

EW0748

### Gender differences and temperaments affective, impulsivity, sensation seeking and traits of schizotypal personality

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**Background** In the literature, the growing interest to the gender such as variable expression and treatment of psychiatric disorders, it is emerged in a considerable number of fields. Gender differences have become the subject of numerous investigations, in order to verify how the sex variable might affect the psychopathology.

**Aims** We propose to evaluate the role of gender differences in the development of traits of schizotypal personality, impulsivity, SS and their influence in the definition of temperamental component. **Materials** We recruited 173 healthy subjects, between 18 and 65 years, who completed the following tests: BIS-11; SPQ; SDS; SAS; HCL-32; TEMPS-A; SSS.

**Results** The bivariate analysis by gender shows scores for the hyperthymic temperament significantly higher among males compared to the scores for the female sex, which, in turn, presents higher scores for cyclothymic. The levels of anxiety and depression are higher among women while levels of sensation seeking are higher among men. Although the male gender is associated with a greater sensation seeking, compared to women, it is not showed a higher correlation with the different types of impulsivity. We can find significant differences to the subscales for the SPQ between the two genders.

**Conclusions** The examination of these data may suggest the existence of differential specific features of gender that, in the presence of psychopathology, become more easily detectable; particularly in the male gender, it seems to emerge more impulsive behavior and activation compared to the female gender in which instead it seems to prevail a tendency to emotionality and introversion.

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### Systematic risk assessment in a mother-baby unit (MBU)–Importance for maternal and infant safety

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**Introduction** Systematic assessment of risks is an essential component of care in psychiatric mother baby units. Self-harm, infant neglect and harm or the vulnerable physical health of both mother and infant may all pose risks.

**Aim** Development of a risk assessment tool and risk assessment among mother–infant dyads at a MBU in Bangalore, India.

**Methods** Based on data from 200 admissions, doctors and nurses of the unit developed a 15-item tool for risk assessment. Risk was assessed by both nurses and doctors among 58 consecutive mothers admitted to the unit. Risk domains included risks to self, to infant, related to infant health and feeding and violence faced by mother. Frequencies of various risks were calculated. Nurses' risk assessments were compared to the residents' risk assessments.

**Results** The mean age of the mothers was 25 ( $\pm 4$ ) years, age of infant 4 ( $\pm 4$ ) months and duration of episode was 4 ( $\pm 14$ ) months.

Diagnoses included acute polymorphic psychosis (30%), BPAD (27%) and depression (21%). 47% had high suicidal risk and 28% had made an attempt in the current episode. 22% had expressed ideas of infant harm and 24% had physically harmed the infant. 48% of mothers had been physically violent. Multiple risks were seen in 47%. Doctors were able to identify risks more often than nurses.

**Conclusion** Risks for self-harm, infant harm and related to infant health were high. Systematic risk assessment by both nurses and doctors is important in an MBU to ensure adequate care for the mother infant dyad.

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EW0750

### Prevalence and related factors of postpartum depression

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**Objective** The aim of this study was to investigate the prevalence of postpartum depression among women and determine which factors are related this clinical condition.

**Methods** The study included 206 women who were admitted to the department of child health and diseases neonatal intensive care unit in Selcuk university faculty of medicine within six weeks postpartum period. First SCID-I and demographic data form for the participants who were volunteer to participate the study were filled. Then, Edinburgh postpartum depression scale, multidimensional scale of perceived social support, Beck anxiety inventory and maternal bonding scale were applied to all participants.

**Results** We found that 6.8% ( $n = 14$ ) of mothers have postpartum depression. Then we compared the two groups postpartum depression (PPD) and non-postpartum depression (NPPD). In terms of socio-demographic characteristics and found a significant difference only in the level of economic status. Socio-economic status was lower in the group with PPD. In addition, social support received during pregnancy was significantly lower in the group with the PPD. Peripartum or any time depression history and comorbid psychiatric disorders were related factors with PPD. EPDS scores were significantly higher and MSPSS scores were significantly lower in the group with PPD.

**Conclusion** Postpartum depression has many negative consequences for both mother and baby. In the present study, we found that postpartum depression rates were consistent with previous studies. Early detection, prevention and treatment of postpartum depression is very important for the postpartum women who have a higher risk for depression.

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EW0751

### Prenatal exposure to maternal depression and its influences on infant development and behaviour

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**Introduction** Depression is one of the most common mental disorders worldwide. Women are more at risk of depression while they are pregnant, and during the first weeks and months of postpartum period. Perinatal depression, might influence the children's development during pregnancy as well as it can have negative affect and delay in child postnatal development.