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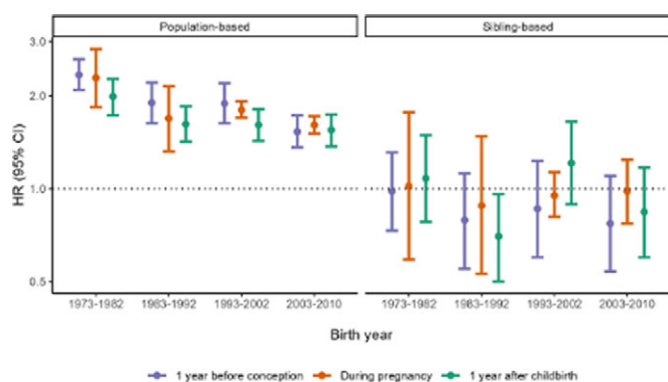


Figure 3 Association between maternal depression around pregnancy and risk of any mental disorders among offspring, stratified by birth year. Adjusted for maternal age, parity, smoking, body mass index, offspring sex. For population-based analysis, estimates were further adjusted for maternal country of birth, education, cohabitation status, offspring birth year.

Conclusions: While maternal depression before, during, and after pregnancy is predictive for the offspring's mental health development, the link is likely driven by shared familial genetic and environmental factors.

Disclosure of Interest: None Declared

O108

Four Major Psychiatric Disorders in Childhood and Early Adulthood and Siblings' Subsequent Socioeconomic Status: A Nationwide Familial Coaggregation Cohort Study

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Introduction: Previous studies show the aggregation of major psychiatric disorders (MPDs; a combined category of schizophrenia, bipolar disorder, depression, and anxiety) among siblings. However, few studies have examined whether MPDs in childhood and early adulthood are associated with siblings' future socioeconomic status (SES).

Objectives: To assess subsequent SES outcomes among siblings of individuals with an MPD diagnosed at age 5–25.

Methods: This cohort study included 54,742 full siblings, 4,490 paternal, and 4,858 maternal half siblings of individuals born in Finland between 1975–1985 with MPDs diagnosed at ages 5–25 (affected probands). We defined the reference groups as identical types of siblings of individuals without any MPD diagnosis (matched unaffected probands). The siblings of both the affected and the unaffected probands were followed from the diagnosis date of affected probands until December 31, 2020. MPD diagnoses were obtained from the Finnish Care Register. SES was measured through employment status, annual disposable income (measured

in EUR), and educational achievement derived from the FOLK module of Statistic Finland. Conditional logistic regression, median regression, and Generalized Estimating Equations (GEE) models were applied to estimate the adjusted associations.

Results: The median age (interquartile range, IQR) at baseline was 20 years (16–24) for full siblings, 17 years (12–26) for maternal half-siblings, and 18 years (12–26) for paternal half-siblings of the affected and unaffected probands. Compared to siblings of the unaffected probands, the odds of unemployment were 50% higher (95% CI: 1.46-1.55) in full siblings of affected probands with any MPD; this association was particularly pronounced in full siblings of an affected proband diagnosed before age 15 (aOR: 1.68, 95% CI 1.49-1.90). Full siblings of the affected probands were more likely not to attain a university degree (aOR: 1.37, 95% CI 1.33-1.41). The median annual disposable income was 1,518.3 EUR lower (95% CI: -1647.4, -1389.3) in full siblings of affected probands. Similar but weaker associations were observed in maternal and paternal half-siblings. For example, compared with the half siblings of the unaffected probands, the odds of unemployment were 29% (95% CI 1.16-1.44) and 23% (95%CI 1.10-1.38) higher in maternal and paternal half-siblings of affected probands with any MPD, respectively.

Conclusions: Our findings suggest that the unfavorable socioeconomic consequences of MPDs might extend to siblings.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

O110

Risk factors for treatment resistance among women with postpartum depression

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Introduction: Postpartum depression (PPD) impacts millions of new mothers worldwide, and the challenge of treatment resistance (TR) further hampers recovery prospects. The occurrence of TR in women with PPD and the risk factors for TR remain less studied. Identifying these factors is critical for the precise prediction of treatment responses, enabling tailored interventions and effective management of PPD.

Objectives: This study aimed to determine the prevalence of TR and assess risk factors associated with TR in women with PPD in a nationwide population-based setting.

Methods: We conducted a nationwide register-based cohort study of all women who gave birth during 2006-2021 in Sweden and were diagnosed with PPD up to 12 months postpartum. TR is defined as having ≥ 3 distinct antidepressant drugs, add-on medications, electroconvulsive therapy, or repetitive transcranial magnetic stimulation in one year after PPD diagnosis. Information on demographics, pregnancy characteristics and outcomes, comorbidities, and treatments were obtained from national registers. Potential risk factors in relation to TR were assessed using multivariable Poisson regression.

Results: Out of 58 618 women with PPD (mean age 30.8, SD 5.3), 4 933 (8.5%) occurred treatment resistance. Younger age (<20 vs. 25-29y: risk ratio (RR) 1.28, 95% CI 1.07-1.52), lower educational level (<9 vs. >12y: 1.52, 1.39-1.67), lower family income level (lowest 20% vs. top 20%: 1.28, 1.16-1.40), smoking at early pregnancy (≥ 10 cigarettes/day vs. no smoking: 1.39, 1.19-1.62), prior physical comorbidities (Charlson comorbidity index ≥ 2 vs. 0: 1.40, 1.18-1.65), prior psychiatric disorders (RRs for specific types range: 1.54-6.04) were significantly associated with treatment resistance. In contrast, non-primiparous patients had a reduced risk of treatment resistance (vs. primiparous women, RRs for 2 parities: 0.74, 0.69-0.79; ≥ 3 parities: 0.87, 0.80-0.95). Maternal body mass index, snuff use, delivery method, pregnancy outcomes, and hypertensive or diabetic disorders did not predict treatment resistance.

Conclusions: Treatment resistance in women with PD is common and is notably associated with specific demographic and clinical profiles. These findings highlight the need for personalized management strategies, particularly for identified high-risk groups.

Disclosure of Interest: None Declared

O111

Bridging the gap in mental health knowledge and gender-based violence interventions: findings from a mixed-methods study in Moldova

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Introduction: This study examines the intersection of mental health services and gender-based violence (GBV) in Moldova, identifying knowledge gaps and assessing service capacity through a mixed-methods approach, including focus groups and a national KAP survey. The findings highlight the urgent need for specialized training and evidence-based interventions to improve mental health outcomes and GBV responses.

Objectives: The study aimed to develop targeted interventions and training programs to enhance the capacity of mental health professionals in Moldova to address mental health challenges and gender-based violence (GBV) by identifying knowledge gaps, assessing practices, and providing actionable insights for improved service delivery and outcomes.

Methods: The study used a mixed-methods design, combining quantitative surveys and qualitative focus groups to assess knowledge gaps and training needs among mental health professionals in Moldova. A cross-sectional survey gathered quantitative data on perceptions of knowledge gaps, confidence, and training needs from a representative sample of professionals, including CCSM coordinators. Focus group discussions, held on the same day, provided qualitative insights into their challenges and suggestions for service improvement. This approach offered both breadth and depth, leading to evidence-based recommendations for addressing the identified gaps in knowledge and training.

Results: The study uncovered major knowledge gaps among mental health professionals in Moldova, particularly in

psychopharmacology, child and geriatric psychiatry, and gender-based violence (GBV) management. These gaps, identified via surveys and focus groups, reflected a lack of confidence in applying modern protocols and navigating legal aspects. There was a strong call for continuous professional development, especially through structured training in underserved regions. Inadequate training negatively affected the quality of care, particularly in GBV cases, though professionals were eager to improve their skills despite regional disparities in resources. The findings underscore the need for targeted training and better resource allocation.

Conclusions: The study concluded that mental health professionals in Moldova face significant knowledge gaps, particularly in psychopharmacology, child and geriatric psychiatry, and managing gender-based violence (GBV). These gaps, along with insufficient training, negatively impact care quality, especially for GBV cases. Despite motivation to improve, professionals face challenges like limited access to updated training and regional disparities in resources, highlighting the need for structured, continuous training and equitable resource distribution to improve mental health services nationwide.

Disclosure of Interest: None Declared

O112

Prevention and treatment of psychosis in pregnant and/or postpartum women with known psychiatric illness – the state of the art of clinical practice guidelines

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Introduction: Motherhood represents a challenge for all women, but it's even more complex for those suffering from serious psychiatric illnesses such as Bipolar Disorder, Schizophrenia and Schizoaffective Disorder. The treatment of these women requires special care during the preconception, prenatal and postnatal phases, taking into account the risk of decompensation, the psychosocial factors involved and the difficult balance between the potential harm to the foetus and/or infant and the risks associated with not treating the mother. With the scarcity of randomised clinical trials and limited evidence, clinical practice guidelines become essential to determine the best therapeutic approaches to adopt.

Objectives: To systematise the best evidence of care for pregnant and/or postpartum women with a history of psychotic illness.

Methods: Systematic literature review.

Results: Mental health management in women with severe psychiatric illness who want to become pregnant should involve shared decision-making and multidisciplinary counselling. In women of childbearing age who are diagnosed with such conditions, adequate awareness of the illness and the need for family planning is the first step towards effective and safe long-term treatment. In the prenatal period, it's essential to monitor early signs of relapse, to psychoeducate about the need to stop comorbid consumption and to carry