

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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**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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**Introduction:** The Perinatal period is a time of vulnerability for developing psychiatric disorders of higher prevalence in the female gender - depression and anxiety<sup>1</sup>. Numerous authors have proposed that maternal psychological factors could influence pregnancy course and the well-being of mother and newborn<sup>2</sup>.

**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 ( $16.98 \pm 4.83$  weeks of gestation), several questions about psychosocial variables, the Perinatal Depression Screening Scale<sup>3</sup> and the Perinatal Anxiety Screening Scale<sup>4</sup>. Of these, 208 (39.0%) women were interviewed with the Diagnostic Interview for Psychological Distress<sup>5</sup>. 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).

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

### 0316

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

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**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

### 0317

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

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**Introduction:** Postpartum depression (PPD) is the commonest postpartum psychiatric condition, with prevalence rates around 20%<sup>1</sup>. PPD is associated with a range of adverse outcomes for both the mother and infant<sup>2</sup>. Therefore, identifying modifiable risk factors for perinatal depression is an important public health issue<sup>3</sup>.

**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 Scale<sup>4</sup>, the Postpartum Depression Screening Scale<sup>5</sup> and the Diagnostic Interview for Psychological Distress-Postpartum<sup>6</sup>. 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

### 0319

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

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**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.