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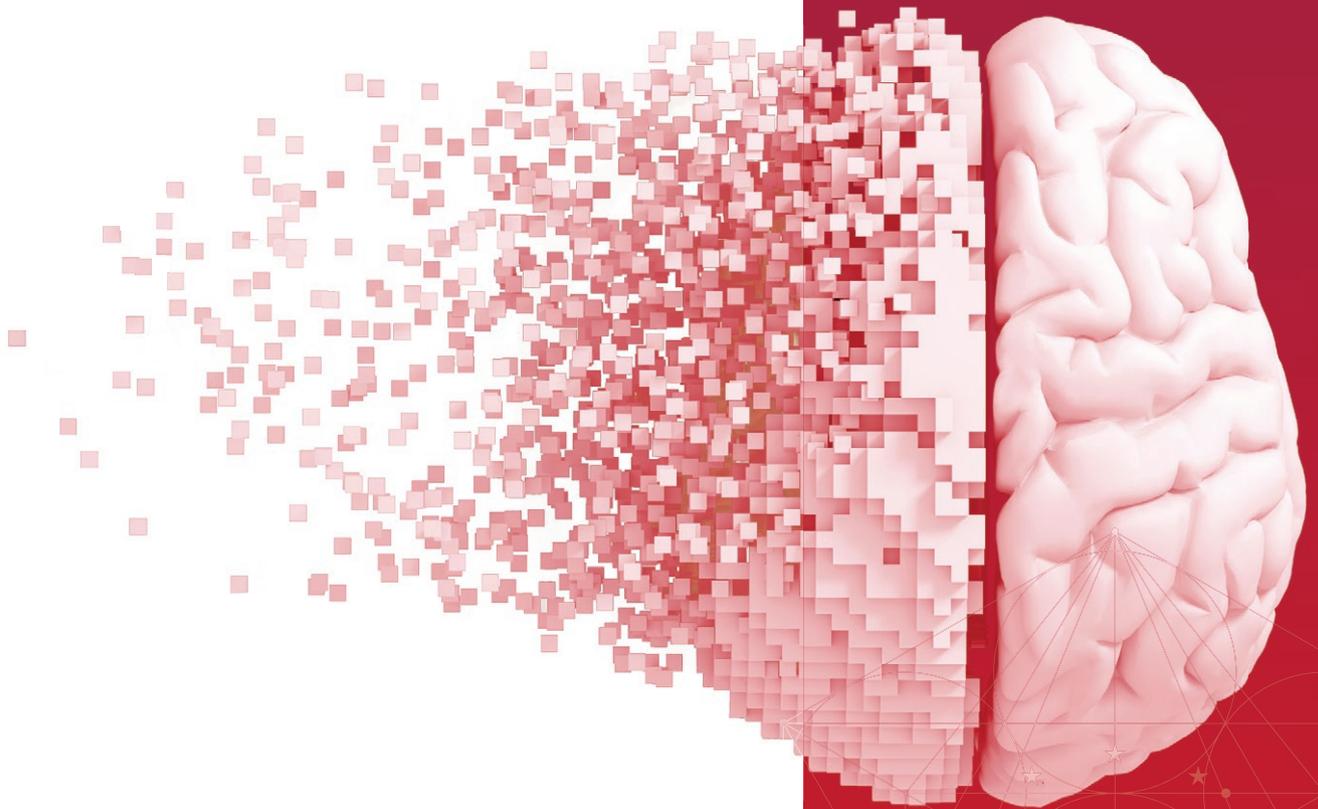
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# EPA 2020

28<sup>TH</sup> EUROPEAN  
CONGRESS OF PSYCHIATRY

4-7 July 2020

**VIRTUAL CONGRESS**



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**Conclusions:** High levels of anxiety in women with infertility can be a predictor of mental disorders. Anxiety is a non-specific symptom that can be comorbid with other mental symptoms and complicate the clinic. Early detection of anxiety in women with infertility will allow them to provide psychiatric care. Lower rates of anxiety in women with secondary infertility can be explained by their children.

**Conflict of interest:** No

**Keywords:** female mental health; infertility; Anxiety

## EPP1277

### The role of perfectionism, dysfunctional cognitive processes and content in postpartum OC phenomena

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**Introduction:** Early cognitive-behavioural models of postnatal Obsessive-Compulsive (OC) phenomena highlighted the role of negative traits, cognitive styles and specific dysfunctional beliefs (Fairbrother & Abramowitz 2007). However, the examination of key mediating factors is lacking to understand the mechanisms by which variables influence one another.

**Objectives:** To analyze if dysfunctional attitudes and beliefs in relation to motherhood and Repetitive Negative Thinking/RNT are mediators of the relationship between perfectionism and OC symptoms severity and interference in the postpartum.

**Methods:** 122 women (Mean age=33.20±5.066) in the second-to-sixth month postpartum (Mean baby age=21.70±6.953) filled in the Portuguese validated versions of the Postpartum Obsessive Compulsive Scale/POCS, the Hewitt & Flett Multidimensional Perfectionism Scale-13, the Attitudes Toward Motherhood Scale and the Perseverative Thinking Questionnaire-15.

**Results:** Socially prescribed perfectionism/SPP, Self-Oriented Perfectionism/SOP, Repetitive Thinking, Cognitive Interference and Unproductivity/CIU, Beliefs related to others' judgments/BOJ, to maternal responsibility/BMR and to maternal role idealization/BRI significantly ( $p>.05$ ) and moderately correlated ( $r>.30$ ) with POCS\_Severity and POCS\_Interference (all except SOP). A serial mediation analysis (Hays' Model 6) showed a significant indirect effect of BOJ/BMR/BRI and CIU in the relationship between the SPP and POCS\_Interference. BOJ and BMR were mediators between SPP and POCS\_Severity and CIU was a mediator between SOP and POCS\_Severity.

**Conclusions:** The influence of perfectionism on postpartum OC phenomena appears to operate through increasing the levels of dysfunctional cognitions related to motherhood and of RNT. Interventions that reduce the impact of these cognitive contents and processes may be useful in preventing and treating OC symptoms in women with high negative perfectionism.

**Conflict of interest:** No

**Keywords:** postpartum; Obsessive-Compulsive Disorder; perfectionism

## EPP1281

### Mental disorders and psychological stigma in women with classical congenital adrenal hyperplasia.

F. Shigakova

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**Introduction:** Of the many different disorders of sex development (DSD) associated with sexual ambiguity of the external and/or internal genitalia, classical congenital adrenal hyperplasia (CAH) in individuals with a 46,XX karyotype is by far the most prevalent syndrome, therefore also the most extensively studied, both medically and psychologically.

**Objectives:** The objective of this study was the identification of mental disorders and psychological stigma associated with structural features of the genitals in congenital classical adrenal hyperplasia.

**Methods:** We studied 27 patients with the CAH. The age of patients from 22 years to 43 years (28.5 ± 9.2 years). All patients showed changes in the structure of the external genitalia of varying severity. All interviews were recorded, transcribed verbatim and analysed using the stages of a framework analysis: familiarisation, identification of a theoretical framework, indexing, charting and mapping and interpretation.

**Results:** Three types of stigma were identified. 1. Experienced or accepted stigma-14 (52%) patients. This is a stigma that has been accepted from a sexual partner. 2. Expected or stigma of feelings about an upcoming marriage or sexual intimacy - 7 (26%) women. This stigma has adverse consequences for future expectations of a long-term partnership and marriage, women mentioned that the heritability of the disease also added barriers to marriage. 3. Social stigma, 6 (22%) patients perceived their disease as a disease in which it is impossible to lead a full life.

**Conclusions:** The results of this study show that the identified three types of stigma, common in patients with CAH, require special psychotherapeutic interventions.

**Conflict of interest:** No

## EPP1282

### Subjective assessment of physical health in russia depending on gender differences

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**Introduction:** The study of sociocultural mediation of the state of one's health involves the consideration of subjective assessment of physical health depending on gender differences.

**Objectives:** Identification of features of the subjective assessment of physical health in men and women.

**Methods:** The study involved 210 men and 403 women aged 14 to 76 years ( $m = 26.9$ ;  $SD = 13.7$ ) from 6 regions of the Russian Federation: Moscow, St. Petersburg, Udmurtia, Sakha, Sverdlovsk and Kemerovo regions. Respondents were asked to evaluate their physical health at the present time, choosing one of the following answers: "excellent", "good", "average", "poor", "very poor".

**Results:** It was found that in men the most frequent answer was "good" (43%), followed by "average" (31%), "excellent" (18%), "poor" (8%), and "very poor" (1%). In women, the most common answer was "average" (41%), followed closely by "good" (39%), and then – "excellent" (13%), "poor" (7%), and "very poor" (0.5%). Statistical analysis on a rank scale using the t-test for independent samples showed that the differences in the assessment of their physical health in men and women are expressed at the level of tendency ( $t = 1.783$ ;  $p = 0.075$ ).

**Conclusions:** Thus, men and women are similar in that they rarely choose the extreme answers for assessing physical health. In moderate assessments there are gender differences at the level of tendency: men often choose the answer "good", and women – "average". The study was supported by the Russian Foundation for Basic Research, Grant 17-29-02506.

**Conflict of interest:** No

**Keywords:** health; Gender; sociocultural determination; subjective assessment

## Women, gender and mental health - Part IV

### EPP1284

#### Gender differences compliance in the patients with schizophrenia

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**Introduction:** The study of gender differences in compliance can be used to optimize for the mentally ill, improve its quality and effectiveness

**Objectives:** The aim is to identify the gender differences compliance of patients with schizophrenia and the factors that influence it.

**Methods:** Psychometric (scales ISP, DAI, URICA, SAS-SR), statistical. The study includes 106 patients (63 women, 44 men) with ICD-10 diagnoses of schizophrenia and 106 family members. Regression factor models were based on more than 50 studied factors.

**Results:** The developed regression models (model reliability coefficient for female patients  $R^2 = 0.504$ ; for male patients  $R^2 = 0.607$ ) allowed to establish science that improve or worsen the compliance of patients and their families. In female patients, high motivation for treatment, satisfaction with the quality, and a positive attitude of family members to the patient's to drug treatment of had a positive impact on compliance. Compliance is reduced by conflict in the family, lack of support from relatives, unformed alliance with the doctor. The factors that increase compliance for male patients were the availability of work and income, older age, reliable relations with a doctor. The negative compliance of relatives to the medication intake and family dissatisfaction with medical care had a negative impact on compliance in men.

**Conclusions:** The identified gender factors will make it possible to predict patient compliance, as well as to identify the measures to improve the quality of medical and rehabilitation care, including work with the patient's family, medical staff.

**Conflict of interest:** No

**Keywords:** schizophrenia; Model; Gender; compliance

### EPP1285

#### Bridging the gender divide in mental health services: who are we leaving behind?

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**Introduction:** Understanding of mental well-being have changed significantly within the last two decades thanks to the joint effort of diverse agencies developing programs feasible for all levels with a strong focus on the positive dimension of mental health, and de-stigmatization of the mental healthcare users and available services across different regions and age groups. Unfortunately, mental health resources are not allocated equitably worldwide, and discussions regarding distribution patterns are taking place consequently without meaningful input from various key stakeholders. A comprehensive understanding of gender, gender expression, and sexual diversity is key to advancing human rights including health. Are we observing some social groups being left out from the mental health services due to controversy?

**Objectives:** This poster looks with a strong gender lens at the challenges that different groups face when accessing mental health services, the impact on general health outcomes, and possible areas of investments that pave the way for closing the gap towards ensuring their well-being.

**Methods:** Through assessment of available publications, programs and initiatives, this poster explores how to optimise efforts and novel strategies supporting the inclusion of comprehensive understanding of gender, gender expression, and sexual diversity within the larger mental health agenda.

**Results:** The data published so far supports the existence of gender-related specific risk factors as well as gender bias in regards to offered therapy and assessment, however most of the studies presents binary understanding of gender and, consequently, making some of the groups automatically unreached and underserved.

**Conclusions:** Shifting imbalances is an essential component for leaving no one behind.

**Conflict of interest:** No

**Keywords:** non-binary; global mental health; Gender; Bias

### EPP1287

#### Is parenting a protective factor in suicidal attempts?

V. Valdez

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**Introduction:** Sexual violence is a relevant issue in Public Health. The INEC Ecuador showed 6 out of 10 women have experienced gender violence, 1 out of 4 have suffered sexual violence. Women who have experienced sexual assault in childhood or adulthood are more likely to attempt or commit suicide than other women. Parenting may be a protective factor against suicide attempts or suicide.

**Objectives:** The aim of this study is to explore whether parenting is a protective factor against suicide attempts in women who have sexual violence background or not.