

EPV1281

Psychotic symptoms during puerperium. Regarding a clinical case

C. Mateo García^{1*}, Á. Blanco Niño¹, C. Pérez Puente¹
and I. Esteban Hernández¹

¹Hospital Virgen del Puerto, Plasencia, Spain

*Corresponding author.

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Introduction: The puerperium, or postpartum period, begins immediately after childbirth and is typically considered to last for six to eight weeks. During this time, there is an increased risk of psychiatric pathology, particularly psychotic and affective disorders, due to various factors such as the heightened stress of caring for a newborn and hormonal changes.

Objectives: To analyze the different diagnostic options for a patient presenting with acute psychotic symptoms during the postpartum period, including those not recognized by the DSM-V.

Methods: Presentation of a patient's case and a review of the existing literature concerning the possible diagnoses that were considered.

Results: We present the case of a 31-year-old female with a history of allergy to beta-lactam antibiotics as her only significant medical history, and a personal psychiatric history of anorexia nervosa (currently resolved) and bipolar disorder. The bipolar disorder had been treated with valproic acid and olanzapine since 2015, medications she discontinued upon learning of her pregnancy. She gave birth to a baby boy four days before seeking care in the emergency department. On the same morning of the consultation, her baby was diagnosed with a renouretal malformation and prescribed amoxicillin treatment. The patient presented to the emergency department with very acute psychotic symptoms that had started that same day, notably a very disorganized speech and delusional ideas of harm, expressing the belief that her family was poisoning her with the prescribed amoxicillin. During her admission to the acute psychiatry ward, her condition evolved rapidly and very favorably, in around 48 hours and she was treated with olanzapine. Several diagnostic possibilities were considered, including postpartum psychosis, brief psychotic episode, manic episode, or even an organic cause. The rapid onset and therapeutic response ruled out the diagnosis of a manic episode. No organic cause was found to explain the symptoms. It also did not meet the temporal criteria required for a postpartum psychosis. Finally, the diagnosis was brief psychotic episode, triggered by an acute stressor.

Conclusions: When managing a patient in the postpartum period, it is crucial to have a comprehensive understanding of the various diagnostic possibilities, including those not covered by the DSM-V or those that may have a somatic cause, in order to provide appropriate and holistic care.

Disclosure of Interest: None Declared

EPV1282

The role of self-esteem in mental health: a comparative study on its association with anxiety, depression and stress in support-seeking and general populations from Croatia

T. Meštrović^{1*}, J. Mašek¹, R. Ribić¹ and M. Neuberg¹

¹Department of Nursing, University North, Varaždin, Croatia

*Corresponding author.

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Introduction: Mental health is essential for overall well-being and resilience in facing life's challenges. Self-esteem, a crucial mental health determinant, affects how individuals perceive and manage stress, and may be linked to worse health outcomes when conditions like anxiety and depression are concerned. Consequently, understanding the role of self-esteem in mental health is essential for developing effective preventive strategies and interventions.

Objectives: In this study we aimed to investigate the relationship between self-esteem levels and anxiety, depression and stress, with a hypothesis that the presence of the aforementioned mental health challenges is significantly correlated with lower levels of self-esteem. We sought to explore the potential impact of self-esteem as both a risk factor and a target for interventions in mental health care.

Methods: A cross-sectional study design was employed, involving 100 participants based in the Republic of Croatia and divided equally into two groups: support-seeking individuals or patients from the daily clinical setting and a control group with no psychiatric treatment history. Participants completed the Rosenberg Self-Esteem Scale (RSE) and the Depression Anxiety Stress Scale (DASS-21). The self-esteem scores classified individuals into low, average or high self-esteem categories. Statistical analyses, including chi-square tests and Mann-Whitney U tests, assessed differences in DASS-21 scores between groups, with adjustments for sociodemographic factors.

Results: Psychiatric patients showed significantly lower self-esteem (mean = 20.84, SD = 7.161) than the control group (mean = 29.84, SD = 7.709). Additionally, psychiatric patients experienced higher levels of anxiety (mean = 12.60, SD = 5.237), depression (mean = 12.04, SD = 5.595) and stress (mean = 14.06, SD = 4.433) when compared to the control group, which exhibited mild anxiety (mean = 5.14, SD = 5.018), low depression (mean = 4.90, SD = 5.296) and minimal stress levels (mean = 6.96, SD = 4.973). Statistical analysis revealed a statistically significant association between low self-esteem and support-seeking or patient status ($p = 0.001$). Additionally, low self-esteem was associated with more severe mental health symptoms across all categories ($p < 0.05$).

Conclusions: This study emphasizes the interconnectedness between self-esteem and mental health, demonstrating that lower self-esteem is associated with higher anxiety, depression and stress levels. Therefore, integrating self-esteem enhancement into therapeutic settings may be an effective strategy for mitigating mental health risks, providing a proactive approach to psychological care and prevention.

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EPV1283

Schizophrenia versus Traumatic Brain Injury: A Diagnostic Challenge

N. Monteiro^{1*}, M. Abrantes¹ and S. Morais^{1,2}

¹Centro de Responsabilidade Integrada de Psiquiatria, Centro Hospitalar e Universitário de Coimbra (CHUC) and ²Faculdade de Medicina, Universidade de Coimbra, Coimbra, Portugal

*Corresponding author.

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