Introduction: Transgender healthcare has increasingly gained importance, particularly in understanding how individuals align with their affirmed gender in various physiological and sociological aspects. Transfemales, individuals assigned male at birth who transition to female, represent a group that is less studied in gender research. There remains uncertainty regarding the degree of similarity transfemales exhibit to cisgender males or females post-transition. This study aims to address this by using a binary logistic regression model to compare transfemales with gender-affirming males and females.

Objectives: The primary objective of this study is to determine whether transfemales are more similar to gender-affirming males or gender-affirming females. Using a binary logistic regression model previously validated on a cohort of transmales, we aim to categorize transfemales based on personality traits.

Methods: A binary logistic regression model, initially developed to distinguish between gender-affirming males and females, was applied to a dataset that included transfemales. The model was trained using characteristics of cisgender males, females and transgender participants. The dataset included 108 gender-affirming males, 260 gender-affirming females, 142 transmales and 20 transfemales, ages 15-25, from Europe. The primary outcome was the classification of transfemales into the male or female categories according to personality trait assessment, using the regression function trained on the gender-affirming cohort.

Results: The binary logistic regression model categorized the vast majority of transfemales as females, with a classification accuracy close to that of gender-affirming females being categorized as female. Specifically, **85%** of transfemales were classified as female, which is slightly lower than the **93%** classification accuracy for gender-affirming females but significantly higher than the **34%** classification accuracy for gender-affirming males being categorized as female. Detailed results are presented in the attached table.

Group	Number of Participants	Classified as Female (%)
Gender-Affirming Males	37	34%
Gender-Affirming Females	242	93%
Transfemales	20	85%

Conclusions: The results suggest that transfemales are more similar to gender-affirming females than to gender-affirming males in their personality traits based on the binary logistic regression model. However, caution must be exercised when interpreting these findings due to the limited sample size of transfemales (n = 20). Furthermore, the predictive accuracy of the model was modest, highlighting the need for further research with larger and more diverse datasets. These findings contribute to the understanding of gender identity and its alignment with personality traits, yet emphasize the complexity of such classifications in transgender populations.

Disclosure of Interest: None Declared

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Introduction: Limited research has been done regarding antidepressant use during pregnancy. Current insights show that a higher daily-dose equivalent of maternal SRI during pregnancy is associated with lower birthweight. Additionally, also large-scale registry studies show that prenatal antidepressant exposure is associated with small decreases of pregnancy duration and birthweight, and a higher risk for preterm birth, decreased birthweight, neonatal hospitalization and postnatal neonatal withdrawal symptoms. In these studies, no differences were found regarding PPHN (Persistent Pulmonary Hypertension of the Newborn) and congenital abnormalities. Thus far, research has been done on a general population level. This study is aimed at a specific high risk population group, which makes this study much more relevant for clinical practice.

Objectives: Gain insight into the effects of antidepressants during pregnancy and how they are prescribed. Specifically, the effects on birthweight and pregnancy duration, and whether the antidepressants are prescribed according to the daily-dose equivalent and are prescribed on-label.

Methods: This is a retrospective clinical cohort consisting of women who between 2006 and 2018 gave birth in the Erasmus MC University Hospital, because of a medical or psychiatric referral. All women were treated by the multidisciplinary pregnancy and psychiatry outpatient clinic in the Erasmus MC, were diagnosed with a DMS diagnosis, and for this specific study were selected for antidepressant use. Birth weights were categorized against the Dutch Perined birth registry. We estimated the association of pregnancy duration with the daily-dose equivalent.

Results: Of the 1372 births from mothers with a DSM diagnosis, 323 unique births were selected for antidepressant use during pregnancy. No effects were found regarding birthweight and pregnancy duration. There was a non-significant effect on birthweight: Kruskall-Wallis test statistic (3): 0,962, with a p-value of 0,810. And a non-significant effect on pregnancy duration using linear regression: standardized beta: -0,028, with a p-value of 0,654. The antidepressants, which included SSRIs, SNRIs, and TCAs, were described off-label in 26% of the cases. As a whole, the antidepressants were prescribed lower than the daily-dose equivalent, with a total average of 0.69.

Conclusions: The fact that no effects were found on the use of antidepressants in women with a DSM-diagnosis on birthweight and pregnancy duration, is a reassuring finding. Certainly when taking into account the previous studies, that showed lower birthweights and higher risk for pre-term birth when using antidepressants during pregnancy. This might affect how antidepressants will be prescribed for pregnant women in the future. It is however remarkable, that antidepressants aren't always prescribed on-label, and not always according to the recommended daily-dose.

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