

Women, Gender and Mental Health

EPV1096

ADHD in a women during (peri)menopause: missed diagnoses and cardiac complaints

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Introduction: (Abstract for the accepted case-based workshop by the NDAL section at EPA)

Women with ADHD are underdiagnosed in mental health care, and although ADHD starts in early childhood, the symptoms and impairment of women with ADHD may only be recognised for the first time during (peri)menopause.

Objectives: The relationship between decreasing levels of estrogen and the interaction with dopamine function in the brain in women with ADHD will be discussed and illustrated by a clinical case vignette of Mary, age 54.

Methods: Mary presents with a history of repeated burnout episodes, mood swings, lifetime difficulty concentrating, planning and organising daily life, restlessness, sleep problems, and cardiac complaints. Mary has been working hard her whole life to overcome all difficulties, but her problem is she can never stop, leading to getting burnout several times. This time she is exhausted and can no longer cope; she is visiting the cardiologist for palpitations, hypertension and a recent myocardial infarction.

Results: After a positive screening for ADHD, based on her lifetime symptoms of inattention, restlessness and impulsivity, as well as mood swings, she is referred to a psychiatrist for assessment of ADHD, mood and sleep problems. The pathophysiology behind this cluster of disorders during (peri)menopause, as well as the treatment options will be discussed based on Mary's case.

Conclusions: Both ADHD in women, (peri)menopausal mood disorders as well as the heart complaints in women during menopause are underrecognised and undertreated, leading to unnecessary suffering and cardiac death in women. It is time for psychiatry to join forces with cardiology and gynaecology for better recognition, sharing knowledge and multidisciplinary treatment of women with mental disorders such as ADHD during menopausal transition (see www.h3-netwerk.nl).

Disclosure of Interest: None Declared

EPV1095

Are we braver today in using antidepressants perinatally?- own clinical experiences

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Introduction: Affective disorders are among the most common mental health problems in women of reproductive age. A life-changing condition, such as pregnancy, may trigger or intensify symptoms of affective disorders, rather than pregnancy being a protective factor for the development of the disorder, as previously thought. Previous research indicates that 18% of women suffer from perinatal depression. One in 7-10 pregnant women and 1 in 5-8 midwives develops a depressive disorder, which is more than half a million women a year. Untreated perinatal depression has significant repercussions for both mother and child. Given that there are no controlled randomized studies during pregnancy, and the results of previous research on the harmfulness of the use of psychotropic drugs are contradictory, we need to nurture an individualized and integrative approach to the use of psychotropic drugs in pregnant women and in the postpartum period. The goal of this lecture is to point out the necessity of treating perinatal depressive disorder with an emphasis on the need to work on dilemmas and selected sources of information by pregnant women themselves, as well as health professionals. In the end, I must emphasize the importance of choosing an adequate psychopharmaceutical in that sensitive period for a woman, nurturing an individual approach as well as the latest knowledge.

Objectives: The aim of this research is to examine the attitudes of psychiatrists, GP doctors, gynecologists and pregnant women about prescribing and taking pharmacotherapy during pregnancy.

Methods: The research will be conducted at the psychiatry clinic, the gynecology clinic and in health centers through semi-structured questionnaires, which will be filled out by psychiatrists, gynecologists, doctors and pregnant women.

Results: Preliminary results (given that the research is still ongoing) indicate that most psychiatrists avoid prescribing drugs during pregnancy, and if they decide to do so, then diazepam is prescribed. The views of gynecologists, family medicine doctors and pregnant women are still pending.

Conclusions: This lecture aims to point out the factors contributing to the fear of prescribing psychotropic drugs perinatally, based on our own research, which included psychiatrists, gynecologists, family medicine doctors, and pregnant women.

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EPV1096

A Case of Severe Polyhydramnios During Pregnancy Associated with Long-Term Use of Lithium

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Introduction: The perinatal period poses heightened vulnerability to bipolar affective episodes. Lithium serves as first line in the management of bipolar disorder, demonstrating efficacy in stabilizing mood episodes and preventing relapses. Therefore, it also a recommended treatment during the pregnancy period. However, its use presents potential risks for both the mother and the developing fetus. Given the prevalence of bipolar disorder in reproductive-age women, it is crucial to investigate the risks

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