

Newborns of women with clinically relevant anxious symptomatology (>cutoff point, 14.6%) had significantly lower AI ($p<.05$), which was also observed in newborns of women who considered having had a stressful event (only AI 1 minute). Women's newborns with maternal anxiety disorders during pregnancy (5.3%), had significantly lower values in AI, head circumference, weight and age of birth. Regression analyses showed that anxiety in pregnancy (symptoms and/or diagnoses) is a predictor of newborn physiological parameters, explaining significant percentages ($r\approx 22\%$; $p<.05$) of its variability.

Conclusions: Early detection of psychological disorders in pregnancy, namely anxiety, is determinant to prevent adverse neonatal outcomes.

Disclosure: No significant relationships.

Keywords: Anxiety; Depression; perinatal; Psychological disorders

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Personality traits and disorders among adult adhd patients: Do they vary between males and females?

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doi: 10.1192/j.eurpsy.2021.479

Introduction: Patients with Attention Deficit/Hyperactivity Disorder (ADHD) have shown an increased risk of developing a DSM Cluster B (i.e., Borderline, OR=13.16; Antisocial, OR=3.03; Narcissistic, OR=8.69) and DSM Avoidant Personality Disorder (PD; OR=9.77; Miller et al., 2008). Although different comorbidities affect males and females with ADHD (Kooij et al., 2013), gender differences in personality traits and disorders have not yet been investigated.

Objectives: To describe gender differences in personality traits and disorders among a sample of adult outpatients with ADHD.

Methods: A consecutive sample of DSM-5 ADHD outpatients was recruited at the Adult ADHD Center of the "San Luigi" University Hospital (Orbassano (TO), Italy) between Jan 2017 and Jan 2018. Patients' personality was assessed by Millon Clinical Multiaxial Inventory (MCMI-III; Zennaro et al., 2008).

Results: The study sample consisted of 82 males and 31 females. Sixty percent of men vs. 77% of women had a personality disorder (

Conclusions: Women with ADHD showed a higher frequency of personality disorders and higher rate of Masochistic PD than men. Moreover, the two most important clusters detected in women included severe personality components (i.e., Borderline and Paranoid) when compared with men. Further studies on larger samples should be conducted to confirm more severe personality profiles in women than in men.

Disclosure: No significant relationships.

Keywords: ADHD; personality disorder; Gender differences

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The role of dysfunctional attitudes towards motherhood in postpartum depressive symptoms and disorder

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doi: 10.1192/j.eurpsy.2021.480

Introduction: Postpartum depression (PPD) is the commonest postpartum psychiatric condition, with prevalence rates around 20%¹. PPD is associated with a range of adverse outcomes for both the mother and infant². Therefore, identifying modifiable risk factors for perinatal depression is an important public health issue³.

Objectives: To explore the role of dysfunctional attitudes towards motherhood in postpartum depressive symptoms and disorder.

Methods: 247 women were evaluated in the third (12.08±4.25 weeks) and sixth months (31.52±7.16 weeks) postpartum with the Attitudes Towards Motherhood Scale⁴, the Postpartum Depression Screening Scale⁵ and the Diagnostic Interview for Psychological Distress-Postpartum⁶. Correlation analysis was performed followed by linear/logistic regression analysis when the coefficients proved significant ($p<.05$), using SPSS.

Results: Dysfunctional beliefs towards motherhood concerning judgement by others and maternal responsibility positively correlated with depressive symptoms at the third (.528; .406) and the sixth months (.506; .492) postpartum. Those dysfunctional beliefs were predictors of depressive symptoms at the third ($\beta=.440$; $\beta=.151$) and sixth months ($\beta=.322$; $\beta=.241$) explaining 29.4% and 30.2% of its variance, respectively. Having dysfunctional beliefs at the third month significantly increase the likelihood of being diagnosed with Major Depression (DSM5) both in the third (Wald=9.992, OR=1.169; Wald=16.729, OR=1.231) and sixth months (Wald=5.638, OR=1.203; Wald=7.638, OR=1.301) (all $p<.01$).

Conclusions: Cognitive distortions should be included in the assessment of risk factors for PPD. Early identification of women presenting motherhood-specific cognitive biases may be crucial for implementing preventive interventions favoring a more positive and healthier motherhood experience.

Disclosure: No significant relationships.

Keywords: dysfunctional attitudes towards motherhood; perinatal; postpartum depressive disorder

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The impact of a regional training program on peripartum depression in territorial psychiatric services

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doi: 10.1192/j.eurpsy.2021.481

Introduction: The Unit of Clinical Psychiatry of the University Hospital "Ospedali Riuniti - Ancona", in collaboration with the Marche Region Health System, is conducting a national observational project entitled "Measures related to the prevention, diagnosis, treatment and assistance of postpartum depressive syndrome", aiming at promoting women's Mental Health, particularly in pregnancy and peripartum period.

Objectives: The primary objective is implementing all measures/interventions needed to promptly screening, early diagnosing, and supporting/caring women with mental health disease during pregnancy and peripartum period. A dedicated training program was performed by our clinical team belonging to the Peripartum Psychiatry Outpatient Service of the Unit of Clinical Psychiatry, at the University Hospital “Ospedali Riuniti”, Ancona, Italy, to a selected audience of Gynecologists/Obstetricians/Nurses/Psychologists/Psychiatrists/GPs and Pediatricians.

Methods: The training program is a 2-days residential course, held on 21-22th September, 2020. After the training program, all participants (n= 70) were asked to provide an informed consent and complete an online questionnaire to evaluate knowledge/opinions/experiences and clinical practices in the field of depression in pregnancy and postpartum.

Results: A 40-items questionnaire investigated: a) general attitude in performing screening of depression/anxiety during pregnancy; b) overall knowledge about peripartum depression; c) overall knowledge about management/treatment; d) how physicians manage patients with peripartum depression/anxiety (i.e., how they perform screening/diagnosis/treatment during pregnancy, their levels of knowledge/confidence about psychopharmacology in pregnancy).

Conclusions: The findings of the residential course may allow clinicians to adequately inform and help in drafting a preventive, screening and management program able to assist regional stakeholders in the prevention, diagnosis, treatment and assistance of perinatal depression.

Disclosure: No significant relationships.

Keywords: Postpartum; women’s mental health; Perinatal Mental Health; pregnancy

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Psychosocial risk factors for dysfunctional beliefs towards motherhood

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doi: 10.1192/j.eurpsy.2021.482

Introduction: Motherhood-related beliefs are characterized by themes of failure and maternal role idealization. Recent studies found that postpartum depression/PPD is both predicted and a predictor by/for dysfunctional beliefs/DB. Additionally, it is possible that when contextual factors (eg. lack of social support) are present, women may anticipate the parenting experience as being of isolation, which in turn can lead to more dysfunctional attitudes.

Objectives: To explore psychosocial risk factors for motherhood-DB.

Methods: 233 women were evaluated in the second trimester (17.05±4.82 weeks) of pregnancy and in the third month (12.08±4.25 weeks) postpartum sociodemographically and psychosocially (years of education, previous children and social support) and the Portuguese validated self-report questionnaires to assess: perinatal depression; perinatal anxiety; perfectionism; negative affect; self-compassion; and repetitive negative thinking (all in T0). The Attitudes Towards Motherhood Scale was administered in the postpartum. When Pearson/Spearman correlation coefficients

proved significant (p<.05), linear/logistic (hierarchical) regression analysis were performed.

Results: Motherhood-DB correlated significantly with all the variables, except for years of education, Other-oriented-Perfectionism and Common-Humanity. Motherhood-DB were significantly higher in women without previous children (p<.05). The final regression model was statistically significant (p<.001) explaining 15% of the Motherhood-DB variance, with Socially-Prescribed-Perfectionism and social support being the only statistically significant predictors. Hierarchic regression showed that even after controlling for social support, SSP significantly incremented the variance in 9%.

Conclusions: Our results highlight the need for preventive approaches to help women understand the origins of their dysfunctional beliefs (perfectionism, the myths of perfect motherhood) and for the promotion of positive cognitions.

Disclosure: No significant relationships.

Keywords: Perinatal Mental Health; Postpartum depression; Dysfunctional beliefs towards motherhood

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The impact of hypertensive disorders during pregnancy on maternal perinatal depressive and anxiety symptoms

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doi: 10.1192/j.eurpsy.2021.483

Introduction: Existing evidence regarding the association between hypertensive disorders of pregnancy (HDP) and the risk of maternal mental illness is inconclusive.

Objectives: This study aimed (i) to investigate the relationship between HDP (pre-eclampsia and gestational hypertension) and the risk of depressive and anxiety symptoms during pregnancy and in the postpartum period and (ii) to test whether parity moderates the association between HDP and antenatal and postnatal anxiety and depressive symptoms.

Methods: The study cohort consisted of more than 8500 mothers who participated in the Avon Longitudinal Study of Parents and Children (ALSPAC), UK. Maternal antenatal and postnatal depressive and anxiety symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) and the Crown-Crisp Experiential Index (CCEI), respectively. Univariable and multivariable logistic and linear regression analyses were used to examine the associations.

Results: Mothers with pre-eclampsia had a 53% (aOR= 1.53; 95% CI, 1.06-2.23) increased risk of antenatal depressive symptoms compared with those without pre-eclampsia. Having pre-eclampsia and being a nulliparous woman resulted in a 2.75 fold increased risk of antenatal depressive symptoms (p-value for interaction = 0.03). Gestational hypertension was associated with antenatal depressive and anxiety symptoms. We found no associations between pre-eclampsia and/or gestational hypertension and postnatal anxiety and depressive symptoms.

Conclusions: Our study showed that mothers with HDP were at higher risk of antenatal depressive and anxiety symptoms. Nulliparous women with pre-eclampsia are a higher risk group for depression during pregnancy.

Disclosure: No significant relationships.

Keywords: ALSPAC; anxiety symptoms; depressive symptoms; Gestational hypertension