Results: Structural equation modeling shows that SWB-P is related directly to gender (less well-being in women), dispositional optimism, adaptive coping and destructive coping (negatively). The negative effect of defensive optimism was mediated only by destructive coping (p<0.001), the effects of constructive optimism on well-being was mediated by adaptive and destructive coping (both p<0.01) ($\chi 2$ (4)= 8.97; p = 0.06; CFI = 0.996; TLI = 0.978; RMSEA = 0.030; PCLOSE = 0.886).

Conclusions: Dispositional optimism together with situation-specific defensive and constructive types of optimism and coping are essential for explaining well-being during Covid-19 lockdown.

Keywords: destructive coping; well-being; COVID-19 pandemic; Defensive optimism

EPP1464

Spousal abuse and its determinants

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Introduction: Spousal abuse (SA)against women, by its frequency and its consequences on the health of the victims, is a public health issue. For this reason, the role of the physician is essential not only in the care of victims but also in the study of the determinants of(SA).

Objectives: To study the profile of women who have experienced(SA), their spouses and to evaluate the factors associated with spousal violence.

Methods: Analytical and descriptive cross-sectional study conducted among married patients who consulted the National Health Fund of Sfax(CNSS) during the months of October and November 2019.The sociodemographic and clinical characteristics of the victims and their spouses were collected using a pre-established form.

Results: 57.3% of the population was affected by(SA). The mean age of female victims was 48.35 years(SD=9.82). 66.7% of women had a primary school level and 69% had a median socioeconomic level. The majority (60.3%) were housewives.78.18% had a somatic history. The average age of spouses was 53.82 (SD=10.87).73% had an elementary school education and 49% were workers.The spouse's somatic history was found in 63.5% and psychiatric history in 11.11%. 39.68% of spouses had addictive behaviours. Factors correlated with (SA) were: low education levels of the wife (p=0.016) and husband (p=0.0057), history of childhood abuse of the victim (p<0.0001), addictive behaviours of the husband (p=0.008).

Conclusions: It seems that the evaluation of the characteristics of women victims of (SA) and their spouses, as well as the identification of factors associated with (SA), are essential in order to cope with this scourge and avoid its repercussions.

Keyword: spousal abuse-victims-determinants-profile

EPP1465

Perinatal grief caracteristics

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Introduction: Perinatal grief is the reaction to the death of a loved one in the perinatal period (according to the WHO, it ranges from 22 weeks of gestation to the 1st week of postnatal life). Despite the fact that perinatal grief presents a set of distinctive characteristics, it is not recognized as a differentiated entity in the main diagnostic manuals (DSM-5 and ICD-11). There are a number of characteristics that make perinatal grief a different grief reaction. Characteristics that make perinatal grief a different grief reaction:
General characteristics: Proximity between the beginning and the end of life, the lack of religious rituals that legitimize the loss. Physiopathological characteristics; The gestational hormone increase act in the brain favoring emotional bonding with the child and facilitating care, sustained modifications in the gabaergic, endorphinic and nitrinergic synapses in the mothers' brains. Increased physical activity of the fetus during the third trimester increases the mother's basal metabolism and changes her emotional reaction. Clinical characteristics; feelings of guilt, loneliness and detachment, irritability, dissociative symptoms, concern dead son and angry reactions.

Objectives: Search for the specific characteristics of perinatal grief and the importance of its therapeutic approach.

Methods: Literature review using pubmed database and scientific dissemination articles.

Results: Between 10 and 50% of mothers who suffer perinatal grief develop depression disorder, 50% have anxiety disorders that usually reappear with the possibility of a new pregnancy, and between 5 and 25% are diagnosed with post-traumatic stress disorder.

Conclusions: Perinatal grief has characteristics that differentiate it from other grief reactions; mental health professionals must attend to and understand these specificities in order to attend it.

Keywords: Grief; perinatal; pregnance

EPP1467

Voluntary interruption of psychotic pregnancy: Use of antipsychotic drugs in a bioethical case.

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Introduction: Decisions about use and safety of antipsychotic drugs during pregnancy it's been a controversial issue in psychiatric practice because of the difficult finding the good choice, ethically and medically.

Objectives: To provide an example of a real case to shed light about the psychopharmacological and ethical management of the situation helping a psychotic patient to make a voluntary decision.

Methods: Expose a clinical case of a patient in a psychiatric institution for several psychotic symptoms who we discover she's pregnant during her hospitalization and treatment process. She is a 36 years old single woman who shows disorganized maniac psychotic behavior including disinhibition, promiscuity, persecutory and symbolic delusional ideas, self-surrender and insomnia. She's admitted against her will in a University Hospital, being transferred to a Psychiatric Hospital with risperidone (2mg/24h) and clonazepam 2mg (2mg/24h). She had a positive pregnant test. Receiving the patient, we made an updated bibliographical review about use of antipsychotic during pregnancy, consult with the patient's family and hospital legal advice's service and coordinate with Gynecology's service. The patient was ambivalent about the decision conditioned by her symptoms.

Results: We decide to optimize drugs to olanzapine (until 30mg/24h) during the first week not using mood stabilizers because of malformations risk, with a great amelioration of symptoms, experiencing a back to reality with a coherent speech and eutimia, deciding a voluntary interruption of pregnancy.

Conclusions: Psychosis in pregnancy can be a bioethical challenge wich must be management according to science (practice clinical guidelines point olanzapine as a choice to be considered) and woman's will.

Keywords: psychosis; bioethica; antipsychotic; pregnancy

EPP1468

Black and south asian women's pathways to accessing community and inpatient perinatal mental health services: An analysis of local service data from the paam study

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Introduction: Women from ethnic minorities who experience mental health problems during the perinatal period are disproportionately represented in involuntary care. They have poorer access to community care but have higher engagement with services once accessed. Their pathways to accessing perinatal mental health care remain underexplored.

Objectives: To investigate the pathways to perinatal mental health services for women across different ethnic groups, including number of caregivers encountered and time elapsed between referrals.

Methods: Analysis of patient records and routine service data from community and inpatient perinatal mental health services in the United Kingdom. Use of an adaptation of the WHO's pathway encounter form.

Results: Women from ethnic minority groups experience increased levels of complexity on their journey to accessing perinatal mental health care. We will present a detailed analysis of patient and service characteristics.

Conclusions: Referral pathways to perinatal mental health services need to be optimised for women from underrepresented groups.

Keywords: Ethnicity; perinatal; Access; Pathways

EPP1470

Female sexual dysfunction after breast cancer surgery prediction with AI

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Introduction: Female sexual dysfunction (FSD) can be overlooked. Different types of breast cancer surgery could have a different impact on the sexuality of women. Artificial intelligence (AI) could help to determine the relation between those conditions.

Objectives: To investigate whether AI could predict FSD relying primarily on the time elapsed after treatment and the type of breast cancer surgery.

Methods: Data of age, time elapsed after treatment and type of surgery (breast-conserving therapy and mastectomy) were employed to predict FSD status in 128 subjects using an AI. Women with and without steady relations were included in the analysis. FSD prevalence was 27.3%. The AI was conservatively tuned to maximize the positive likelihood ratio considering predicted and real FSD statuses. The free and open source programming language R was used for all the analyses. Dataset source: Nowosielski, Krzysztof; Krzystanek, Marek; Kowalczyk, Robert; Streb, Joanna; Kucharz, Jakub; Głogowska, Iwona; Lew-Starowicz, Zbigniew; Cedrych, Ida (2018), "Data for: Factors affecting sexual function and body image of early stage breast cancer survivors in Poland: A short-term observation.", Mendeley Data, V1, doi: 10.17632/948n98trm6.1

Results: Predictions obtained a positive likelihood ratio of 5.314. The results were indicative of fair performance.

Conclusions: AI might be useful to predict FSD in women who undergo breast cancer surgery. Furthermore, the results of this study might indicate a moderate effect of age, time after treatment and type of surgery on the probability of FSD occurrence. Finally, the AI used in this study is freely available, allowing anyone to experiment.

Keywords: Artificial Intelligence; cancer; breast; surgery

EPP1471

Gender differences and defensive coping behavior in patients with inflammatory bowel disorders

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