

evidence has emerged that the changes do not only include absorption, distribution and excretion but also drug metabolism, such as modifications in the regulation of hepatic metabolism and conjugation. Oestradiol is known to have an important role in the expression of cytochrome P450 isoenzymes and glucuronosyl-transferase that are involved in the metabolism of psychotropic drugs. Recent studies of different psychotropic drug classes have shown that this can result in profound changes of plasma concentrations that commence early in pregnancy and gradually increase towards delivery. In this presentation pregnancy-induced metabolic changes that have been found so far for several psychotropic drugs will be discussed and the question addressed whether and how we should monitor plasma levels in our pregnant patients.

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Keywords: psychotropics; pregnancy; therapeutic drug monitoring

S0164

Suicide attempts in women with severe mental illness in the perinatal period

F. Gressier^{1*} and A.-L. Sutter-Dallay²

¹Department Of Psychiatry, Bicetre Hospital, CESP, University Paris-Saclay, University Paris-Sud, Le Kremlin Bicetre, France and ²Univ. Bordeaux, Inserm, Bph, U1219, F-33000 Bordeaux, France And Perinatal Psychiatry Network-university Department Of Child And Adolescent Psychiatry, Bordeaux University and Charles Perrens Hospital, Bordeaux Cedex, France

*Corresponding Author.

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Suicide is one of the leading causes of perinatal maternal mortality (1). Maternal suicidality has a negative impact on the mother-baby relationship and child development. However, little is known about specific risk factors for perinatal suicide attempts in women with severe mental illness. In a sample of 1439 women with severe mental illness in the perinatal period and jointly admitted with their baby in a mother and baby unit, 154 (11.7%) attempted suicide, 49 in pregnancy (3.7%) and 105 (8.0%) in the post-partum period (2). Suicide attempt in pregnancy was related to alcohol use, smoking during pregnancy and a history of miscarriage, and in the post-partum period to major depressive episode or recurrent depression and younger age. Women who attempt suicide either in pregnancy or in the postnatal period could have different psychopathological and environmental profiles. Past obstetric history and addictive behaviours during pregnancy are essential elements to explore. In addition, depressive symptoms should be assessed in all women to treat major depression, as a means of preventing suicide attempt. Special attention to risk of suicide is needed during the perinatal period for women with severe mental illness. For women suffering from an acute psychiatric disorder, or a history of mental illness, multi-disciplinary management should be implemented. 1. Oates M. Suicide: the leading cause of maternal death. *Br J Psychiatry*. 2003;183:279-81. 2. Gressier F et al. Risk factors for suicide attempt in pregnancy and the post-partum period in women with serious mental illnesses. *J Psychiatr Res*. 2017;84:284-291.

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Keywords: Mental Illness; Suicide Attempt; pregnancy; post-partum

Network analysis for personalisation of treatment: Understanding links among symptoms, risk factors and functioning

S0169

Recovery in schizophrenia: A network analysis of inter-relationships among disease-related variables, personal resources, context-related factors and real-life functioning

A. Mucci^{1*}, S. Galderisi², P. Rucci³, A. Rossi⁴, P. Rocca⁵, A. Bertolino⁶ and M. Maj⁷

¹Department Of Psychiatry, Univeristy of Campania Luigi Vanvitelli, Naples, Italy; ²Department Of Psychiatry, University of Campania "Luigi Vanvitelli", NAPOLI, Italy; ³Department Of Biomedical And Neuromotor Sciences, University of Bologna, Bologna, Italy;

⁴Department Of Biotechnological And Applied Clinical Sciences, Section Of Psychiatry, University of L'Aquila, L'Aquila, Italy;

⁵Department Of Neuroscience, University of Turin, Torino, Italy;

⁶Department Of Neurological And Psychiatric Sciences, University of Bari, Bari, Italy and ⁷Psychiatry, Università degli Studi della Campania "Luigi Vanvitelli", Napoli, Italy

*Corresponding Author.

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Abstract Body: Central to recovery-oriented approaches in schizophrenia are treatment integration and personalization, targeting key variables beyond symptom reduction. The Italian network for research on psychoses conducted a study demonstrating, using network analysis, the central role of community activities in bridging the effects of symptoms, cognition, functional capacity and service engagement on real-world functioning. A 4-year follow-up study was recently completed and the presentation will illustrate the findings. Network analysis was used to test whether relationships among all variables at baseline were similar at follow-up. In addition, the network structure was compared between subjects classified as recovered or non-recovered at follow-up. Six hundred eighteen subjects were assessed at both baseline and 4-year follow-up. Results showed that the network structure was stable from baseline to follow-up, and the overall strength of the connections among variables did not significantly change. Functional capacity and everyday life skills were the most central variables in the network at both baseline and follow-up, while psychopathological variables were more peripheral. The network structure of non-recovered patients was similar to the one observed in the whole sample, but very different from that of recovered subjects, showing few connections among the different nodes. These data strongly suggest that connections among symptoms/dysfunctions tend to maintain over time, contributing to poor outcome in schizophrenia. Early treatment plans, targeting variables with high centrality, might prevent the emergence of self-reinforcing networks of symptoms and dysfunctions in people with schizophrenia.

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