psychotic. There is few literature regarding the latter, making it difficult to recognize, let alone to treat, since we do not have robust data on the incidence nor approved interventions.
Objectives: To get a better understanding on the standard of care for patients with psychotic denial of pregnancy.
Methods: We present a case report alongside a narrative literature review on the topic.
Results: We report the case of a 39-year-old caucasian woman, foreign, undomiciled, who was admitted to a Psychiatry unit due to psychotic symptoms. Her birthplace and prior medical records were unknown. She did not recognize being pregnant and showed great irritability when asked; her responses ranged from delusional attributions of symptoms related to the pregnancy to partially acknowledging her state but refusing to answer questions. Obstetric ultrasound revealed a low risk 35 weeks pregnancy. Treatment included quetiapine up to 700mg daily and psychological approach. A multidisciplinary team managed the case and arranged a plan for delivery. Eventually, delusional symptoms remitted and she accepted the gestation. She showed full collaboration during delivery, giving birth to a healthy female and presented transient recovery. After being separated from her daughter, her clinical situation worsened.
Psychotic denial of pregnancy is rather uncommon. It is usually seen in patients with prior history of major mental illness, most frequently schizophrenia, and important psychosocial vulnerability. It associates with several negative outcomes for mother and baby, including neonaticide. Most studies agree on the need of a multidisciplinary intervention including obstetrics, psychiatry, and others (social agents, ethical consultants…) to generate a plan for mother and baby. Biopsychosocial aspects should always be considered and each case individually formulated. Pregnant women must be given clear and concise information about the process. For some, seeing obstetric ultrasound might help them accept the pregnancy. Some authors propose labour induction prior to 39 weeks and performing a C-section, especially in cases of uncontrolled psychosis or risk of noncompliance. Most studies also recommend antipsychotic treatment. In cases of persistent denial or acute crisis, especially during the third trimester, patients should be admitted to a psychiatry unit with easy access to obstetric care. Supportive psychotherapy and psychosocial intervention should try to identify precipitating stressors for denial, such as prior or anticipated custody loss, which has been linked to psychotic denial.
Conclusions: Psychotic denial is a serious illness which requires a multidisciplinary treatment including biopsychosocial and obstetrical aspects.

Disclosure of Interest: None Declared

EPV1112

Psychotic denial of pregnancy: case report and narrative literature review.

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Introduction: Denial of pregnancy is the phenomenon where a woman fails to recognize or accept her pregnancy at >20 weeks gestational age. It associates with increased morbidity and mortality of mother and child, and can be classified as non-psychotic or psychotic. There is fewer medical literature regarding the latter, making it difficult to recognize, let alone to treat, since we do not have robust data regarding incidence nor approved interventions or treatment.
Objectives: To describe this unfamiliar entity in order to be able to perform a proper diagnosis and thus prevent possible negative outcomes.
Methods: We present a case report alongside a narrative literature review on the topic.
Results: We report the case of a 39-year-old caucasian woman, foreign, undomiciled, with an advanced pregnancy, who was admitted to a Psychiatry in-patient unit due to psychotic symptoms such as mistrust and delusions. She showed scarce collaboration during assessment and did not give any plausible information about her identity. Her birthplace and prior medical records were therefore unknown. Apparently, she had no family nor social support network. Despite the obvious signs, she did not recognize being pregnant and showed great irritability when asked; her responses ranged from claiming she was suffering from a gastric tumor and making delusional attributions of symptoms clearly related to the pregnancy to partially acknowledging her state but refusing to answer any questions on the matter. Blood work showed no significant abnormalities and obstetric ultrasound revealed a low risk 35 weeks pregnancy.
With an estimated prevalence of 1:475 in general population, denial of pregnancy is not as rare as it may seem. The psychotic variant, however, is rather uncommon. Typically, women with psychotic pregnancy denial have prior history of major mental illness, most frequently schizophrenia, and suffer from extreme psychosocial vulnerability. They usually present previous or anticipated child custody loss, which hampers the process of developing antenatal attachment behaviours. Psychotic denial does not associate with concealing, since these women are mentally detached from the gestation and tend to create delusional explanations to their pregnancy symptoms. Not all of them show complete denial, some being able to acknowledge it, though mostly in an inconsistent way. These patients often fail to seek prenatal care or are noncompliant, they are at greater risk of drug exposure, and some are unable to recognize symptoms of labour, all of which increases the rate of negative outcomes for mother and baby, including neonaticide.
Conclusions: Psychotic denial is a rare diagnosis which should be properly assessed due to its clinical implications and the need to prevent potential negative outcomes for mother and baby.

Disclosure of Interest: None Declared

EPV1113

PERINATAL GRIEF, EMERGENCY EVALUATION. ABOUT A CASE

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Introduction: Perinatal grief is the process that occurs after the loss of a baby, either during pregnancy or during the period immediately before or after childbirth (up to a year). In recent years, the increase in specific training and development of programs focused on perinatal mental health has facilitated the creation of specific action protocols. The case of a 38-year-old woman who suffers a gestational loss during the third month of pregnancy is explored. The presence of personal and family antecedents that suppose risk factors for the adequate elaboration of the duel, raise doubts about the handling of the case.
Objectives: This work has several objectives, including reviewing the published literature on perinatal bereavement in an emergency situation and, on the other hand, presenting a case.
Methods: A bibliographic search has been carried out in the main sources of medical information such as pubmed, uptodate as well as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed in order to expose its own experience in this field, defining specific interventions as well as results.
Results: On evaluation, the patient was conscious and oriented to person, time, and space. Approachable and cooperative. Overall calm, although with intermittent crying. Low mood reactive to vital situation, without apathy, apathy, or anhedonia. No previous episodes of hypomania or mania. Not another major affective clinic. Fluid and coherent speech, formally well constructed without glimpse alterations in the course or content of thought. She denied sensory-perceptual alterations, without showing a listening attitude, or suspicion or any other psychotic or dissociative symptoms. He denied ideas of self-harm, death or self-harm, presenting an adequate request for help and coherent and realistic future plans. Altered biological rhythms with insomnia of three days of mixed pattern evolution. preserved appetite. Judgment of reality preserved.
The grief reaction is an experience that must be normalized after the loss of a loved one. However, given the risk factors presented by the patient, preventive management is established in the face of possible complicated perinatal grief. A new appointment is established in less than 10 days to reassess the case with the perinatal mental health team.
Conclusions: Perinatal mental health is an area of knowledge that could provide assistance to mothers, fathers and family systems plunged into a crisis of perinatal grief.
Prevention in situations of possible complicated perinatal mourning is no less important than treatment when the disorder is already established.

Disclosure of Interest: None Declared

EPV1114

Self esteem among Tunisian women victims of domestic violence

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Introduction: Intimate partner violence is an under recognized problem in our society that is misjudged and often overlooked.
Violence in women has been linked to chronic health, emotional complications, one of which includes low self-esteem
Objectives: To study the prevalence and predictors of low self-esteem among women victims of domestic violence.
Methods: Our study was descriptive and analytical cross-sectional, carried out with women examined in the context of medical expertise, from May until January 2022.
An anonymous survey was asked to these ladies.
The Rosenberg questionnaire was used to assess the self esteem
Results: 122 responses was collected.The average age of the assaulted women in our study was 35.66 years(from18 to 64 years) 98.4%were victims of verbal violence, 95,1% of physical violence, 97,5% of psychological violence and 54.7 %of sexual violence.
Self esteem was very low among 43,4% of women ,low among 18,9%,average among 15,6%,high among 15,6% and very high among 6,6%.
Women with children had lower self-esteem (p=0.02).
Low self-esteem were significantly correlated with: the husband cannabis consumption (p=0.01).
The ladies victims of sexual violence such as an unusual type of relationship had lower self-esteem (p=0.01).
Women who were threatened by their spouses had lower self-esteem (0,01).
An history of aggression during pregnancy was a risk factor for low self-esteem (p=0, 01).
Conclusions: Results suggest domestic violence has on women, not only physically effect but mentally and emotionally, this is why an urgent reaction must be taken by the state to reduce this scourge and hs repercussions on the mental health of the victims.

Disclosure of Interest: None Declared

EPV1115

Peritraumatic distress associated with domestic violence

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Introduction: The violence against women massively committed by their spouses is a scourge that transcends countries, ethnicities, cultures, classes social and age groups.
This violence is traumatic and represents a serious attack on the physical integrity and mental health of the women who are victims
Objectives: To study the prevalence and predictors of peritraumatic distress among women victims of domestic violence
Methods: We contacted 122 women who consulted at the psychiatric emergency of 'Hedi Chaker hospital',Sfax examined in the context of medical expertise on the period between May 2021 until January 2022
A questionnaire regarding the violence was asked to responders .It included demographic and violence exposure questions and a scale applied during violence 'Peritraumatic distress inventory'
Results: The average age of women assaulted in our study was 35.6 ± 9.94 years (min=18,max=64).
78.7% (n=96) of ladies were of urban origin.
The majority of them(44,3%) had secondary level education.

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