

Objectives: Assessment of efficiency of different pharmacological approaches in the treatment of depression in men with testosterone deficiency

Methods: The main group included 37 men with a depressive episode that arose against the background of a decrease in testosterone levels (≤ 12.1 nmol / L). A depressive episode was diagnosed based on the ICD-10 criteria for a depressive episode (F32). Patients were randomized into 3 treatment groups, depending on the received treatment: 1) sertraline; 2) testosterone gel; 3) sertraline + testosterone gel. The control group consisted of men ($n = 40$) aged 18 to 65 years, suffering from depression in accordance with the ICD-10 criteria with normal testosterone levels

Results: An insufficient effectiveness of antidepressant monotherapy in relation to sexual dysfunction was found in main group, while testosterone monotherapy did not give statistically significant improvements in depression indicators.

Conclusions: Combination therapy was most effective for the main symptoms and can be regarded as the most appropriate algorithm for the treatment of depression in men with low testosterone levels

Disclosure: No significant relationships.

Keywords: depression; men; testosterone; hypogonadism

EPP0613

Miss attending risk factors in gynecological prenatal care among pregnant women at risk for dual pathology.

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Introduction: Access to adequate healthcare is the best means we have for detecting and preventing complications during pregnancy and childbirth. Identifying and preventing factors that can interfere with this access become essential (Gulliford et al., 2002). Mother dual pathology during pregnancy is a condition with severe consequences (Cosp & Ontano, 2009). However there is scarce literature regarding barriers to obstetric care among women at risk for dual pathology.

Objectives: The main objective was to explore healthcare access barriers among pregnant women at risk for dual pathology.

Methods: Framed in a broader research (The WOMAP project) 2014 adult pregnant women less than 26 weeks of pregnancy were screened in five hospitals in Madrid (Spain) between 2016-2019. If the screening test (AC-Ok scale) identified the presence of dual pathology during the last month, women were included in the clinical trial and assessed with a more extensive battery (compound by PHQ-9; GAD-7; PCL-5; AUDIT; DAST; and Fagerström Test) and a semi-structured interview.

Results: 163 women at risk for dual pathology were assessed. Of them, 152 (93,2%) referred to having attended all scheduled appointments. Socioeconomic level (0.184, $p=0.024$), depression

(-0.174, $p=0.034$), post-traumatic stress symptoms (-0.214, $p=0.011$) and alcohol reporting (-0.259, $p=0.045$) were significantly correlated with attendance level.

Conclusions: Women with more severe symptoms of dual pathology are at higher risk for misattending obstetrical appointments. Social criticism, even subtle or unintentional, related to dual pathology during pregnancy could be restraining these women to attend properly. Thus, care providers should pay attention to women's mental health and alcohol abuse to prevent miss-attention.

Disclosure: No significant relationships.

Keywords: dual pathology; mental health; care access barriers; Pregnancy

EPP0614

Multiple barriers for accessing mental health service among women attending shelters for women experiencing intimate partner violence

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Introduction: While women victims of intimate partner violence (IPV) suffer the burden of mental health issues (MHI), they face many challenges accessing mental health services (MHS).

Objectives: We draw on the socioecological model and explore different level barriers for accessing MHS among women experiencing IPV.

Methods: We conducted a qualitative study in 2020-2021 at three levels: policy, practice and women's experience. This included in-depth interviews with 19 policymakers from the Ministry of Health (MoH) and the Ministry of Social Welfare (MSW); four directors of shelters for women victims of IPV; 35 women (26 Arabs, 9 Jewish) attending shelters for women victims of IPV (age 22-50), and six focus groups with 26 social workers. Participants were asked about the barriers for utilizing MHS.

Results: We identified complex multifaced barriers regarding the accessibility and quality of MHS among women victims of IPV. At the policy level, we identified structural organizational barriers related to the division of responsibilities between the two offices (MoH and MSW). These included lack of collaboration, funding and information transmission and insufficient communication mechanisms. At the practice level, shelters' directors and social workers raised barriers, most of which were related to divisions in knowledge, terminology, and treatment approaches among mental healthcare providers and social welfare therapists. The women themselves raised issues related to stigma, lack of family support and continuity of MHS.

Conclusions: To improve MHS access, it is crucial to overcome the multiple barriers (individual, family, therapeutic and organizational) that are faced by women who are experiencing IPV.

Disclosure: No significant relationships.

Keywords: Women; intimate partner violence; mental health services; accessibility