

providers in the identification and management of patients found to be at risk.

Disclosure: No significant relationships.

Keywords: medical settings; Suicide; Screening; suicide risk

Training in psychiatry

O308

5 years follow up study on changes of romanian psychiatric residents' opinion on factors which influence their decision to emigrate

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doi: 10.1192/j.eurpsy.2021.474

Introduction: Important changes have been done in economic status of residents in 2018. The impact of these measures in changing opinion was checked.

Objectives: The prioritization exercises of main factors related with psychiatric residents' decision to emigrate could be a starting point of elaboration of a strategy of reforms.

Methods: The study was cross sectional evaluation at national level on a randomized selected sample of Romanian psychiatric residents' opinion on factors which influence decision of migration in EU countries in two time points: 2015 and 2020.

Results: 38% of residents intend to work abroad comparing with 78% before the economic changes (25.84% versus 71.66% for a limited period of time and 15.73% versus 28.33% intend to emigrate) and 2% versus 5% intend to leave the speciality. The most important factors for decision to emigrate changed from "Better working conditions" (15.73 versus 37.31% residents) to "Better training" 20.25% residents and the factor "respect and appreciation by colleagues" remained important for 19.10% versus 17.91%. "Lack of working place for partner" was considered by 26.96% of responders as an important disadvantage of working abroad. "Being far from family members" which was considered 5 years ago by 64.18% of responders as an important disadvantage of working abroad, nowadays concerns only 6.74%, probably because it seems easier to go abroad together with the family members.

Conclusions: The factors (better training in psychiatry and psychotherapy, better supervision, more involvement in research) which influence the residents' decision to emigrate represent the starting points on futures reforms in educational and medical system in psychiatry.

Disclosure: No significant relationships.

Keywords: emigration; mental health; residents; training

Women, gender and mental health

O309

Association between hair loss severity and risk for later mental health problems in women irradiated for tinea capitis in childhood

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doi: 10.1192/j.eurpsy.2021.475

Introduction: Hair loss resulting from childhood irradiation for tinea capitis has been linked to mental health effects in women. However, the association of hair loss severity with mental health in this population is unknown.

Objectives: The aim of this study is to examine the association between hair loss severity and mental health outcomes in women irradiated for tinea capitis in childhood and to identify contributing factors to these outcomes.

Methods: Medical records, held at the archives of Israel National Center for Compensation of Scalp Ringworm Victims, were retrospectively reviewed for 2509 women who received compensation for full or partial alopecia resulting from irradiation in childhood for tinea capitis. Mental health outcomes were determined by the number of mental health conditions reported.

Results: Among women with high hair loss levels, risk was increased for a range of mental health problems, including depression symptoms, emotional distress, social anxiety, low self-esteem, and suicidal ideation. Hair loss severity emerged as a significant predictor of mental health, adding to the effects of other predictors such as family, and social and physical health problems. Effects of hair loss severity on mental health outcomes were mediated by women's negative social experiences.

Conclusions: Hair loss severity is a significant risk factor for mental health problems in women irradiated for tinea capitis in childhood. Further research is needed to assess mental health risks among women with severe hair loss associated with additional diseases.

Disclosure: No significant relationships.

Keywords: hair loss severity; mental health problems; irradiation treatment; women

O310

Restraint theory: Significance of rumination

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doi: 10.1192/j.eurpsy.2021.476

Introduction: Restraint theory (Herman and Polivy, 1975) suggests that human eating behaviour is under cognitive control and this leads to reduced sensitivity to internal cues for satiety, resulting in overeating in situations where cognitive control is under-mined (Johnson et al., 2012). In other words, restraint theory suggests that

restraint (dieting) actually leads to an excessive intake of food.

Objectives: The present study sought to investigate the relationship between dieting, eating behaviours (uncontrolled eating, emotional eating, cognitive restraint) and rumination (repetitive negative thinking). The second objective was to determine whether rumination mediates the relationship between dieting and both uncontrolled eating and emotional eating.

Methods: The sample was composed of 188 women ($M_{\text{age}} = 29.46 \pm 8.94$; $M_{\text{BMI}} = 23.16 \pm 4.04$). The Eating Attitudes Test, the Three-Factor Eating Questionnaire and the Perseverative Thinking Questionnaire were used in the present study.

Results: Dieting for weight control (intentional weight loss) was associated with higher levels of uncontrolled eating, emotional eating, cognitive restraint and repetitive negative thinking. Mediation analyses showed that the relationship between dieting and inappropriate eating behaviours was mediated by rumination. The direct effect of dieting on both uncontrolled eating and emotional eating was significant, suggesting partial mediation.

Conclusions: Our findings support the relevance of rumination in linking dieting and eating behaviours among women. The current study may have clinical applications such as the potential integration of rumination for the prevention and changes in inappropriate eating behaviours.

Disclosure: No significant relationships.

Keywords: dieting; uncontrolled eating; emotional eating; restraint theory

O314

Infant exposure to lithium through breast milk

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doi: 10.1192/j.eurpsy.2021.477

Introduction: Women who take lithium during pregnancy and continue after delivery may opt to breastfeed, formula feed, or mix these options.

Objectives: To evaluate the neonatal lithium plasma concentrations and nursing infant outcomes based on these three feeding trajectories.

Methods: We followed 24 women with bipolar disorder on lithium monotherapy during late pregnancy and postpartum (8 per trajectory). Lithium serum concentrations were determined by an AVL 9180 electrolyte analyser with a 0.10 mEq/L detection limit and a 0.20 mEq/L limit of quantification (LoQ).

Results: The mean ratio of lithium concentration in the umbilical cord to maternal serum being 1.12 (0.17). We used the Turnbull estimator for interval-censored data to estimate the probability that the LoQ was reached as a function of time. The median times to LoQ was 6–8, 7–8, and 53–60 days for formula, mixed, and breastfeeding, respectively. Generalised log-rank testing indicated that the median times to LoQ differed by feeding trajectory ($p = 0.037$). Multivariate analysis confirmed that the differences remained after adjusting for serum lithium concentrations at birth (formula, $p = 0.015$; mixed, $p = 0.012$). We did not find any acute observable growth or developmental delays in any of the neonates/infants.

Conclusions: Lithium did not accumulate in the infant under either exclusive or mixed-breastfeeding. Lithium concentrations declined in all trajectories. The time needed to reach the LoQ was much longer for those breastfeeding exclusively. Lithium transfer via breastmilk is much less than via the placenta. We did not find any acute observable growth or developmental delays in any infant during follow-up.

Disclosure: No significant relationships.

Keywords: lithium; Maternal breastfeeding; Formula feeding; Placental transfer

O315

Antepartum depressive and anxious symptoms: Association with physiological parameters of the newborn

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doi: 10.1192/j.eurpsy.2021.478

Introduction: The Perinatal period is a time of vulnerability for developing psychiatric disorders of higher prevalence in the female gender - depression and anxiety¹. Numerous authors have proposed that maternal psychological factors could influence pregnancy course and the well-being of mother and newborn².

Objectives: To explore the relationship between perinatal psychological disorder and physiological parameters evaluated at birth, such as the Apgar Index (AI; 1, 5 and 10 minutes), head circumference, weight, length and age.

Methods: 533 women answered, in the second trimester of pregnancy (16.98 ± 4.83 weeks of gestation), several questions about psychosocial variables, the Perinatal Depression Screening Scale³ and the Perinatal Anxiety Screening Scale⁴. Of these, 208 (39.0%) women were interviewed with the Diagnostic Interview for Psychological Distress⁵. Newborn physiological parameters were obtained from electronic health records.

Results: AI was significantly ($p < .01$) and moderately ($r \approx .25$) correlated with maternal anxious symptomatology, and with the experience of a stressful event in the last year (only AI 1 minute).