

ethical and practical implementation and beneficial impact on society.

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EPV1108

Postpartum Delirium: A Psychosis Born in the 18th Century

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Introduction: Pregnancy and childbirth are moments of great vulnerability in a woman's life, which can predispose her to the development of psychopathology, ranging from transient depressive symptoms ("baby blues") to psychotic symptoms. Postpartum delirium is the psychiatric syndrome that some authors refer to as puerperal psychosis par excellence. It was first described in the 18th century and were thought to be associated with painful delivery, then became rare after the introduction of effective analgesia.

Objectives: The objective of this work is to contribute to a better understanding of this condition, through a literature review.

Methods: Bibliographic research using Pubmed* and the keywords: postpartum delirium.

Results: Clinical presentation of postpartum delirium includes: constantly varying degrees of consciousness; perplexity; hallucinations or pseudo-hallucinations of one or more organs of sense; delusions or delusive-type thoughts; great motoric unrest and considerable motoric and verbal abandon; and acute aggressive discharges can also occur. It is thought to be due to organic complications, such as infectious disease, abnormal loss of blood, thrombosis, neurological disease, obstetric disease, vitamin deficiencies, hormonal changes. An article from 1975 mentions how difficult was to treat postpartum delirium despite the development of psychopharmaceutical therapy. The patients remained psychotic for long periods and had many relapses. They mention a comparative study that found that the symptomatic treatment of this syndrome with a combination of perfenazine and lithium carbonate produced relatively favorable results. For that reason, at that time, it was the medication of choice. Nowadays the psychopharmacological treatment of puerperal psychosis, in general, still consists of the combination of lithium and an antipsychotic, such as haloperidol, and possibly a benzodiazepine, such as lorazepam.

Conclusions: Postpartum delirium is rarely mentioned in the literature and just a few cases have been described. It is considered a rare postpartum psychotic condition but would perhaps be less rare if its existence were recognized. On this note, it is important for clinical practice to research on the psychoses of pregnancy and not just the most common.

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EPV1109

To what extent does the Tunisian law protect women against violence ?

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Introduction: Tunisia, a pioneer in the Arab world in terms of promoting the status of women, has adopted a strategy to combat violence against women and now has a legal arsenal to protect women's rights.

Objectives: To study the contribution of the Tunisian jurisdiction in terms of protection of women victims of violence.

Methods: A review of the different legal texts, using the key words: "Women", "Violence", "Jurisdiction" and "Protection".

Results: *The National Survey on Violence against Women in Tunisia is a long process that involved the efforts of several stakeholders.

*In 2011, Tunisia was the first country in the region to have ratified and lifted all specific reservations to CEDAW (Committee on the Elimination of Discrimination Against Women). Violence against women is considered a threat to peace and security.

*Secondly, the adoption of Article 46 of the new Constitution of 2014 obligated the State to combat violence against women and make it its priority.

*The adoption of Organic Law 58/17 of 11 August 2017 finally gave the status of victim to the abused Woman. This law came into force in 2018.

*A number of mechanisms have been put in place, including the establishment of the National Observatory to Combat Violence against Women.

*Most magistrates still resist the application of Law 58/17, which contributes to the resurgence of violence against women, especially during periods of slackening of the justice system, such as the COVID lockdown period.

Conclusions: Despite the revolutionary legal arsenal acquired for the protection of women in Tunisia, there is still a gap between legislation and practice, and the rate of violence against women continues to increase. Nationwide awareness-raising campaigns aiming to spread awareness among women of their rights are necessary.

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EPV1111

Clinical management of psychotic pregnancy denial: what do we know? Case report and narrative review.

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Introduction: Denial of pregnancy is the lack of awareness of being pregnant. It associates with increased morbidity and mortality of mother and child and can be classified as non-psychotic or

psychotic. There is few literature regarding the latter, making it difficult to recognize, let alone to treat, since we do not have robust data on the incidence nor approved interventions.

Objectives: To get a better understanding on the standard of care for patients with psychotic denial of pregnancy.

Methods: We present a case report alongside a narrative literature review on the topic.

Results: We report the case of a 39-year-old caucasian woman, foreign, undomiciled, who was admitted to a Psychiatry unit due to psychotic symptoms. Her birthplace and prior medical records were unknown. She did not recognize being pregnant and showed great irritability when asked; her responses ranged from delusional attributions of symptoms related to the pregnancy to partially acknowledging her state but refusing to answer questions. Obstetric ultrasound revealed a low risk 35 weeks pregnancy. Treatment included quetiapine up to 700mg daily and psychological approach. A multidisciplinary team managed the case and arranged a plan for delivery. Eventually, delusional symptoms remitted and she accepted the gestation. She showed full collaboration during delivery, giving birth to a healthy female and presented transient recovery. After being separated from her daughter, her clinical situation worsened.

Psychotic denial of pregnancy is rather uncommon. It is usually seen in patients with prior history of major mental illness, most frequently schizophrenia, and important psychosocial vulnerability. It associates with several negative outcomes for mother and baby, including neonaticide. Most studies agree on the need of a multidisciplinary intervention including obstetrics, psychiatry, and others (social agents, ethical consultants...) to generate a plan for mother and baby. Biopsychosocial aspects should always be considered and each case individually formulated. Pregnant women must be given clear and concise information about the process. For some, seeing obstetric ultrasound might help them accept the pregnancy. Some authors propose labour induction prior to 39 weeks and performing a C-section, especially in cases of uncontrolled psychosis or risk of noncompliance. Most studies also recommend antipsychotic treatment. In cases of persistent denial or acute crisis, especially during the third trimester, patients should be admitted to a psychiatry unit with easy access to obstetric care. Supportive psychotherapy and psychosocial intervention should try to identify precipitating stressors for denial, such as prior or anticipated custody loss, which has been linked to psychotic denial.

Conclusions: Psychotic denial is a serious illness which requires a multidisciplinary treatment including biopsychosocial and obstetrical aspects.

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EPV1112

Psychotic denial of pregnancy: case report and narrative literature review.

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Introduction: Denial of pregnancy is the phenomenon where a woman fails to recognize or accept her pregnancy at >20 weeks gestational age. It associates with increased morbidity and mortality of mother and child, and can be classified as non-psychotic or psychotic. There is fewer medical literature regarding the latter, making it difficult to recognize, let alone to treat, since we do not have robust data regarding incidence nor approved interventions or treatment.

Objectives: To describe this unfamiliar entity in order to be able to perform a proper diagnosis and thus prevent possible negative outcomes.

Methods: We present a case report alongside a narrative literature review on the topic.

Results: We report the case of a 39-year-old caucasian woman, foreign, undomiciled, with an advanced pregnancy, who was admitted to a Psychiatry in-patient unit due to psychotic symptoms such as mistrust and delusions. She showed scarce collaboration during assessment and did not give any plausible information about her identity. Her birthplace and prior medical records were therefore unknown. Apparently, she had no family nor social support network. Despite the obvious signs, she did not recognize being pregnant and showed great irritability when asked; her responses ranged from claiming she was suffering from a gastric tumor and making delusional attributions of symptoms clearly related to the pregnancy to partially acknowledging her state but refusing to answer any questions on the matter. Blood work showed no significant abnormalities and obstetric ultrasound revealed a low risk 35 weeks pregnancy.

With an estimated prevalence of 1:475 in general population, denial of pregnancy is not as rare as it may seem. The psychotic variant, however, is rather uncommon. Typically, women with psychotic pregnancy denial have prior history of major mental illness, most frequently schizophrenia, and suffer from extreme psychosocial vulnerability. They usually present previous or anticipated child custody loss, which hampers the process of developing antenatal attachment behaviours. Psychotic denial does not associate with concealing, since these women are mentally detached from the gestation and tend to create delusional explanations to their pregnancy symptoms. Not all of them show complete denial, some being able to acknowledge it, though mostly in an inconsistent way. These patients often fail to seek prenatal care or are noncompliant, they are at greater risk of drug exposure, and some are unable to recognize symptoms of labour, all of which increases the rate of negative outcomes for mother and baby, including neonaticide.

Conclusions: Psychotic denial is a rare diagnosis which should be properly assessed due to its clinical implications and the need to prevent potential negative outcomes for mother and baby.

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EPV1113

PERINATAL GRIEF, EMERGENCY EVALUATION. ABOUT A CASE

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