

Postnatal Depression Scale (EPDS). Women scoring ≥ 12 at the EPDS were considered screening positive.

Results: Twenty women (10%) were screening-positive. These women were more often foreigners ($R^2=0,032$; $\beta=0,178$; $p=0,012$), single ($R^2=0,026$; $\beta=0,163$; $p=0,022$), with a positive psychiatric family history ($R^2=0,114$; $\beta=-0,337$; $p=0,001$) and more frequently affected by physical comorbidities unrelated to pregnancy ($R^2=0,03$; $\beta=0-0,174$; $p=0,014$). These women also had more gestational comorbidities such as gestational hypertension ($R^2=0,02$; $\beta=-0,154$; $p=0,030$), shortening of uterus neck ($R^2=0,05$; $\beta=-0,234$; $p=0,001$), and miscarriage threats/placental abruption ($R^2=0,004$; $\beta=-0,067$; $p=0,001$).

Conclusions: Our study highlighted the association between depressive symptoms and potentially dangerous gestational comorbidities. Our results further stress the need to screen all women in the peripartum for the presence of depression, in order to identify those at-risk and eventually put in place strategies to prevent further complications to mothers and children.

Disclosure: No significant relationships.

Keywords: EPDS; incidence and characteristic; postpartum depression; peripartum depression

O0110

Premenstrual syndrome as a possible presymptomatic marker for negative outcomes of pregnancy

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Introduction: Hungarian Family Planning Service's mission is decreasing the negative outcomes of pregnancy, including perinatal depression.

Objectives: Childbirth as a great irreversible life event is a normative crisis of the life, thus pregnancy and post-partum period are times of high risk for psychiatric symptoms. Stress in pre- and post-natal period has short and long-term effect on offspring. Women participating in family planning program should be evaluated for the high risk and specific preventive program are provided for them.

Methods: Between 2015-2018, 446 women were participating in family planning service. They were screened for premenstrual syndrome by using the shortened form of PAF questionnaire. We compared healthy and PMS affected patients' data in according to the prevalence of PPD, spontaneous abortion and period needed for conception.

Results: Prevalence of PMS in our sample was 51.4%. Overage duration between wished and realized conception was 6.1 months in healthy group vs 9.2 months in PMS group. Post-natal depression was screened by Edinburgh Post-natal Scale and it showed about 4-times higher prevalence between affected women by PMS. Surprising the rate of spontaneous abortion was 2-times higher, although the absolute number is rather low for statistical validation.

Conclusions: Women affected by PMS can be considered as high risk for perinatal mood disorders and negative outcomes of pregnancy. PMS can be useful as a presymptomatic marker of perinatal depression and may be increased risk for spontaneous abortion. Psychological aspect should be included into the periconceptual care. Family planning may be an optimal solution to prevent perinatal depression and its complication.

Disclosure: No significant relationships.

Keywords: premenstrual syndrome; prevention; post natal depression

O0111

Social support and prenatal mental health problems: a systematic review and meta-analysis

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Introduction: Pregnancy is a time of profound physical and emotional change as well as an increased risk of mental health problems. Providing social support is vital to reduce such risk.

Objectives: This systematic review and meta-analysis aimed at examining the relationship between social support and depression, anxiety and self-harm during pregnancy.

Methods: We searched observational studies from PubMed, Psych Info, MIDIRS, SCOPUS, and CINAHL databases. The Newcastle-Ottawa Scale tool was used for quality appraisal. The Q and the I² statistics were used to evaluate heterogeneity. A random-effects model was used to pool estimates. Publication bias was assessed using a funnel plot and Egger's regression test and adjusted using trim and Fill analysis. All the analysis was conducted using STATA.

Results: Sixty-seven studies with 64,449 pregnant women were part of the current review. Of the total 67 studies, 22 and 45 studies were included in the narrative analysis and meta-analysis, respectively. From the studies included in the narrative analysis, 20(91%) of them reported a significant association between social support and the risk of mental health problems (i.e. depression, anxiety, and self-harm). After adjusting for publication bias, the results of the random-effect model revealed low social support was significantly associated with antenatal depression (AOR: 1.18, 95% CI: 1.01, 1.41) and antenatal anxiety (AOR: 1.97, 95% CI: 1.34, 2.92).

Conclusions: Low social support was significantly associated with depression, anxiety, and self-harm during pregnancy. Policy-makers and those working on maternity care should consider the development of targeted social support programs to help reduce mental health problems amongst pregnant women.

Disclosure: No significant relationships.

Keywords: Depression; social support; Pregnancy; Anxiety

Schizophrenia and other Psychotic Disorders 1

O0112

Clinical and immunological profile of patients with schizophrenia

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