

associated with lithium use during pregnancy, along with its subsequent obstetric and neonatal complications.

Objectives: This report outlines a case of severe polyhydramnios in a 42-year-old primigravida patient, under long-term lithium and antipsychotic treatment. Additionally, a systematic search for similar case reports was conducted to provide an overview of the existing literature.

Methods: The patient's medical history and perinatal medical care are documented in this case report. A systematic literature search on MEDLINE (PubMed) was conducted using Boolean operators.

Results: The patient was diagnosed with bipolar disorder type I and had a history of lithium treatment for over 20 years, supplemented later with antipsychotics. During her pregnancy, she experienced a polyuria-polydipsia syndrome and a severe polyhydramnios. She also suffered renal impairment. Together, it is indicative of a nephrogenic diabetes insipidus (NDI), likely induced by prolonged lithium treatment. As the pregnancy progressed, she experienced premature rupture of membranes at 34 weeks and 5 days. The newborn needed medical support and was admitted to the neonatal unit, without further complications.

Systematic research showed three published case reports describing nephrogenic diabetes insipidus (NDI) and polyhydramnios associated to lithium treatment.

Conclusions: Chronic administration of lithium may contribute to the development of resistance to antidiuretic hormone (ADH), leading to polyuria-polydipsia syndrome and potentially severe obstetric complications. The co-administration of lithium and antipsychotics may exacerbate these effects. Further research is needed to elucidate their combined clinical impacts.

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EPV1097

Impulse phobias during pregnancy: a case report of a 37 year-old woman pregnant of her first child

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Introduction: Pregnancy and puerperium are two critical stages for women's mental health due to the biological stress of pregnancy itself, as well as the emotional stress that surrounds this vital moment. (1) Debut and aggravation of psychiatric symptoms may occur, as well as relapse in women previously diagnosed with Severe Mental Disorder (SMD).

Symptoms of the anxious spectrum are the most frequent within the perinatal mental pathology, being impulse phobias an entity that appears in about 25% of women previously diagnosed with

OCD and up to 10-15% of women without previous psychopathology (2)

Objectives: Exposing the importance of Perinatal Mental Health from the presentation of a clinical case.

Methods: Review of the literature available in PubMed. Presentation of the pathobiography and evolution of the patient.

Results: Our case is about a 37-year-old woman, 30 weeks pregnant with her first child and history of having required admission to Psychiatry with subsequent follow-up in Mental Health for anxious-depressive symptoms with the presence of self-injurious ideas who, after two weeks with multiple life stressors, came to the Emergency Department for the presence of impulse phobias focused on pregnancy with significant internal anguish and ideas of death as a resolution to it, which is why it was decided to hospitalize her. During admission, and taking into account the patient's gestational state, treatment was started with diluted Mirtazapine and Aripiprazole solution at minimal doses, which in this case were sufficient for symptom control.

The latest guidelines addressing psychopharmacology during pregnancy and lactation point to sertraline among the antidepressants and Lorazepam among the benzodiazepines as the safest drugs during pregnancy (3).

Conclusions:

- The exacerbation of anxious symptomatology and the presence of gestation-focused impulse phobias are frequent during pregnancy and their intensity increases as the time of delivery approaches.
- Sertraline, Lorazepam, Mirtazapine and Aripiprazole are safe drugs during pregnancy.
- In these women, a close and multidisciplinary follow-up by Psychiatry and Gynecology is advisable.

Disclosure of Interest: None Declared

EPV1100

The Influence of Gender Roles on Eating Attitudes: A Study Among Female College Students Abstract

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Introduction: Eating disorders (ED) are serious mental and physical illnesses that involve complex and damaging relationships with eating, exercise, and body image. They emerge due to a multifaceted interplay of factors, including familial predispositions, personality traits, and cultural influences. While societal beauty standards are recognized as significant risk factors, it is hypothesized that the roles and responsibilities associated with adult womanhood may also contribute to their development. In particular, the unique challenges faced by women, especially in developing countries like Turkey, may lead to discontent with traditional gender roles.

Objectives: This study aims to explore the connection between eating disorders, female identity perceptions, body attitudes, expectations regarding women's roles within families, and their potential association with body dysphoria. We investigate whether eating disorders are linked to a form of sexual dysphoria and body