EPP0287

Mental Health during fatherhoood. Biopsychosocial aspects and questionnaire for depression PHQ9

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Introduction: Both women and men experience potentially stressful events during their reproductive periods and both are at risk of developing peripartum depression. Men have a reproductive period that is difficult to define, and research on their mental health has rarely considered the effects of paternity. A prevalence of postpartum depressive symptomatology of 10.4% has been described worldwide (Paulson J et al. 2010). Paternal depression is also a risk factor for peripartum maternal depression (Escribá et al, 2011; Paulson et al., 2016). Among the risk factors for developing postpartum depression in men are identified: personal history of depression, conflictive relationship, lack of family and social support, unemployment, older age, lower educational level, and the father's ability to support his new role as a father (Morse et al., 2000).
Objectives: Screening to investigate and identify early objective biomarkers in recent fathers of early depression.
Methods: An anonymous survey is carried out through GoogleForms, to 57 men, fathers, with children born alive under 1 year of age, which includes biopsychosocial aspects and a questionnaire for depression: PHQ9.
Results: Of the total of 57 parents, the average age is 36 years. 4 of them are unemployed, 1 is a student, the rest have active work or parent´s licency. Only 10% refer to present economic problems. 36% reported that their partner had a risky pregnancy and 22% had a peripartum complication. 9% describe an unsatisfactory or very unsatisfactory relationship with the mother of their child(ren). 51% have a personal and/or family history of depression and/or anxiety. 57% are overwhelmed in their role as fathers. 33% feel they have little or no social/emotional support. 5% have increased the consumption of alcohol/psychotropic medication and 94% report that their sleep pattern has been affected. 3.5% refer self-injurious thoughts or that they would be better off dead. 14% have considered requesting/consulting with a psychiatrist/psychologist since the arrival of the baby.
In relation to PHQ 9, 5% present moderate/severe depression.
Conclusions: In conclusion, it seems relevant to think about a screening to investigate and identify early objective biomarkers and rapid intervention, not only in mothers but also in fathers and thus take a first step to broaden the view from the mother-child dyad to the triad, thus understanding that mental health does not exist in isolation, it is a contextual and relational phenomenon and also reduce the negative impact of this problem, such as: dysfunction and family well-being, marital satisfaction, growth and development of your child/ren . In this context, primary care health professionals (midwives and primary care doctors) could play a fundamental role in recognizing the importance of incorporating parents as relevant figures in health .

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EPP0288

Nightmares and bad dreams preceding suicidal behaviors

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Introduction: Sleep and circadian markers are of increasingly growing interest to help better predicting suicide. Indeed, specific sleep disorders and circadian rhythm disorders have been associated to suicidal behaviors, and the most replicated findings are insomnia and nightmares. Nevertheless, these interesting preliminary studies did not examine the chronology and trajectories of these dream contents' alterations before a suicidal crisis.
Objectives: In this context, we decided to perform a naturalistic study to better understand the characteristic of this population during suicidal crisis, and to evaluate their past dream contents. We aimed to distinguish in this phenomenology three different experiences: bad dreams, nightmares (i.e. awakening bad dreams), and suicidal scenarii during dreams. We hypothesized that these dream experiences may have different chronologies of emergence, and that individuals with dream alterations, compared to individuals without dream alterations, present with different clinical characteristics.
Methods: This naturalistic study included individuals hospitalized between January 2021 and May 2021 in a psychiatric post emergency unit for suicidal crisis (thoughts and attempts).
Results: The study observed that 80% (n=32/40) of patients had altered dreams (AD) before the suicidal crisis, including 27 (67.5%) with bad dreams, 21 (52.5%) with nightmares -awakening bad dreams- and 9 (22.5%) with suicidal scenarii during dreams. No differences were observed between the AD group versus no altered dream (ND) regarding sociodemographic characteristics. We observed a progression of dream content alterations: bad dreams appear 111 days (4 months) before the suicidal crisis, then nightmares appear 87.3 days before (3 months), and suicidal scenarii were reported 45.2 days before (1.5 month). For the AD and ND population in suicidal crisis, 80% met at least one subtype of dream alterations, 40% had bad dreams and nightmares, and 17.5% had the 3 subtypes. The AD group, compared to ND, had significantly more family history of insomnia (p=0.046). Almost all patients (97.5%) had depressive symptoms (MADRS≥7; 82.5% had moderate to severe symptoms, MADRS≥20), 60% had insomnia (ISI>14), 92.5% had altered sleep quality (PSQI>5), and 57.5% reported sleepiness (ESS>10).
Conclusions: Dream alterations and their progression could be readily assessed and may help to better identify prodromal signs of suicidal behaviors.

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