

## Prevalence and Risk Factors of Postpartum Depression in a Tertiary Care Centre, Puducherry

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**Aims.** Postpartum depression (PPD) is the experience of depressed mood that begins anytime within the first four weeks after delivery. When left untreated, it can affect the infant's emotional and cognitive development and mother's health and family. South Indian studies on this topic are sparse. This study aimed at identifying the prevalence and risk factors of PPD in a tertiary care centre in Puducherry.

**Methods.** This was a prospective cohort study which included 140 antenatal women between 34 and 36 weeks' period of gestation, and followed up at 6 weeks postpartum. Tools used in the study were semi-structured questionnaire to collect the sociodemographic details, Postpartum Depression Predictive Inventory – Revised version and Edinburgh Postnatal Depression Scale.

**Results.** 10% were found to have antepartum depression and at the postpartum visit, 18.6% were found to have depression. The risk factors identified were inadequate spousal support, unsatisfactory marital relationship, poor relationship with in-laws, prenatal anxiety and depression, low self esteem, maternity blues, child care stress, infant temperament, health problems and frequent hospital visits. Among these, presence of maternity blues (OR = 30.370) and infant health problems (OR = 14.742) had the highest risk.

**Conclusion.** Majority of the women with PPD reported depressive symptoms in the third trimester itself, hence antenatal and postnatal women should be routinely screened for depression and managed promptly. Failing to attach significance to prolonged maternity blues and frequent infant health problems has been found to increase the risk for developing PPD significantly.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Health Care Professionals' Perspectives of Early Intervention in Psychosis Services: A Qualitative Study

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**Aims.** An Early Intervention in Psychosis (EIP) service offers treatment in the community to people with a first episode of psychosis. EIP is meant to be given for three years; after this time, those who are well are discharged to their GP, while those with ongoing symptoms and care needs are transferred to a general community mental health team. People can become unwell at this time of change and might benefit from longer treatment with EIP. We also know that some people who are well could possibly have been discharged back to their GP earlier. The EXTEND programme aims to develop a more tailored approach to EIP services

based on the needs of each individual and understand the health, social, and cost-benefits of this approach.

**Methods.** This qualitative study sits within a larger programme of work. Ethics and HRA approvals gained. Semi-structured interviews were conducted with health care professionals from primary and specialist care, managers and commissioners, to understand why and how decisions about duration of EIP care are made. Interviews have been transcribed and thematic analysis using principles of constant comparison is being conducted. Patient and public involvement is key to all stages of the study.

**Results.** Five interviews with General Practitioners and twelve interviews with EIP healthcare professionals, managers and commissioners have been conducted. Initial analysis suggests that access to EIP services can be challenging. Initial engagement is needed before therapy can begin. Decisions about duration of care can depend upon availability of access to Community Mental Health teams. Discharge planning rarely involves communication between primary and specialist care, and this can be a difficult transition, particularly when discharge is back to primary care. The pathway back into mental health care following discharge can be difficult. Trusting relationships between service users and EIP professionals are key to the success of EIP care. Healthcare professionals would value - and in some cases are given - flexibility to extend EIP care beyond 3 years.

We have developed a model to illustrate the patient journey through the EIP service which will be presented for the first time at the conference.

**Conclusion.** This research provides a framework to understand decision-making around duration of care, discharge planning and practices, and post-discharge support for EIP service users. The next phase of the study will be interviews with service users and carers to explore their experiences of EIP services, duration of care and discharge planning.

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## Comparative Effects of Antipsychotics on Metabolic and Endocrine Function in Children and Young People With Schizophrenia: A Systematic Review and Network Meta-Analysis

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**Aims.** Antipsychotic treatment is associated with metabolic disturbance, with clear differences observed between drugs in the adult population. However, the degree to which metabolic alterations occur with different antipsychotics in children and adolescents is unclear. As such, we aimed to compare and rank antipsychotics based on their metabolic and endocrine side-effects when used in the treatment of schizophrenia in this age population.

**Methods.** We searched MEDLINE, EMBASE, and PsycINFO from inception until October 30, 2022. We included double blinded, randomised controlled trials comparing 12 antipsychotics and placebo in acute treatment of schizophrenia in individuals aged <18 years. We performed random-effects network meta-analyses to investigate treatment-induced changes in body weight, BMI, total cholesterol, LDL cholesterol, HDL cholesterol,