out additional foetal ultrasounds at specific times to rule out malformations in foetuses exposed to antipsychotics and lithium. In the postnatal period, the risk of relapse is especially high. Careful monitoring in the first month after birth and regular review thereafter are essential. When necessary, hospitalisation in mother-baby units is the *gold standard* treatment. Pharmacological treatment of pregnant and breastfeeding women should weigh up the risks associated with non-intervention and the potential adverse effects on the foetus and lactating infant. The choice of psychotropic drugs should taking into account the varying safety profiles; for example, typical antipsychotics can cause extrapyramidal symptoms or withdrawal syndrome in the newborn and atypical antipsychotics metabolic syndrome. Nevertheless, despite the quality of the evidence, antipsychotics appear to be generally safe in pregnancy and breastfeeding.
**Conclusions:** The management of mental health care for this subpopulation must ensure that decisions are shared, follow-up is multidisciplinary, pre- and post-natal monitoring is individualised and pharmacological treatment is chosen based on the best balance between the needs of the mother and the safety of the foetus/infant.

**Disclosure of Interest:** None Declared

## O113

## Neurodevelopmental Consequences of Antenatal Exposure to Antipsychotic Medication: A Systematic Review

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**Introduction:** Antipsychotic (AP) medications are increasingly prescribed, with indications ranging from psychotic illness to mood disorders. Many patients and clinicians are concerned about long-term consequences of drug exposure in the neurodevelopmentally critical prenatal window. Yet maternal mental illness itself is also associated with significant changes to the prenatal environment.
**Objectives:** To systematically review the literature on the short- and long-term behavioral, socioemotional, psychomotor, and neurocognitive outcomes in children prenatally exposed to AP medication.
**Methods:** We included original studies assessing cognitive, motor, behavioral, social, and psychiatric. Searches were performed in MEDLINE, Cochrane, Embase, and PsycINFO for studies up to March 15, 2024. Quality and risk of bias were assessed using the Newcastle Ottawa Scale (NOS). Studies were eligible for inclusion if they were original, peer-reviewed research which assessed human offspring of any age, prenatally exposed to any antipsychotic medication, regardless of maternal indication for use.
**Results:** We identified 1,315 studies, and reviewed 53 in full-text screening. The final synthesis included 16 studies (6 cohort and 10 register-based studies) with the number of prenatally exposed individuals ranging from 17 to >15,000.Eleven studies included a control group with maternal mental illness in at least one of their analyses. These groups varied with some including any maternal mental illness, while others used an antipsychotic discontinuation control, and still others used non-antipsychotic psychiatric medication use as a control. Five studies included only a general or healthy maternal population control. Eight studies assessed motor development, ranging from newborn assessments up to 14 years of follow-up. These studies observed early motor delays following prenatal exposure to AP medication, which did not persist into later childhood. Five studies investigated risk for neurodevelopmental diagnoses and three studies explored school performance following prenatal AP exposure. No significant associations were found after adjustment for confounding. The quality of the evidence ranged from moderate to high.
**Conclusions:** While the majority of studies did not identify differences between exposed and unexposed groups, some differences emerged early in infancy or when looking at neurodevelopmental disorders. However, our findings suggest that the observed neurodevelopmental differences are likely due to confounding by indication rather than exposure to antipsychotics themselves. More rigorous research is needed to clarify the neurodevelopmental effects of AP use during pregnancy.

**Disclosure of Interest:** None Declared

## O116

## Coping experiences of trans women throughout their gender-affirmation

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**Introduction:** Trans women can encounter various struggles throughout their gender-affirmation. There is a need for further understanding of trans women's experiences to gain deeper insights into how they cope throughout this process. The development of psychosocial support services that are adapted to their personal needs is crucial to enhancing their coping strategies.
**Objectives:** The current study aimed to examine the coping experiences of trans women throughout their gender-affirmation.
**Methods:** This qualitative descriptive study utilized in-person, semi-structured interviews with 12 trans women to gather in-depth data on their coping experiences. Content analysis was employed to analyze the data.
**Results:** The experiences of trans women emerged in five themes. Four themes correspond to four distinct phases: "self-discovery," "self-acceptance," "coming out to others," and "after coming out to others," each characterized by its own coping mechanisms. The fifth theme was labeled "to facilitate coping…". Trans women have a heightened need for support during the periods "when they confront the possibility that their situation will not change," "when they accept themselves but attempt to decide how they can move forward in life," and "when they first come out to people around them." The study indicates the critical role of addressing family and social stigma in trans women's coping throughout their gender-affirmation. Furthermore, the study unveils a striking finding that efforts to facilitate trans women's coping throughout their gender-affirmation extend beyond the purview of mental health

professionals. It reveals that these efforts have dimensions that concern the entire healthcare system, the legal system, social security, labor, and working conditions.
**Conclusions:** The study highlights the importance of psychosocial support and improved access to these services to bolster trans women's coping mechanisms throughout their gender-affirmation, with particular emphasis on the specific periods identified above. The psychosocial support for trans women should encompass not only them but also extend to their families, significant others, and the community in which they live, adopting a holistic approach.

**Disclosure of Interest:** None Declared

## O117

### Bidirectional relationship between premenstrual disorders and autoimmune disease: a nationwide register-based study in Sweden

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**Introduction:** Prementrual disorders (PMD) affect millions of women in reproductive age worldwide. Understanding the potential link between PMD and its comorbidities, including autoimmune disease (AD), is crucial for ultimately improving women's health. Although hormonal fluctuations seem involved in the development of PMD and some AD, the relationship between PMD and AD remains unclear.
**Objectives:** Hence, we aimed to investigate the bidirectional association between PMD and AD.
**Methods:** Leveraging Swedish nationwide and regional registers, we conducted a nested-case control study and a matched-cohort study. Among 3,630,028 eligible women of reproductive ages during 2001-2022, we identified 104,972 incident PMD, their unaffected full sisters, and 10 unaffected matched women per case. We extracted 41 types of AD diagnosis recorded in the registers. Using conditional logistic regression and Cox regression models, we estimated the odds ratio (OR) and hazard ratio (HR) with 95% confidence interval (CI).
**Results:** Women with AD had a 12% increased risk of subsequent PMD (95% CI 1.10-1.15) compared to unaffected women, and a 6% increased risk compared to their unaffected full sisters (95% CI 1.01-1.11). Women with PMD had 23% (95% CI 1.20-1.26) and 17% (95% CI 1.10-1.24) elevated risks of subsequent AD compared to unaffected women and full sisters, respectively. Among parous women, a stronger bidirectional association was observed for those both exposed to PMD and perinatal depression (nested case-control OR:1.46, 95%CI 1.38-1.54; matched cohort HR:1.49, 95%CI 1.34-1.66) compared to only PMD (nested case-control OR:1.04, 95%CI 1.00-1.07; matched-cohort HR:1.14, 95%CI 1.07-1.21). The strongest bidirectional association with PMD was found for autoimmune thyroid disease and celiac disease.
**Conclusions:** Our findings illustrate a bidirectional association between PMD and AD, in particular among parous women with a history of perinatal depression. If confirmed in future studies, healthcare professionals need to be vigilant about the risk of AD in women with PMD and *vice versa.*

**Disclosure of Interest:** None Declared

# Addictive Disorders

## O118

### Evaluating the Impact of a Photoaging App versus School-Based Educational Intervention on Adolescents' Knowledge, and Attitudes towards Tobacco Use in Omani Public Schools: A Cluster Randomized Trial

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**Introduction:** Tobacco use among adolescents remains a significant public health concern, particularly in the Middle East region.
**Objectives:** This study compared the effectiveness of two interventions aimed at preventing tobacco use among Omani adolescents: the home use of photoaging app and a school-based educational module.
**Methods:** In this randomized controlled trial, 188 adolescents were assigned to either the photoaging app or the educational module group.
**Results:** The use of photoaging app demonstrated superior efficacy in enhancing perceptions of tobacco's harmful effects, with 78.5% of participants recognizing tobacco as definitely harmful compared to 27.1% in the educational module group ($p<0.001$). Additionally, the app group showed greater resistance to peer pressure, with 95.7% stating they would "definitely" refuse tobacco if offered by a friend, versus 83.5% in the module group ($p=0.031$). However, the educational module was more effective in promoting support for smoking bans in public places. While not statistically significant, the photoaging app group showed a trend towards lower susceptibility to tobacco use.
**Conclusions:** These findings suggest that integrating technology-driven interventions like photoaging apps with comprehensive educational programs could enhance tobacco prevention efforts among adolescents. Future interventions should consider a hybrid approach to leverage the strengths of both methods in combating youth tobacco use.

**Disclosure of Interest:** None Declared