

programs to mitigate the negative effects of women's empowerment and improve resilience.

Disclosure of Interest: None Declared

EPV1127

Dominant depressive, anxious and cyclothymic affective temperaments lower the chance of infertility treatment success

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doi: 10.1192/j.eurpsy.2024.1690

Introduction: Affective temperaments can play a significant role in the development, progression and outcome of various somatic diseases, as well as in the effectiveness of their treatment. Although infertility is influenced by both physical and psychological factors, the relationship between affective temperaments and infertility treatment success remains unexplored.

Objectives: The aim of this retrospective cohort study was to assess how dominant affective temperaments influence the outcome of infertility treatments.

Methods: Data was collected from a cohort of infertile women who underwent infertility treatment at an Assisted Reproduction Center in Budapest, Hungary. The study recorded treatment success defined as clinical pregnancy, detailed medical history, demographic parameters, and administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A). TEMPS-A scores then were classified into nondominant and dominant temperaments for each scale, based on their score being above or below the mean+2 standard deviation for the given temperament. The predictive value of dominant temperaments on assisted reproduction outcomes were analyzed by multivariate logistic regression models, using age, BMI and previous miscarriage as covariates.

Results: In the cohort of 578 women who underwent infertility treatment, besides age, BMI, and previous miscarriage, dominant depressive, anxious and cyclothymic temperament decreased the odds of achieving clinical pregnancy by 85% ($p=0.01$), 64% ($p=0.03$), and 60% ($p=0.050$), respectively).

Conclusions: The findings of this study suggest that dominant affective temperaments have a significant impact on the outcomes of infertility treatments. As a clinical consequence, screening for affective temperaments, Identifying dominant affective temperaments, stratifying high-risk patient groups, and offering personalized treatment options may enhance the likelihood of successful pregnancy and live birth for women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

EPV1128

Maternal mental health and trajectories of Preterm Behavioural Phenotype in infants born after a threatened preterm labour

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doi: 10.1192/j.eurpsy.2024.1691

Introduction: Infants born preterm usually show a Preterm Behavioural Phenotype, which includes mixed symptomatology characterized by lack of attention, anxiety and social difficulties, with a 3-4 times greater risk of disorders in further childhood. Critically, this behavioural pattern is also observed in infants born after a threatened preterm labour (TPL), regardless of the presence of prematurity. It is known that the course of this Preterm Behavioural Phenotype shows high variability. Nevertheless, the predictors of this Preterm Behavioural Phenotype prognosis remain unknown.

Objectives: This study aimed to explore the predictors of change of Preterm Behavioural Phenotype symptomatology during preschool ages in order to improve prognosis.

Methods: In this prospective cohort study, 117 mother-child pairs who experienced TPL were recruited. Preterm Behavioural Phenotype symptoms were assessed at age 2 and 6 using Child Behaviour Checklist. Gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress were included as predictors in a regression model.

Results: Whereas increased internalizing problems were associated with a previous trauma history ($p = .003$), increased externalizing symptoms were linked to prenatal and postnatal maternal anxiety ($p = .004$ and $p = .018$, respectively).

Conclusions: Identifying modifiable risk factors, such as the history of maternal traumas and anxiety at TPL diagnosis and postpartum is recommendable to enhance better prognosis of Preterm Behavioural Phenotype in the offspring.

Disclosure of Interest: None Declared

EPV1129

The impact of maternal psychopathology on psychomotor development trajectories in infants born after a threatened preterm labour from 6 to 30 months of age

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doi: 10.1192/j.eurpsy.2024.1692

Introduction: Threatened preterm labor (TPL) represents an adverse prenatal event that can impact maternal mental health in the long term. Additionally, this prenatal event can disrupt fetal neurodevelopment, primarily during the third trimester of pregnancy when neuronal connections in the fetus are established. Indeed, infants born following TPL exhibit delayed communication and socio-individual skills at 6 months of age, regardless of prematurity. Furthermore, maternal mental health during the postpartum period can also influence the offspring's psychomotor development.

Objectives: The aim of this study is to examine the impact of maternal psychopathology on psychomotor development trajectories in infants born after a TPL from 6 to 30 months of age.

Methods: This prospective cohort study recruited 117 mother-child pairs who suffered from a TPL. Psychomotor assessment was performed at 6 and 30 months of age using the communication and socio-individual subscales of Ages & Stages Questionnaires for psychomotor development. A regression model was carried out, including gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress as predictors.

Results: Increased communication delays were associated with higher maternal anxiety levels ($p < 0.001$), elevated maternal depression scores ($p = .0003$), and increased cortisol levels ($p = .004$) during postpartum. Similarly, elevated cortisol levels after 6 months postpartum were predictive of increased Personal-Social delays ($p = .0018$).

Conclusions: Maternal postpartum psychopathology was the main determinant of the course of psychomotor developmental disturbances. Therefore, infants born after TPL, whose mothers display postpartum psychopathology, should be identified and considered for psychological treatment to improve psychomotor delays in infants.

Disclosure of Interest: None Declared

EPV1130

Is relevant postpartum maternal psychopathology on the prognosis of psychomotor development in infants born after a threatened preterm labour across preschool ages?

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doi: 10.1192/j.eurpsy.2024.1693

Introduction: Threatened preterm labour (TPL) is associated with long-lasting neurodevelopmental challenges, independent of prematurity. For instance, it is known that infants born a TPL show delayed communication and socio-individual skills, regardless of the gestational age at birth. Furthermore, TPL constitutes an adverse prenatal event that can induce maternal anxiety or depression, even during postpartum period, which can produce a

deleterious effect of the prognosis of infant's psychomotor development.

Objectives: This study aimed to explore the influence of maternal psychopathology as well as other peripartum variables on the course of psychomotor development in children born after a TPL between the ages of 2 and 6.

Methods: In this prospective cohort study, 117 mother-child pairs who experienced TPL were recruited. Psychomotor development was assessed using the Ages & Stages Questionnaires-Third edition at age 2 and 6. A regression model was carried out, including gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress as predictors.

Results: Low gestational week at birth emerged as the most relevant factor in the course of increased communication delay ($p < 0.001$). However, parental psychopathology during prenatal or postnatal stages was not a relevant factor in the prognosis of Communication skills or Socio-Individual development.

Conclusions: Gestation age at birth rather than parental psychopathology during peripartum period was the most relevant predictor of the course of psychomotor development between 2 to 6 years of age. Further studies should examine other potential modifiable predictors to moderate the impact of gestational age on psychomotor development.

Disclosure of Interest: None Declared

EPV1131

Sex perspective on mandatory admission in acute psychotic patients

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doi: 10.1192/j.eurpsy.2024.1694

Introduction: Psychotic disorders are strongly linked to a higher risk of mandatory hospitalization, often affecting men more, though some studies report the opposite. Recent investigations also show a higher rate of involuntary admissions in younger individuals. Knowledge in this area is still limited despite extensive research.

Objectives: Analyze whether there is an association between sex and age with involuntary admissions of individuals with psychotic disorders.

Methods: Retrospectively, 254 people with psychotic disorders admitted between 2018-2023 to the adult psychiatric inpatient unit at Hospital Universitari Germans Trias i Pujol were selected, collecting their nature of admission, sex, age, and discharge diagnosis. Comparisons between voluntary and involuntary admissions, with respect to sex and age variables, were conducted using independent sample t-tests, Mann-Whitney U tests, Fisher's exact test, and chi-square tests. A logistic regression model was used to identify variables significantly associated with mandatory admission.

Results: In both the male and female groups, there were no statistically significant differences in terms of the mean age at admission