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