Research Institute of Public Health, Moscow, Russian Federation and
³The Department Of Clinical Pharmacology And Internal Diseases Propaedeutics, the I.M. Sechenov First Moscow State Medical University, Moscow, Russian Federation
*Corresponding author.

Introduction: Inflammatory bowel disorders (IBD) are chronic diseases with severe course. In this regard, research aimed at identifying adaptive behavior styles potentially significant for individual resilience to disease-related stress is of particular importance

Objectives: The study population included 45 patients with the inflammatory bowel disorders: 19 male, 26 female (mean age $36,0\pm4,8$), whose clinical and experimental psychological characteristics were studied.

Methods: The following methods were used: 'Life Style Index' by R. Plutchik, H. Kellerman, 'Ways of Coping' by R. Lazarus, S. Folkman.

Results: The experimental psychological study revealed interdependence of psychological defense mechanisms and coping behaviors. Thus, in female patients, such psychological defense mechanisms as 'denial r=-0,51' and 'compensation r=-0,43' showed negative correlation with 'planning problem-solving' coping strategy and positive correlation with such coping strategies, as 'escape - avoidance r=0,38' and 'confrontation r=0,32' p<0,05; in male patients, such psychological defense mechanisms as 'regression r= -0,41;' and 'displacement r= -0,30' demonstrated negative correlation with 'planning problem-solving' and 'exercising self-control', but positive correlation with such coping strategies, as 'escape - avoidance r= 0,34', 'confrontation r= 0,40;', p<0,05. Maladaptive attitude towards disease correlated with avoidance reactions in both male and female patients, which is indicated by the central rank position in disease coping structure of 'confrontation' coping strategy M=69,3±0,1, along with insufficient utilization of 'planning problem-solving' coping strategy M=39.3± 0,1, p< 0,001.

Conclusions: The identified manifestations of psychological maladaptation in both male and female inflammatory bowel disorder patients are moderately pronounced, but require psychotherapeutic correction

Keywords: gender; psychological defense mechanisms; coping behaviors; maladaptation

EPP1472

Mental disorders during pregnancy and postpartum period

I. Kammoun*, R. Kammoun, O. Maatouk, M. Karoui, K. Ben Salah and F. Ellouze

Psychiatry G, RAZI UHC, Tunis, Tunisia
*Corresponding author.

Introduction: Mental disorders of pregnancy or postpartum correspond to all the psychopathological states linked to the period of the pregnancy-puerperium. They are the subject of prevention and screening and are currently a public health priority

Objectives: Describe the socio-demographic characteristics of the patients who presented mental disorders during pregnancy and/or postpartum. Identify the various risk factors predisposing to these disorders

Methods: We carried out a retrospective descriptive analytical study including patients who presented mental disorders during their pregnancy or postpartum and who were hospitalized during the period from January to October 2020.We collected 20 patients.

Results: The average age was 39.84 years. Mental disorders were present in 73.7% during the postpartum period. The patients had a personality disorder in 47.7%. They were smokers in 57% of cases. Pregnancy was desired in 73.7% with regular follow-up in 84.2%. Pregnancy was complicated by toxemia in 22% of cases and gestational diabetes in 27% of cases. Delivery was by caesarean section in 68.4% with primiparity in 50%. According to the DSM5, the psychic disorder most often found during pregnancy was the characterized depressive disorder 43%, and during the postpartum we found the brief psychotic episode 42.1%. The treatment was in half of the cases association between antidepressants and antipsychotics. Mental disorders were significantly correlated with the presence of stressful life events during pregnancy (p =0.02)

Conclusions: Mental disorders during pregnancy and postpartum are frequent and important to detect. Early diagnosis and adequate care are the two essential elements that should allow these women to fully experience their motherhood

Keywords: pregnancy; Postpartum; Mental disorders

EPP1473

Murder she said – a review on mental health issues in intimate relationship violence

A. Delgado*, A. Cortiñas and A. Sousa

Psychiatry, Centro Hospitalar Universitário de São João, Porto, Portugal
*Corresponding author.

Introduction: Violence in intimate relationships is a prevalent worldwide health problem and it is underreported, underrecognized and underadressed by health care professionals.This problem affects women more commonly than men and occurs in heterosexual and same-sex relationships. Violence can include physical, emotional, sexual and financial abuse, as well as control over contraception or pregnancy and medical care and it tends to be repetitive, with an escalation in frequency and severity over time. Abused patients exhibit chronic physical and emotional symptoms and injuries resulting from physical and sexual violence.

Objectives: We conducted a review on violence in intimate relationships and the impact on mental health of the victims.

Methods: Comprehensive search of literature in the medical databases MEDLINE, PsycINFO, SciELO using the keywords: women, violence, intimate relationship violence, mental health, self injury.

Results: Research has established a relationship between violence and mental health outcomes among women and girls. Violence or inter-personal trauma render women vulnerable to a range of psychiatric symptoms - depression, post-traumatic stress disorder (PTSD), suicide, and substance use are most common. Women reporting bidirectional violence had higher rates of depression and PTSD. When examining differences in rates of psychiatric disorders by the type of violence, it was found that all types of violence were strongly associated with all types of psychiatric disorders. Severity of psychiatric symptoms increased stepwise with increasing severity of violence.

Conclusions: Caring for patients in abusive relationships can be challenging - continuous supportive care improves patient outcomes. Physicians shoul be able to recognize and manage this situations in order prevent its negative outcomes.

Keywords: domestic violence; mental health; intimate relationship violence

EPP1474

Childbirth expectations questionnaire – a psychometric study with a sample from brazil

M. Barros[1]*, M. Aguiar[2], A.T. Pereira[1] and A. Macedo[1]

[1]Instituto De Psicologia Médica, Universidade de Coimbra, Coimbra, Portugal and [2]Pos Graduação Em Psicologia Da Saúde, Universidade Federal da Bahia, Vitória da Conquista, Brazil
*Corresponding author.

Introduction: The Childbirth Expectations Questionnaire (CEQ; Gupton, A., Beaton, J., Sloan, J. & Bramadat, I.; 1991) evaluates the women childbirth expectation's with 34 items organized in four dimensions: Pain and coping; Significant others; Nursing support and Interventions.

Objectives: To analyze the psychometric properties (construct validity using Confirmatory Factor Analysis, discriminant validity and reliability) of the Brazilian preliminary version of CEQ.

Methods: 350 women (Mean age: 30.01±5.452) in the second trimester of pregnancy (Mean weeks of gestation=25.17±6.55), with uncomplicated pregnancies, completed the CEQ. To analyze discriminant validity, thirty of these women participated in a workshop (12 hours, integrated in the GentleBirth, a specific perinatal education intervention program) and fill in the CEQ again after approximately 8 weeks.

Results: After deleting seven items (1-3-20-24-33-34-35) and some errors were correlated the four-dimensional second-order model of CEQ presented good fit (χ^2=2.496; RMSEA=.071; CFI=.845, TLI=.828). The CEQ Cronbach's alpha for the total was α=.90; all factors presented good reliability: Pain coping (α=.87); Significant others (α=.66), Nursing support (α=.84), and Interventions (α=.76). The CEQ mean scores (total, Pain coping and Nursing support) were significantly higher after the workshop, indicating more positive expectations for childbirth (p<.05).

Conclusions: This additional validation study emphasizes that CEQ is an adequate measure of expectations of labour. It will be very useful to understand the correlates of childbirth expectations and also to access the efficacy of childbirth preparation programs.

Keywords: Birth Expectations; Scales; validation; childbirth

EPP1475

Validity and reliability of the perinatal anxiety screening scale in a brazilian sample of pregnant women

M. Barros[1,2]*, M. Aguiar[3], A. Macedo[4] and A.T. Pereira[2]

[1]Departamento De Ciências Naturais, Universidade do Sudoeste da Bahia - UESB, Vitória da Conquista, Bahia, Brazil; [2]Instituto De Psicologia Médica, Universidade de Coimbra, Coimbra, Portugal; [3]Pos Graduação Em Psicologia Da Saúde, Universidade Federal da Bahia, Vitória da Conquista, Brazil and [4]Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, Portugal
*Corresponding author.

Introduction: The Perinatal Anxiety Screening Scale was translated and validated for European Portuguese (PASS-29; Pereira et al. 2019), from the original PASS (composed of 31 items; Somerville et al. 2014) to allow epidemiological and correlational research and early detection, which is an health policy imperative. This need also applies to Brazil, where a specific instrument to measure perinatal anxiety is not available.

Objectives: To study the psychometric properties of the PASS Brazilian version factor structure using confirmatory factor analysis (CFA), internal consistency and pattern of correlations with mood states.

Methods: 350 women (Mean age: 30.01±5.452) in the second trimester of pregnancy (Mean weeks =25.17±±6.55) completed the PASS and the Brazilian version of Profile of Mood States (POMS-25; Barros et al. 2021). SPSS and AMOS software were used.

Results: After deleting two items (1 and 2) and some errors correlated, CFA indicated a good fit for the second-order model (X^2/df=2.987; CFI=.903; TLI=.889; GFI=.797, RMSEA=.075; p [rmsea≤0.01]<0.001). The Cronbach alpha was α=.937, and for the four dimensions (general anxiety and specific fear, perfectionism and control, social anxiety and adjustment disorder, acute anxiety and trauma.), were all α>.800. PASS total and dimensional scores significantly (p<.01) and moderately correlated with Profile of Mood States dimensions: negative affect (.471), Depression (.294), Anxiety (.548), Fatigue (.438) and Vigour (-.288).

Conclusions: Similarly, to what has been found for Portuguese version, the Brazilian PASS resulted in a 29-items-and-four-factors version, with good construct and convergent validity and reliability. In the near future we will determine the PASS cut-offs to screen for anxiety disorders in pregnancy and postpartum.

Keywords: Perinatal Anxiety; validation; pregnancy; Reliability