programs to mitigate the negative effects of women's empowerment and improve resilience.

Disclosure of Interest: None Declared

EPV1127

Dominant depressive, anxious and cyclothymic affective temperaments lower the chance of infertility treatment success

G. Szabó[1,2]*, J. Szigeti F[3], M. Sipos[4], S. Varbiro[4] and X. Gonda[5]

[1]Doctoral School of Mental Health Sciences, Semmelweis University; [2]Buda Family Centre Mh Centre Department Of Psychiatry, North Centre Buda New Saint John Hospital and Oupatient Clinic; [3]Institute of Behavioral Sciences; [4]Department of Obstetrics and Gynecology and [5]Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary
*Corresponding author.
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Introduction: Affective temperaments can play a significant role in the development, progression and outcome of various somatic diseases, as well as in the effectiveness of their treatment. Although infertility is influenced by both physical and psychological factors, the relationship between affective temperaments and infertility treatment success remains unexplored.
Objectives: The aim of this retrospective cohort study was to assess how dominant affective temperaments influence the outcome of infertility treatments.
Methods: Data was collected from a cohort of infertile women who underwent infertility treatment at an Assisted Reproduction Center in Budapest, Hungary. The study recorded treatment success defined as clinical pregnancy, detailed medical history, demographic parameters, and administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A). TEMPS-A scores then were classified into nondominant and dominant temperaments for each scale, based on their score being above or below the mean+2 standard deviation for the given temperament. The predictive value of dominant temperaments on assisted reproduction outcomes were analyzed by multivariate logistic regression models, using age, BMI and previous miscarriage as covariates.
Results: In the cohort of 578 women who underwent infertility treatment, besides age, BMI, and previous miscarriage, dominant depressive, anxious and cyclothymic temperament decreased the odds of achieving clinical pregnancy by 85% (p=0.01), 64% (p=0.03), and 60% (p=0.050), respectively.
Conclusions: The findings of this study suggest that dominant affective temperaments have a significant impact on the outcomes of infertility treatments. As a clinical consequence, creening for affective temperaments, Identifying dominant affective temperaments, stratifying high-risk patient groups, and offering personalized treatment options may enhance the likelihood of successful pregnancy and live birth for women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

EPV1128

Maternal mental health and trajectories of Preterm Behavioural Phenotype in infants born after a threatened preterm labour

J. Andreu[1]*, J. Buesa[1], B. Almansa[2], C. Zapata[3], M. Lizarán[2], N. Gómez[2], F. Ghosn[2], A. Moreno[2], L. Campos[1] and A. García-Blanco[3]

[1]Psychiatry, Hospital Universitario y Politécnico La Fe de Valencia; [2]Psychology, La Fe Research Institute and [3]Psychology, Hospital Universitario y Politécnico La Fe de Valencia, Valencia, Spain
*Corresponding author.
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Introduction: Infants born preterm usually show a Preterm Behavioural Phenotype, which includes mixed symptomatology characterized by lack of attention, anxiety and social difficulties, with a 3-4 times greater risk of disorders in further childhood. Critically, this behavioural pattern is also observed in infants born after a threated preterm labour (TPL), regardless of the presence of prematurity. It is known that the course of this Preterm Behavioural Phenotype shows high variability. Nevertheless, the predictors of this Preterm Behavioural Phenotype prognosis remain unknown.
Objectives: This study aimed to explore the predictors of change of Preterm Behavioural Phenotype symptomatology during preschool ages in order to improve prognosis.
Methods: In this prospective cohort study, 117 mother–child pairs who experienced TPL were recruited. Preterm Behavioural Phenotype symptoms were assessed at age 2 and 6 using Child Behaviour Checklist. Gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress were included as predictors in a regression model.
Results: Whereas increased internalizing problems were associated with a previous trauma history (p = .003), increased externalizing symptoms were linked to prenatal and postnatal maternal anxiety (p = .004 and p = .018, respectively).
Conclusions: Identifying modifiable risk factors, such as the history of maternal traumas and anxiety at TPL diagnosis and postpartum is recommendable to enhance better prognosis of Preterm Behavioural Phenotype in the offspring.

Disclosure of Interest: None Declared

EPV1129

The impact of maternal psychopathology on psychomotor development trajectories in infants born after a threatened preterm labour from 6 to 30 months of age

J. Andreu[1]*, J. Buesa[1], N. Gómez[2], F. Ghosn[2], A. Moreno[2], L. Campos[1], B. Almansa[2], C. Zapata[3], M. Lizarán[2] and A. García-Blanco[3]

[1]Psychiatry, Hospital Universitario y Politécnico La Fe de Valencia; [2]Psychology, La Fe Research Institute and [3]Psychology, Hospital Universitario y Politécnico La Fe de Valencia, Valencia, Spain
*Corresponding author.
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