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**Introduction:** Inflammatory bowel disorders (IBD) are chronic diseases with severe course. In this regard, research aimed at identifying adaptive behavior styles potentially significant for individual resilience to disease-related stress is of particular importance

**Objectives:** The study population included 45 patients with the inflammatory bowel disorders: 19 male, 26 female (mean age 36,0±4,8), whose clinical and experimental psychological characteristics were studied.

**Methods:** The following methods were used: 'Life Style Index' by R. Plutchik, H. Kellerman, 'Ways of Coping' by R. Lazarus, S. Folkman.

**Results:** The experimental psychological study revealed interdependence of psychological defense mechanisms and coping behaviors. Thus, in female patients, such psychological defense mechanisms as 'denial  $r=-0,51$ ' and 'compensation  $r=-0,43$ ' showed negative correlation with 'planning problem-solving' coping strategy and positive correlation with such coping strategies, as 'escape - avoidance  $r=0,38$ ' and 'confrontation  $r=0,32$ '  $p<0,05$ ; in male patients, such psychological defense mechanisms as 'regression  $r=-0,41$ ;' and 'displacement  $r=-0,30$ ' demonstrated negative correlation with 'planning problem-solving' and 'exercising self-control', but positive correlation with such coping strategies, as 'escape - avoidance  $r=0,34$ ', 'confrontation  $r=0,40$ ;',  $p<0,05$ . Maladaptive attitude towards disease correlated with avoidance reactions in both male and female patients, which is indicated by the central rank position in disease coping structure of 'confrontation' coping strategy  $M=69,3\pm0,1$ , along with insufficient utilization of 'planning problem-solving' coping strategy  $M=39,3\pm0,1$ ,  $p<0,001$ .

**Conclusions:** The identified manifestations of psychological maladaptation in both male and female inflammatory bowel disorder patients are moderately pronounced, but require psychotherapeutic correction

**Keywords:** gender; psychological defense mechanisms; coping behaviors; maladaptation

## EPP1472

### Mental disorders during pregnancy and postpartum period

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**Introduction:** Mental disorders of pregnancy or postpartum correspond to all the psychopathological states linked to the period of

the pregnancy-puerperium. They are the subject of prevention and screening and are currently a public health priority

**Objectives:** Describe the socio-demographic characteristics of the patients who presented mental disorders during pregnancy and/or postpartum. Identify the various risk factors predisposing to these disorders

**Methods:** We carried out a retrospective descriptive analytical study including patients who presented mental disorders during their pregnancy or postpartum and who were hospitalized during the period from January to October 2020. We collected 20 patients.

**Results:** The average age was 39.84 years. Mental disorders were present in 73.7% during the postpartum period. The patients had a personality disorder in 47.7%. They were smokers in 57% of cases. Pregnancy was desired in 73.7% with regular follow-up in 84.2%. Pregnancy was complicated by toxemia in 22% of cases and gestational diabetes in 27% of cases. Delivery was by caesarean section in 68.4% with primiparity in 50%. According to the DSM5, the psychic disorder most often found during pregnancy was the characterized depressive disorder 43%, and during the postpartum we found the brief psychotic episode 42.1%. The treatment was in half of the cases association between antidepressants and antipsychotics. Mental disorders were significantly correlated with the presence of stressful life events during pregnancy ( $p=0.02$ )

**Conclusions:** Mental disorders during pregnancy and postpartum are frequent and important to detect. Early diagnosis and adequate care are the two essential elements that should allow these women to fully experience their motherhood

**Keywords:** pregnancy; Postpartum; Mental disorders

## EPP1473

### Murder she said – a review on mental health issues in intimate relationship violence

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**Introduction:** Violence in intimate relationships is a prevalent worldwide health problem and it is underreported, underrecognized and underaddressed by health care professionals. This problem affects women more commonly than men and occurs in heterosexual and same-sex relationships. Violence can include physical, emotional, sexual and financial abuse, as well as control over contraception or pregnancy and medical care and it tends to be repetitive, with an escalation in frequency and severity over time. Abused patients exhibit chronic physical and emotional symptoms and injuries resulting from physical and sexual violence.

**Objectives:** We conducted a review on violence in intimate relationships and the impact on mental health of the victims.

**Methods:** Comprehensive search of literature in the medical databases MEDLINE, PsycINFO, SciELO using the keywords: women, violence, intimate relationship violence, mental health, self injury.