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Women's Mental Health and Pregnancy Loss: What Should We Be Aware Of?

C. Fernandes Santos

Hospital Garcia de Orta, Department Of Psychiatry And Mental Health, Almada, Portugal

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Introduction: Pregnancy loss (PL) – by induced or spontaneous termination of pregnancy – is common, although its consequences on women's mental health are often neglected in clinical practice.

Objectives: To understand the existence of psychiatric morbidity in women, associated with PL, as well as related risk factors.

Methods: Non-systematic review of literature through search on PubMed/MEDLINE for publications up to 2021, following the terms 'pregnancy loss', 'psychiatry disorder', 'depression' and 'anxiety'.

Results: After a PL, anxiety is the most frequent symptomatology in 41% of women. Depression occurs in 22-36% of women in the first two weeks after PL, declining over time. Symptoms compatible with Post Traumatic Stress Disorder (PTSD) are found in 25% of women with PL in the first month. Women who meet criteria for PTSD are more likely to present criteria for Depressive Episode. Substance Use Disorder and Prolonged Grief Disorder are also reported, the latter having, as predictors, previous relational difficulties, poor social support and absence of descendants. Risk factors associated with significant psychopathology within PL are, for example, nulliparity, infertility, previous PL, longer gestation time, lower marital satisfaction, previous psychiatric illness, and history of abuse.

Conclusions: In clinical practice, the risk of psychopathology in women with PL should be considered. This population should be actively questioned about the presence of symptoms, as well as their persistence and impact, requiring timely and appropriate pharmacological and psychotherapeutic intervention. Perinatal Mental Health interventions show important gains in the overall health of women and their offspring.

Disclosure: No significant relationships.

Keywords: Pregnancy; women; pregnancy loss; perinatal mental health

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Addressing the sexual and reproductive health of women with Bipolar Disease

A. Vieira^{1*}, F. Ramalheira², I. Caldas³ and I. Vidó³

¹Centro Hospitalar Psiquiátrico de Lisboa, Ccsmo, Lisbon, Portugal;

²Centro hospitalar Psiquiátrico de Lisboa, Serviço De Electroconvulsoterapia, Lisboa, Portugal and ³Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria Geral, Lisboa, Portugal

*Corresponding author.

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Introduction: Bipolar disorder (BD) is a severe mental illness (SMI) with an estimated lifetime prevalence of around 1%, starting in young adulthood and progressing with acute episodes. Although there is no significant prevalence difference between the sexes, the course of the disorder may be more problematic in women, due to hormonal and reproductive factors. Moreover, hypersexuality and impulsive sexual behaviour can manifest as part of a manic or

hypomanic episodes, with devastating effects on the physical and emotional health of these patients.

Objectives: To highlight the pertinent issues related to sexual and reproductive health of women with BD.

Methods: A non systematic review of the literature from the last 10 years was carried out using the electronic databases, Pubmed and Google Scholar. The literature search was confined to papers written in English. The keywords 'sexual health', 'reproductive health', were combined with 'bipolar disorder' and 'women'.

Results: The literature points to an increased incidence of unsafe sexual practices (unprotected sex, multiple sexual partners, trading sex) as well as poor reproductive and sexual health (increased risk of sexually transmitted diseases, high risk of unwanted pregnancies and abortions, low use of contraceptives, menstrual and fertility problems). Female patients with BD are also more likely to report history of sexual abuse.

Conclusions: Attention and counseling regarding effective contraception, planning a pregnancy and risk of sexually transmitted diseases, among others, should be an integral part of health care received by all women with bipolar disorder.

Disclosure: No significant relationships.

Keywords: bipolar disorder; women; Sexual and Reproductive Health

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Establishment of a perinatal mental health programme in a portuguese public hospital

T. Reis¹, D. Leite^{2*} and M. Serra²

¹Hospital Espirito Santo de Évora, Departamento De Psiquiatria E Saúde Mental, ÉVORA, Portugal and ²Hospital Espirito Santo de Évora, Departamento De Psiquiatria E Saúde Mental, Évora, Portugal
*Corresponding author.

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Introduction: The perinatal period constitutes a unique individual and family experience, involved in multifaceted transformations and adaptations at the physical, psychological, social, and emotional levels. This is the period in women's life cycle where there is a higher risk for the development of mental illness.

Objectives: To introduce the perinatal mental health programme of the Hospital do Espírito Santo de Évora. The main objective is to structure an intervention with the woman and her support network to promote healthy parenting.

Methods: Implementing secondary and tertiary intervention approaches in a general and public hospital in the Alentejo region of Portugal. The programme is composed of the following components and domains of intervention in the pre-conception, pregnancy, and post-partum periods: individual consultation; brief intervention consultation; mindfulness sessions in the immediate postpartum period; home-based interventions; empowerment interventions for hospital and community healthcare professionals.

Results: It is expected that the project will result in a multidisciplinary approach to perinatal mental health, with significant impact, improved perinatal mental health of the women integrated in the project, as well as improved level of satisfaction in the provision of care in the woman/family.