7%), surgical specialties (3.5%), and medico-surgical (7.1%). Only 21.2% of residents had received specific training on managing GBV during their studies (Courses, Masterclass, brief training). Regarding prevalence, only 12.9% of participants believed that over 80% of Tunisian women had experienced violence at least once in their lifetime.

In terms of violence types, 35.5% and 17.6% were respectively unaware of economic and political violence.

For 60% of residents, psychological violence was seen as the most prevalent in Tunisia, followed by physical violence (25.9%) and significantly underestimated sexual violence (8.2%). Additionally,