Introduction: Eating disorders are characterized by a persistent disturbance in eating and/or eating-related behavior, resulting in altered food consumption or absorption, which can significantly compromise physical health as well as psychosocial functioning. These disorders are closely linked with stressful experiences which university students configure a group prone to development.

Objectives: The objective is to evaluate the impact of eating disorders on young people when entering and staying at university.

Methods: This is an observational, quantitative, analytical and cross-sectional study, in which 1300 (one thousand and three hundred) medical students were invited, of both sexes and over 18 years of age from the 1st (first) to the 12th (twelfth) year. period of the Medicine course at the University of Oeste Paulista (UNOESTE) with 91 students joining. A structured interview was applied via online, aiming at collecting sociodemographic and occupational data in conjunction with the application of the Periodic Eating Compulsion Scale - ECAP, assessing the existence and degree of eating disorders in medical students.

Results: Mean age 22.7 ± 3.9 years, predominantly female (76.9%) and white ethnicity (86.8%). Most live alone or with a parent (82.5%). With regard to eating habits, 81 (89.0%) said they did not follow a nutrition professional's diet, and 84 (92.3%) have at least 3 meals a day. Lunch is eaten by 100% of the participants, while supper is the least consumed meal (17.6%). A total of 24 (26.4%) participants said they had little time to eat, and almost half (46.2%) did not prepare their own meals, with 12.5% choosing to eat salted or not. eating a certain meal. The ECAP binge eating score had a median of 9 (11.5) points, with a minimum score equal to 1 and a maximum equal to 41. Sixty-eight (74.7%) of the participants were classified as having no binge eating, with moderate binge eating 15 (16.5%), and severe, 8 (8.8%).

Conclusions: There is a need for changes in lifestyle aspects in order to present healthier meals in appropriate amounts, in addition to an adequate therapeutic approach to these disorders. Research funding agency We also declare that we received financial support from the Institutional Program for Scientific Initiation Scholarships (PROBIC).

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Women, Gender and Mental Health

EPP0310

Endometriosis and depressive symptoms: The role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility

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Introduction: Endometriosis is a gynaecological pathology characterized by endometrial tissue similar to stroma and endometrium in extra endometrial and myometrial sites. This condition affects women's mental health and quality of life and can elicit shame feelings.

Objectives: To explore the role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility in depressive symptoms.

Methods: 260 people diagnosed with endometriosis, aged 18 years or older, were recruited through patients' associations. Participants completed an online sociodemographic and clinical questionnaire and the following self-report instruments: Anxiety, Depression, and Stress Scales (DASS-21), Endometrioses Health Profile (EHP-5), Chronic Illness-Related Shame Scale (CISS), Compassionate Engagement and Action Scales (EEAC-SC), and the Psy-Flex Scale.

Results: Regression analyses showed that years of education, endometriosis-related quality of life (pain, control, emotional well-being, social support, and self-image), chronic illness-related shame, and psychological flexibility were the significant predictors of depressive symptoms. On the other hand, endometriosis-related quality of life (work life, relationship with children, sexual life, relationship with healthcare professionals, treatment, and infertility) and self-compassion were not significantly associated with depressive symptoms.

Conclusions: The identification of chronic illness-related shame and quality of life related to endometriosis as relevant variables regarding the presence of symptoms of depression points to the relevance of early detection of these phenomena to prevent the development of depressive symptoms. Moreover, interventions targeting the development of psychological flexibility may contribute to the amelioration and prevention of depressive symptoms.

Disclosure of Interest: None Declared

EPP0312

From Loss to Healing: Navigating Perinatal Grief with Enhanced Psychological Care

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Introduction: Several factors can influence the journey of perinatal grief in mothers, including the quality of care during this experience. The objective of our study was to investigate the factors influencing the perception of grieving women during the perinatal period and identify the role of medical and paramedical healthcare professionals in psychological support.

Objectives: To determine the factors influencing the perception of fetal loss in grieving mothers.

Methods: This was a descriptive, longitudinal, retrospective study conducted between july 2021 and march 2022 at the Fetal Pathology Department of the Center for Maternity and Neonatology in Tunis, Tunisia. The study included women who experienced perinatal loss and underwent fetal pathology examination.

The study was conducted in two stages: Initial consultation at the Fetal Pathology Department, five weeks after the date of expulsion, for perinatal grief counseling. Follow-up interview one year after the date of expulsion: The participants were contacted via telephone for an average duration of twenty minutes .The assessment of perinatal grief during both interviews was conducted using the shortened version of the Perinatal Grief Scale (PGS)

Results: The mean age of the patients was 31.41 years (± 5.15). The average gravidity was 2.47 (± 1.43). More than half of the patients had no living children (n=41). The majority of patients had no notable pathological history. Six patients had been followed in psychiatry, and five had a history of subfertility. The majority of patients (n=61) reported having good marital relationships.

Among the participants, 20% (n=14) had a high Perinatal Grief Scale (PGS) score (PGS >= 91) at five weeks post-loss and were subsequently referred for psychiatric consultation.

At one year, all participants had a PGS score > 91, demonstrating the effectiveness of psychiatric management. Multivariate analysis identified four independent factors associated with a high PGS score at five weeks: absence of living children (OR=0.59; 95% CI [0.36-0.98]; p=0.04), quality of marital relationship (OR=1.2; 95% CI [1.1-3.9]; p=0.02), family support (OR=2.52; 95% CI [1.55-4.12]; p<0.001), and quality of loss disclosure (OR=2.52; 95% CI [1.32-3.77]; p=0.003).

Conclusions: To identify patients at high risk of developing complicated grief and improve the quality of psychological care, it is necessary to implement appropriate protocols, provide training to healthcare personnel, and establish well-equipped healthcare facilities.

Disclosure of Interest: None Declared

EPP0314

Covid-19 pandemics effects on postpartum depression in the Hungarian Baby-Mother-Father Unit

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Introduction: Our Baby-Mother-Father Unit program in Saint John's Central Hospital (Budapest) offers mothers and fathers a unique opportunity to get better, receive psychiatric care (hospitalization or outpatient) without being separated from their babies. The Covid-19 pandemic had a strong impact on the whole population, including the parents of babies. During everyday operation the whole team experienced the increased need for health care, but we were not aware of the exact number of this change.

Postpartum psychiatric conditions have two main categories that stand out: postpartum psychosis and postpartum depression. As there are better quantifiable tools for measuring depression and strong scientific evidence supporting that the pandemic having increased mood disorders' intensity and numbers (Chen et al., 2022; Harrison et al., 2023), postpartum depression was chosen as the locus of investigation. Due to the respectively high numbers of parents with babies showing up at our Unit, we wished to get a clearer picture on pandemics effects on these people.

Objectives: Getting a more clear picture of pandemics effects on our Baby-Mother-Father Unit care. Defining numbers of patients, interactions and comparing test results of depression scales before and after the pandemic.

Methods: A retrospective study of years 2019 and 2022 was performed. The total number of patients (2019: 173, 2022: 278) and the total number of documented patient-doctor/psychologist interactions (2019: 963, 2022: 1919) were measured. Depression scales' (BDI, EPDS, PHQ-9), hopelessness scales (HS) results were compared. Due to our samples not showing normal distribution, a deeper analysis of test result categories was carried out by using Mann-Whitney test.

Results: The results showed that depression (BDI: W=3165,5 p=0,17; EPDS: W=1693, p=0,42; PHQ-9: W=2502, p=0,39) and hopelessness (RS: W=976,5, p=0,52) average points seem quite constant regardless of the pandemic and showed no significant differences. More detailed data analysis of result categories revealed pattern-like differences, which might tell us more about the subjective experiences of the individuals. The number of patients and patient-doctor/psychologists interactions increased dramatically. Furthermore the number of individual therapeutic sessions rose greatly (2019: 359; 2022: 1182), along with parents receiving therapeutic care (2019: 40, 2022: 95).

Conclusions: From our findings, assumptions can be made that besides the obvious rise of numbers of patients and interactions, during the pandemic postpartum depression's and hopelessness' structure changed.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP0315

Clozapine to treat aggression and agitation in advanced dementia

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Introduction: Agitation and aggression are a serious problem in clinical psychiatry, especially in multimorbid patients of advanced age, including those with dementia.

Objectives: We wanted to investigate to what extent clozapine could be an option in the treatment of selected refractory patients.

Methods: A retrospective study included patients with a diagnosis of dementia who were treated with clozapine in a specialist geriatric psychiatry unit between August 2018 and February 2022, and medical records were systematically reviewed. The Clinical Global Impressions Scale was used for the assessment of improvement and the Pittsburgh Agitation Scale for the assessment of symptom reduction. In addition, there was detailed documentation of side effects and clinical features.

Results: A total of 31 patients with a median age of 82 years were identified.

Conclusions: In conclusion, clozapine was effective and well tolerated in 23 patients. This suggests that low-dose clozapine may help alleviate the suffering of difficult-to-treat multimorbid patients with