

Reproductive Technology center inTunis. The participants provided information related to socio-demographic data. Coping strategies were assessed using the Brief Cope scale administered in the Tunisian dialect. These strategies were classified into three categories: problem-focused, emotion-focused, and avoidant coping.

**Results:** A total of 60 infertile couples participated in the study. The average age of men was  $41.1 \pm 6$  years, while the average age of women was  $35.07 \pm 4$  years. Among them, 68% resided in urban areas, and 73% were from a middle socioeconomic background. Educationally, 47% of women held a university degree, compared to 17% of men. Approximately half of the women were unemployed, while 52% of men were employed.

Problem-focused coping emerged as the most frequently utilized strategy ( $5.93 \pm 1.02$ ), followed by emotion-focused coping ( $5.32 \pm 0.82$ ) and avoidant coping ( $3.95 \pm 0.70$ ).

Women significantly employed problem-focused and emotion-focused strategies more than men ( $p=0.017$ ;  $p<0.01$ ). They also scored higher in emotional support, expression of feelings, active coping, planning, and religious coping ( $p<0.05$ ;  $p=0.01$ ). Conversely, men displayed a greater inclination towards acceptance, distraction, and substance use.

**Conclusions:** In conclusion, addressing gender-specific coping strategies is essential for providing effective psychological support to infertile couples. Healthcare professionals should promote problem-focused coping to help couples actively manage their challenges.

**Disclosure of Interest:** None Declared

## EPV2031

### Home treatment in acute postpartum psychosis: a case report

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**Introduction:** Postpartum (or puerperal) psychosis is a severe mental health condition about which there is little literature, which recommends measures to prevent separation between mother and baby in the acute crises, such as home treatment. However, there is a lack of published experiences on the subject. Here we present the case of a 36-years-old woman with this diagnosis successfully treated under a home treatment, and with history of one previous hospital admission in a conventional inpatient psychiatric care unit for the same diagnosis.

**Objectives:** To show the specific advantages of home treatment over conventional hospitalization in acute conditions that are particularly difficult for the family environment, like the postpartum psychosis.

**Methods:** A case report is presented alongside a qualitative analysis of the perceived experience, based on a brief semi-structured interview with the patient.

**Results:** The patient's own comparative experience shows less interference in the development of mother-child care and greater satisfaction under the home treatment model.

**Conclusions:** This case helps to support home treatment as a better way of acute management of postpartum psychosis, compared to

conventional hospitalization, and invites to further research on the topic.

**Disclosure of Interest:** None Declared

## EPV2032

### Late-Onset Puerperal Psychosis: A Case Report and Challenges in Treatment Decisions

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**Introduction:** The perinatal period is a vulnerable time for women, with specific risk factors for mental health issues. Puerperal psychosis typically presents within the first month postpartum, although the perinatal period extends through the first year after delivery. This condition is understudied, and its nature and pathophysiology remain subjects of debate.

**Objectives:** To describe a case of late-onset puerperal psychosis, highlighting the challenges in decision-making regarding medical approach.

**Methods:** A clinical case report and a non-systematic review of the literature.

**Results:** A 39-year-old woman was brought to the Emergency Unit by her relatives due to paranoid delusions that her partner and in-laws were attempting to poison her. She had previously sought mental health care only once, as an adolescent, for anxiety symptoms following her parents' divorce. She is the mother of a 5-year-old child and a 10-month-old infant, with no reported complications during pregnancy or delivery.

The patient reported experiencing strange occurrences over the preceding 10 days, beginning during a family vacation when she became suspicious of the food and the organization of meals. She believed her in-laws were poisoning her and expressed concern about transmitting poison to her infant through breast milk. Upon returning home, these fears intensified, extending to suspicions that her husband, mother, and sister were involved. She had drastically reduced her food intake the prior days before consulting, her appearance was malnourished and disheveled.

Further psychopathological exploration revealed delusional beliefs centered on being poisoned and potentially poisoning her baby through breastfeeding. These delusions were accompanied by confusion, perplexity, and heightened anxiety. She denied experiencing hallucinations and had no thoughts of harm toward herself or others.

Low-dose olanzapine treatment was initiated and outpatient management was initially chosen to minimize disruption to her role as a mother, in accordance with the patient's preference and the presence of family support. However, hospitalization ultimately became necessary, resulting in complete resolution of psychotic symptoms after 14 days, with olanzapine titrated to a higher dose (20 mg per day).

**Conclusions:** Puerperal psychosis is a complex condition with potentially severe consequences for both maternal and infant health, including disruptions in mother-child bonding. This case underscores the need for further research and resource allocation in this area. Specifically, the development of more psychiatric mother-

baby units could help prevent unnecessary separations, promote bonding, and provide opportunities for early parenting interventions.

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## EPV2033

### Mental health approach to premenstrual dysphoric syndrome: case series

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**Introduction:** Six clinical cases of patients with premenstrual dysphoric syndrome treated in Mental Health with SSRIs are presented.

**Objectives:** The aim is to briefly review the pharmacological approach to premenstrual dysphoric syndrome through the presentation of a series of cases.

**Methods:** Six cases of female patients are presented, with a mean age of 35.4 years, two of whom were nulliparous. All of them had no history of mental health problems. They had regular cycles and had no relevant medical or gynecological history. They reported that for the last three years they had been more irritable, emotionally labile, feeling apathetic and sad, with difficulties in concentration and a feeling of loss of self-control, which made interpersonal relationships difficult, especially at work.

The patients denied that they had previously experienced these symptoms throughout their lives.

Analyses were carried out, with estrogen and progesterone levels, without obtaining significant alterations.

The MADRS and HAMILTON scales were administered to all of them on the 14th day of the cycle, as well as on the 5th day of the cycle. A mean of 9.2 was obtained on the MADRS on the 5th day of the cycle, compared to 15.6 on the 14th day, while the HAMILTON obtained a score of null-mild anxiety on the 5th day and moderate anxiety on the 14th day.

**Results:** After this comparison, treatment with fluoxetine at a dose of 20mg DMD was started only from the day of ovulation to menstruation, withdrawing this treatment for the rest of the cycle. Again, both scales were compared and the results obtained were more similar on the 5th and 14th day of the cycle.

**Conclusions:** To avoid hormonal treatment and thus the moderate side effects it presents, premenstrual dysphoric syndrome can be treated by taking SSRIs at low doses, only for 15 days of the cycle.

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## EPV2036

### Subjective anxiety and depression in a sample of pregnant women with panic disorder

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**Introduction:** Panic disorder and depression during pregnancy are significant mental health concerns that can adversely affect both maternal and fetal well-being. Prompt recognition and management of these conditions through early screening are essential, not only for maternal health but also for the neuropsychological development of the child.

**Objectives:** This study aims to assess anxiety and depression in pregnant women diagnosed with panic disorder, utilizing both objective and subjective measurement tools while integrating patient perspectives.

**Methods:** The study included pregnant women with a confirmed diagnosis of panic disorder, evaluated in an outpatient setting (N=40). The participants were divided into three groups: (1) those with panic disorder (42.5%), (2) panic disorder with agoraphobia (20.0%), and (3) panic disorder with depression (37.5%). Objective measures such as the Hamilton Depression Rating Scale (HAM-D) and the Hamilton Anxiety Rating Scale (HAM-A) were used, along with self-reported scales, including the Hospital Anxiety and Depression Scale (HADS-A/HADS-D). Statistical methods, including descriptive analyses, the Student's t-test, One-way ANOVA, and multiple linear regression, were employed. Ethical approval was obtained for the study.

**Results:** Most participants were in their first pregnancy (77.5%) and had no prior psychiatric history (75%). Depression scores, measured by HADS-D ( $F(2, 37) = 6.05, p = .005, \omega = .20$ ) and HAM-D ( $F(2, 37) = 5.71, p = .007, \omega = .19$ ), were significantly higher in patients with depression compared to those with panic disorder, with or without agoraphobia. Higher gestational age was also associated with increased self-reported depression ( $p = .002, R^2 = .324, F(6) = 2.632, p = .034$ ). Anxiety, as measured by the HADS-A scale, was significantly higher in the panic disorder group ( $F(2, 37) = 71.12, p < .01, \omega = .78$ ) than in the agoraphobia and depression groups. No significant differences were found between the groups on the HAM-A scale ( $p > .05$ ).

**Conclusions:** Proper identification of anxiety and depression during pregnancy is essential, as these conditions can negatively affect maternal functioning and quality of life. Moreover, they may hinder the mother's ability to care for her infant postnatally. Utilizing both objective and subjective tools to assess anxiety and depression can improve diagnostic accuracy. Recognizing depression as a distinct domain in cases of anxiety disorder during pregnancy is also crucial for targeted intervention.

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## EPV2038

### Assessing Personality Traits in Transfemales: A Comparative Analysis with Gender-Affirming Males and Females Using a Binary Logistic Regression Model

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