Conclusions: The study emphasizes the pivotal role of affect dysregulation and a negative self-concept in associating cPTSD with PLEs, highlighting gender-specific differences. These results point to the importance of gender-sensitive strategies in preventing and treating PLEs in adolescents, stressing the need for early intervention and customized treatment plans.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP336

Coping, Perceived Stress, And Life Satisfaction Among Female Doctors in a Low Middle-Income Country

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Introduction: This research explores the intricate relationship between coping strategies, perceived stress levels, and life satisfaction among female medical professionals. The medical field is known for its rigorous demands, and understanding how lady doctors manage stress and its impact on their overall life satisfaction is crucial. While previous studies have shed light on stress-related issues in medical undergraduates, there is a significant gap in research focused on the well-being of practicing female doctors.
Objectives: The objectives of this study are to investigate the relationship between coping behaviors and stress levels among lady doctors, assess the role of coping behaviors in shaping life satisfaction, explore the connections between coping behaviors, life satisfaction, and stress, and analyze the influence of demographic factors such as age and marital status on coping life satisfaction, and stress perception.
Methods: This study utilizes a quantitative research design and a purposive sample of lady doctors from government hospitals in Pakistan. Key measures include the COPE Inventory to assess coping behaviors, the Satisfaction with Life Scale to gauge life satisfaction, and the Perceived Stress Scale to measure stress levels. These tools allow for a comprehensive examination of the intricate interplay between these variables. SPSS 21 was used to analyze the data.
Results: Results indicated that Coping is negatively correlated with Stress ($r = -.29$, $n = 100$, $p = 0.05$) meaning that higher coping strategies are associated with lower stress levels. Similarly, Coping is positively correlated with Life Satisfaction ($r = .36$, $n = 100$, $p = 0.05$) indicating that higher coping strategies are associated with higher life satisfaction. Likewise, Stress is negatively correlated with Life Satisfaction ($r = -.22$, $n = 100$, $p = 0.05$), suggesting that higher stress levels are associated with lower life satisfaction. Also, there is a statistically significant difference in coping between Single and Married individuals ($t = 2.2$, $df = 36.6$, $p = 0.03$), with Single individuals showing higher coping scores.
Conclusions: The findings of this study provide valuable insights into the psychological well-being of female medical professionals in Pakistan. This research contributes to the broader discourse on the well-being of healthcare professionals, shedding light on the unique experiences of female doctors in a challenging healthcare environment. Ultimately, it aims to inform policies and practices that support the psychological resilience and job satisfaction of female doctors, ensuring they can continue providing high-quality healthcare services to their communities.

Disclosure of Interest: None Declared

EPP338

Impact of early menarche on increased anxiety levels in female patients

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Introduction: Previous studies show contradictory results about the relationship between the age of menarche and the intensity of anxiety symptoms. Some studies found that anxiety symptoms were significantly higher in patients with earlier age of onset of menarche. Recent studies show that early puberty and menarche are associated with greater rates of morbidity of anxiety and other psychiatric illnesses than relatively late menarche. It is presumed that girls who achieve menarche earlier are less prepared for puberty and tend to have more negative emotions associated with menstruation.
Objectives: The purpose of this research was to determine the correlation between onset of menarche and intensity symptoms of anxiety in female patient with affective and anxiety disorders.
Methods: The research is prospective and includes female patients with established diagnoses of depressive disorder, anxiety-depressive disorder, bipolar disorder (depressive episode) aged 18-65. The patients had their laboratory parameters determined, including sex hormones (estrogen, progesterone, testosterone, FSH, LH and prolactin), filled out a demographic questionnaire and questionnaires: The Suicide Behaviors Questionnaire-Revised (SBQ-R), Generalised Anxiety Disorder Assessment (GAD-7), Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Matthey Generic Mood Question , Montgomery-Asberg Depression Rating Scale (MADRS), Hamilton Anxiety Rating Scale (HAMA) i Hamilton Depression Rating Scale (HAMD).
Results: The preliminary data of the prospective study showed that there was a statistically significant proportion of patients in whom a correlation was found between the age of onset of menarche and the intensity of anxiety.
Conclusions: Age of menarche could be an influence on intensity of anxiety symptoms in female patients.

Disclosure of Interest: None Declared

EPP340

Affective temperaments as potential predictors of medication adherence and infertility treatment outcomes: results from a prospective longitudinal study

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Introduction: Recent research suggests that psychological and personality factors, specifically affective temperaments, may influence adherence to prescribed pharmacotherapeutic interventions. However, this relationship has not yet been investigated in the context of infertility treatments.
Objectives: Our prospective longitudinal study aimed to assess the impact of affective temperaments on medication adherence during infertility treatments.
Methods: Among women presenting for infertility treatment at the Semmelweis University Assisted Reproduction Centre, we administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego (TEMPS-A) questionnaire before treatment to assess their affective temperament and the Morisky Medication Adherence Scale (MMAS) questionnaire six months after treatment initiation to measure their medication adherence during treatment. The effect of affective temperaments on medication adherence was analyzed using linear regression models. All statistical analyses were performed using R statistical software version v4.4.1.
Results: In this paper, we present preliminary partial results. In our cohort of 121 women undergoing infertility treatment, higher hyperthymic affective temperament score predicted significantly higher adherence to pharmacotherapy recommendations ($\beta = 0.11$, $p = 0.042$), while the other four dominant affective temperaments predicted significantly poorer medication adherence (cyclothymic: $\beta = -0.15$, $p<0.001$, depressive: $\beta = -0.21$, $p=0.001$, irritable: $\beta = -0.14$, $p=0.004$, anxious: $\beta = -0.09$, $p=0.011$).
Conclusions: The results suggest that affective temperaments may affect adherence to prescribed pharmacotherapeutic interventions among women undergoing infertility treatment, which may thereby influence the outcome of infertility treatment administered. By screening for affective temperament profiles, it would be possible to identify patient groups at high risk of drug non-adherence and then to aid adherence by applying patient-tailored treatment, including psychological interventions, which could increase the chances of successful pregnancy among women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP341

Neuropsychiatric Manifestations in Thyroid and Sex Hormone Disorders: A Comprehensive Review

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Introduction: Thyroid and sex hormones play pivotal roles in the regulation of various physiological processes, including brain function. Dysregulation of these hormones has been increasingly associated with a range of neuropsychiatric disorders, including depression, anxiety, cognitive impairment, and mood disorders.
Objectives: This review aims to systematically examine the correlation between thyroid and sex hormones disorders and the spectrum of emerging neuropsychiatric manifestations, enlightening the pathophysiological mechanisms.
Methods: A literature search was performed in many databases including PubMed, Web of Science, and Google Scholar for studies published in recent years. Eligible randomized controlled trials, observational studies, and systematic reviews examining neuropsychiatric outcomes in patients with thyroid or sex hormone disorders were included. Findings were synthesized both quantitatively, with meta-analyses where possible, and qualitatively, with thematic analysis for heterogeneous data.
Results: The review identified a strong association between thyroid dysfunctions and neuropsychiatric disorders such as depression, anxiety, and cognitive decline. Hypothyroidism was consistently linked with depressive symptoms likely due to impaired serotonergic and dopaminergic neurotransmission, along with decreased hippocampal neurogenesis. Conversely, hyperthyroidism, characterized by elevated thyroid hormone levels, was associated with heightened anxiety, irritability, and emotional lability, possibly through dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and increased sympathetic nervous system activity.
In the context of sex hormone disorders, estrogen deficiency during menopause was correlated with a significant increase in behavioral and cognitive impairments, potentially mediated by reduced modulation of serotonin receptors, diminished synaptic plasticity, and increased neuroinflammatory responses. Similarly, testosterone decline in aging men was linked to mood and cognitive disorders, with evidence pointing to disruptions in androgen receptor signaling and alterations in γ-aminobutyric acid (GABA)ergic and glutamatergic pathways.
Conclusions: This review underscores the significant link between thyroid dysfunctions, particularly hypothyroidism and hyperthyroidism and mood disorders such as depression and anxiety, while also indicates that estrogen deficiency and testosterone decline contribute to cognitive impairments and emotional disturbances. These findings help the healthcare providers to recognize neuropsychiatric symptoms as potential indicators of underlying endocrine disorders.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP343

A look at Hypoactive Sexual Desire Disorder in Women

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Introduction: Hypoactive sexual desire disorder (HSDD) is an underdiagnosed and poorly treated condition that is highly prevalent among women. Characterised by a persistent or recurrent deficiency of sexual desire, HSDD leads to significant personal distress and