

Objectives: This study aims to evaluate the effectiveness of Mom Supports Mom, a remote peer support intervention, in improving the mental health of postpartum women.

Methods: A randomized controlled trial with 488 Czech postpartum women with depressive symptoms (Edinburgh Postnatal Depression Scale, EPDS score ≥ 10 shortly after giving birth) assessed the impact of Mom Supports Mom on depressive and anxiety symptoms (EPDS and Perinatal Anxiety Screening Scale, PASS) and health-related quality of life (Assessment of Quality of Life, AQoL-8D) at 6 weeks postpartum. The Mini-International Neuropsychiatric Interview 5 (MINI) was used to assess psychiatric diagnoses.

Results: The intervention significantly reduced depressive (Cohen's $d = 0.30$; $p = 0.003$) and anxiety symptoms (Cohen's $d = 0.29$; $p = 0.003$) and improved health-related quality of life (Cohen's $d = 0.27$; $p = 0.008$) at 6 weeks postpartum. No significant difference was observed in psychiatric diagnoses between the intervention and the control group.

Conclusions: Mom Supports Mom intervention reduces postpartum depressive and anxiety symptoms and enhances health-related quality of life. These findings support the integration of peer support into perinatal mental health care, addressing barriers that women face in seeking help.

Disclosure of Interest: None Declared

EPP0410

Psychological and Pharmacological Interventions to Reduce Alcohol Use Disorder (AUD) in the inpatient units. A General Review.

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Introduction: According to the World Health Organization, around 2 billion people worldwide are estimated to drink. Alcohol intake results in 25% of the 3.8% of worldwide fatalities and 4.6% of global disability-adjusted life years that may be attributed to alcohol

Objectives: This review seeks to synthesize data on psychological and pharmacological treatments for Alcohol Use Disorder (AUD) available in the inpatient setting.

Methods: A comprehensive and narrative review of studies and research on psychological and pharmacological interventions for patients with alcohol use disorders in inpatient treatment units was performed. Data was extracted from electronic bibliographic databases, including Medline, EMBASE, PsycINFO, Global Health, HealthSTAR, and Cumulative Index for Nursing and Allied Health Literature (CINAHL) via EBSCOhost. This review included both qualitative and quantitative studies

Results: Overall, after an initial title, abstract screening, and subsequent full-text screening, seven out of 1245 extracted studies met the eligibility criteria and were included in the review. This review

suggests that a combination of pharmacological interventions such as naltrexone, nalmefene, acamprosate and brief psychological interventions were effective in treating AUD.

Conclusions: This review suggests that pharmacological and psychological approaches, when used together, are efficacious in treating AUD. There is a need to adopt both pharmacological and psychological interventions in the treatment of AUD.

Disclosure of Interest: None Declared

EPP0411

Effects of a transition care program on depression, self-efficacy, and self-care behaviors in heart failure patients

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Introduction: Heart failure is a progressive and unpredictable heart disease. How to work with these patients to decrease their psychological distress and promote their self-care behaviors is important. Transition care is the continuity of medical care for heart failure patients returning home from the hospital. Intervention through transition care may improve the continuity of medical care for patients with heart failure but it has not been examined in clinical settings in Taiwan.

Objectives: The aims of this study were to explore the effects of a newly developed transition care program on depression, self-efficacy, and self-care behavior of heart failure patients.

Methods: Using an experimental research design and block randomization, participants were divided into the experimental group (received transition care and routine care) and the control group (received routine care only). The Patient Health Questionnaire-9 (PHQ-9), the General Self-Efficacy Scale (GSES), and the Self-Care of Heart Failure Index (SCHFI version 6.2) were used to collect data before discharge and the first month after discharge.

Results: A total of 20 patients with heart failure were recruited. No significant differences were found between the experimental ($n=10$) and control groups ($n=10$) in the degree of depression ($Z=-.077$, $p=.938$), self-efficacy ($Z=-1.214$, $p=.225$), and three self-care behaviors subscales (self-care maintenance $Z=-1.214$, $p=.225$; self-care management $Z=-.401$, $p=.689$; self-care confidence $Z=-.436$, $p=.663$) at discharge. After the one-month posttest, only self-efficacy ($Z=-2.545$, $p=.011$) and three self-care behaviors subscales (self-care maintenance $Z=-3.097$, $p=.002$; self-care management $Z=-2.595$, $p=.009$; self-care confidence $Z=-3.671$, $p<.001$) reached a statistical difference between the two groups.

Conclusions: Based on the preliminary results, heart failure patients can improve their self-care behavior and self-efficacy but not depression through transitional care intervention.

Disclosure of Interest: None Declared