

Introduction: Perinatal death includes losses such as ectopic pregnancies, miscarriages, stillbirths and neonatal deaths. Perinatal loss has well documented negative effects on the health of the bereaved parents. Early pregnancy loss (EPL) is the spontaneous death of a fetus within the first 20 weeks of gestation.

Objectives: To describe a clinical case of disenfranchised grief following EPL and to review the literature.

Methods: We reviewed the clinical file of a patient presenting to the psychiatry outpatient clinic with disenfranchised grief. We conducted a non-systematic review on PubMed and Google Scholar.

Results: A 29-years-old female patient presents to the outpatient clinic with depressive symptoms and thoughts of death. The symptoms had begun 4 months earlier, following the loss of pregnancy at 14 weeks. She felt her grief was not accepted by her family and social network. Progressively, her relationships deteriorated, and she felt more and more isolated. She experienced marked difficulty in caring for her older child. Compared to other types of mourning, the loss of a child is associated with grief experience that is particularly severe and complicated. Despite the high prevalence of EPL, many women suffer in silence due to the common belief these losses are insignificant and may develop complicated grief.

Conclusions: Perinatal loss of an infant has the potential to have a large impact on the mental health of the bereaved parents. Literature on the efficacy of different interventions is still scarce. Further studies are necessary on prevention strategies and interventions for parents already suffering from complicated grief or depressive disorders.

Disclosure: No significant relationships.

Keywords: Grief; early pregnancy loss

EPV0720

Completed suicide and gender equality: Sex and age specific five-year data from Turkey

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doi: 10.1192/j.eurpsy.2021.2203

Introduction: Suicide is a public health problem which has biopsychosocial aspects. These three compartments function differently for women and men in terms of biology and gender inequality.

Objectives: This study aims to investigate completed suicide rates in Turkey for women and men separately considering age ranges for each, and their relationship with gender equality.

Methods: Sex and age specific data between 2015-2019 was derived from Turkish Statistical Institute. Utilizing Bağdatlı Kalkan's study (2018) and Turkey's Gender Equality Ratings (2019), 81 cities were separated into two clusters (Table 1). Mann Whitney U and Independent Samples T Test were applied.

Results: Young women's (<30 years old) crude completed suicide rates were higher, when crude completed suicide rates for men over the age of 30 were fewer in the cities which equality index is low (Table 2). Regardless of age ranges, in better gender equality cluster, female suicide rates were fewer, male suicide rates were higher. The number of deaths by suicide in 1000 deaths didn't differ for men, while the rate decreases for women in better gender equality cluster (Table 3).

Variable	Cluster 1	Cluster 2	Statistics
Total number of provinces	43	38	
Total population	610854.34 ± 528656.91	1437850.76 ± 2504921.01	t=-4.464 p<0.001
Gross national product per capita (\$)	6064.82 ± 1325.31	9775.08 ± 2588.97	t=-17.800 p<0.001
Province specific Turkish Gender Equality Index (2019)	0.452 ± 0.03	0.492 ± 0.03	t=-6.462 p<0.001

Sex	Age range	Mean ± standart deviation		Statistics
		Median (Q1- Q3)	Cluster 2	
Female	10-19	3.80 ± 0.75	1.72 ± 0.43	U<0.001 p=0.009
		4.09 (3.18- 4.26)	1.98 (1.28- 2.04)	
	20-29	3.53 ± 0.88	2.38 ± 0.17	U=1.000 p=0.016
		3.59 (2.74- 4.30)	2.39 (2.23- 2.53)	
	30-39	2.06 ± 0.34	2.23 ± 0.27	U=8.000 p=0.347
		2.06 (1.77- 2.36)	2.36 (1.96- 2.44)	
	40-49	2.01 ± 0.45	1.84 ± 0.23	U=10.000 p=0.602
		2.02 (1.58-2.43)	1.79 (1.64- 2.07)	
	50-59	1.84 ± 0.44	1.89 ± 0.22	U=11.000 p=0.754
		1.94 (1.41- 2.22)	1.96 (1.72- 2.03)	
60-69	1.49 ± 0.51	1.90 ± 0.29	U=7.000 p=0.251	
	1.71 (1.07- 1.79)	1.82 (1.67- 2.18)		
70+	2.29 ± 0.61	2.75 ± 0.49	U=8.000 p=0.347	
	2.20 (1.73- 2.89)	2.61 (2.44- 3.14)		
Male	10-19	3.96 ± 1.09	2.55 ± 0.70	U=4.000 p=0.076
		4.38 (2.99- 4.71)	2.87 (1.96- 2.97)	
	20-29	8.93 ± 0.92	8.70 ± 0.41	U=10.000 p=0.602
		9.37 (7.94- 9.69)	8.44 (8.42- 9.11)	
	30-39	6.51 ± 0.59	7.87 ± 0.41	U<0.001 p=0.009
		6.33 (5.99- 7.13)	7.84 (7.56- 8.20)	
	40-49	7.19 ± 0.47	8.18 ± 0.54	U=3.000 p=0.047
		7.09 (6.79- 7.63)	7.90 (7.76- 8.75)	
	50-59	6.84 ± 1.33	8.42 ± 0.63	U<0.001 p=0.009
		7.30 (5.87- 7.58)	8.04 (7.95- 9.07)	
60-69	7.01 ± 1.05	8.22 ± 0.70	U=2.000 p=0.028	
	7.31 (6.17- 7.69)	8.20 (7.54- 8.92)		
70+	8.69 ± 1.46	11.15 ± 0.68	U=1.000 p=0.016	
	8.03 (7.45- 10.26)	11.01 (10.59- 11.77)		

		Cluster 1	Cluster 2	Statistics
		n=215	n=190	
Crude completed suicide ratio	Female	2.29 ± 1.20	1.92 ± 0.96	t=3.381 p=0.001
	Male	5.87 ± 2.48	7.20 ± 2.72	t=-5.120 p<0.001
Completed suicide number per 1000 deaths	Female	5.39 ± 3.89	3.35 ± 1.72	t=6.939 p<0.001
	Male	10.76 ± 4.64	10.30 ± 3.86	t=1.082 p=0.280

Conclusions: Gender inequality may negatively effect young women's mental health in more patriarchal cities in Turkey from the point of completed suicide.

Disclosure: No significant relationships.

Keywords: completed suicide; Turkey; gender equity; gender equality

EPV0721

Long-acting injectable antipsychotics during pregnancy: An update

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doi: 10.1192/j.eurpsy.2021.2204