

Reproductive Technology center inTunis. The participants provided information related to socio-demographic data. Coping strategies were assessed using the Brief Cope scale administered in the Tunisian dialect. These strategies were classified into three categories: problem-focused, emotion-focused, and avoidant coping.

Results: A total of 60 infertile couples participated in the study. The average age of men was 41.1 ± 6 years, while the average age of women was 35.07 ± 4 years. Among them, 68% resided in urban areas, and 73% were from a middle socioeconomic background. Educationally, 47% of women held a university degree, compared to 17% of men. Approximately half of the women were unemployed, while 52% of men were employed.

Problem-focused coping emerged as the most frequently utilized strategy (5.93 ± 1.02), followed by emotion-focused coping (5.32 ± 0.82) and avoidant coping (3.95 ± 0.70).

Women significantly employed problem-focused and emotion-focused strategies more than men ($p=0.017$; $p<0.01$). They also scored higher in emotional support, expression of feelings, active coping, planning, and religious coping ($p<0.05$; $p=0.01$). Conversely, men displayed a greater inclination towards acceptance, distraction, and substance use.

Conclusions: In conclusion, addressing gender-specific coping strategies is essential for providing effective psychological support to infertile couples. Healthcare professionals should promote problem-focused coping to help couples actively manage their challenges.

Disclosure of Interest: None Declared

EPV2031

Home treatment in acute postpartum psychosis: a case report

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doi: 10.1192/j.eurpsy.2025.2411

Introduction: Postpartum (or puerperal) psychosis is a severe mental health condition about which there is little literature, which recommends measures to prevent separation between mother and baby in the acute crises, such as home treatment. However, there is a lack of published experiences on the subject. Here we present the case of a 36-years-old woman with this diagnosis successfully treated under a home treatment, and with history of one previous hospital admission in a conventional inpatient psychiatric care unit for the same diagnosis.

Objectives: To show the specific advantages of home treatment over conventional hospitalization in acute conditions that are particularly difficult for the family environment, like the postpartum psychosis.

Methods: A case report is presented alongside a qualitative analysis of the perceived experience, based on a brief semi-structured interview with the patient.

Results: The patient's own comparative experience shows less interference in the development of mother-child care and greater satisfaction under the home treatment model.

Conclusions: This case helps to support home treatment as a better way of acute management of postpartum psychosis, compared to

conventional hospitalization, and invites to further research on the topic.

Disclosure of Interest: None Declared

EPV2032

Late-Onset Puerperal Psychosis: A Case Report and Challenges in Treatment Decisions

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doi: 10.1192/j.eurpsy.2025.2412

Introduction: The perinatal period is a vulnerable time for women, with specific risk factors for mental health issues. Puerperal psychosis typically presents within the first month postpartum, although the perinatal period extends through the first year after delivery. This condition is understudied, and its nature and pathophysiology remain subjects of debate.

Objectives: To describe a case of late-onset puerperal psychosis, highlighting the challenges in decision-making regarding medical approach.

Methods: A clinical case report and a non-systematic review of the literature.

Results: A 39-year-old woman was brought to the Emergency Unit by her relatives due to paranoid delusions that her partner and in-laws were attempting to poison her. She had previously sought mental health care only once, as an adolescent, for anxiety symptoms following her parents' divorce. She is the mother of a 5-year-old child and a 10-month-old infant, with no reported complications during pregnancy or delivery.

The patient reported experiencing strange occurrences over the preceding 10 days, beginning during a family vacation when she became suspicious of the food and the organization of meals. She believed her in-laws were poisoning her and expressed concern about transmitting poison to her infant through breast milk. Upon returning home, these fears intensified, extending to suspicions that her husband, mother, and sister were involved. She had drastically reduced her food intake the prior days before consulting, her appearance was malnourished and disheveled.

Further psychopathological exploration revealed delusional beliefs centered on being poisoned and potentially poisoning her baby through breastfeeding. These delusions were accompanied by confusion, perplexity, and heightened anxiety. She denied experiencing hallucinations and had no thoughts of harm toward herself or others.

Low-dose olanzapine treatment was initiated and outpatient management was initially chosen to minimize disruption to her role as a mother, in accordance with the patient's preference and the presence of family support. However, hospitalization ultimately became necessary, resulting in complete resolution of psychotic symptoms after 14 days, with olanzapine titrated to a higher dose (20 mg per day).

Conclusions: Puerperal psychosis is a complex condition with potentially severe consequences for both maternal and infant health, including disruptions in mother-child bonding. This case underscores the need for further research and resource allocation in this area. Specifically, the development of more psychiatric mother-