

psychoses). Usually, menstrual psychosis has a polymorphism of both psychotic and affective symptoms (Brockington I. Menstrual psychosis. *World Psychiatry*. 2005;4(1):9-17.). In this article we present a case of menstrual psychosis with premenstrual onset.

Objectives: A 26 years old, nulliparous single female with one mentally ill relative on her mother's side (her grandmother) presented with an episodic illness characterized by mood swings, irrelevant speech, irritability, suspiciousness and thought disorder related to her menstrual cycles. She had earlier suffered prolonged attacks of mania, developed a recurrent episodic illness which returned every month for five years. Her menses began at 15. She presented with the history of a few episodes of manic illness starting five days before and ending suddenly with the onset of the menses.

Methods: On mental status evaluation during the index episode, the patient was agitated, had labile affect, grandiose and referential delusions and erotomania. A detailed physical examination, routine biochemistry, and gonadal hormonal assay were unremarkable.

Results: She was started on olanzapine 10 mg/day, lithium 1200 mg/day and low-dose clonazepam. Although the severity of the psychotic and affective symptoms gradually reduced during the future menstrual cycles, they did not completely resolve.

Conclusions: The pathophysiology of menstrual psychosis is not exactly understood, but it has been postulated that fluctuation of the sex hormones occurring during the menstrual cycle is responsible. Previous studies have reported the association of psychosis with estrogen withdrawal (Mahé V, Dumaine A. Oestrogen withdrawal associated psychoses. *Acta Psychiatr Scand*. 2001;104(5):323-331.). Treatment strategies for menstrual psychosis include the use of oral contraceptive pills for the regulation of hormones during the menstrual cycle, in our case patient did not want to use oral contraceptive pills.

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EPV0955

From childhood trauma to psychosis: Investigating the attachment link

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Introduction: Childhood trauma encompasses instances of sexual, physical, and emotional abuse, along with neglect experienced during childhood and adolescence. Individuals with psychosis, particularly those with schizophrenia, exhibit a heightened prevalence of childhood trauma. One potential mediator in understanding this connection is insecure attachment.

Objectives: This study aimed to better understand how childhood trauma relates to schizophrenia by examining two aspects of attachment: attachment anxiety and attachment avoidance.

Methods: We conducted a descriptive and analytical cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the 'B' psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 26-item Revised Psychosis Attachment

Measure (PAM_R) questionnaire, translated into Arabic, to assess attachment. Additionally, participants completed the 28-item Childhood Trauma Questionnaire (CTQ). We used both the Wilcoxon test for paired samples and the Spearman correlation test to assess the statistical differences and correlations.

Results: We included 41 female patients, of which 65.9% had schizophrenia and 34.2% had schizoaffective disorder. The average age of the participants was 49.19 years. Among the attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Regarding childhood trauma, the average total score on the Childhood Trauma Questionnaire (CTQ) was 56.34. Specifically, 39% of patients reported experiencing physical abuse, 24.4% reported sexual abuse, 14.6% reported emotional abuse, and 4.9% reported physical neglect. The Spearman correlation analysis between avoidant attachment and scores on the Childhood Trauma Questionnaire (CTQ) yielded a diverse set of findings. It indicated a significant positive correlation with physical abuse ($\rho = 0.004$, $p < 0.001$), a significant negative correlation with emotional abuse ($\rho = -0.045$, $p < 0.001$), a significant positive correlation with sexual abuse ($\rho = 0.036$, $p < 0.001$), a significant negative correlation with physical neglect ($\rho = -0.083$, $p < 0.001$), a significant negative correlation with emotional neglect ($\rho = -0.047$, $p < 0.001$), and a significant positive correlation with denial ($\rho = 0.080$, $p < 0.001$). On the other hand, the Spearman correlation analysis between anxious attachment and scores on the CTQ showed varying correlations: a significant positive correlation with physical abuse ($\rho = 0.094$, $p < 0.001$) and sexual abuse ($\rho < 0.0001$, $p = 0.05$).

Conclusions: Our findings indicate that individuals with an insecure attachment style and a history of childhood trauma should be considered a high-risk group, necessitating early clinical intervention, continuous monitoring, and personalized therapeutic approaches designed to alleviate the psychological effects of trauma.

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Attachment styles in Tunisian women with schizophrenia

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Introduction: Attachment refers to the emotional bond between a child and their primary caregiver, reflecting the child's confidence in the caregiver's capacity to offer security. Evaluating attachment styles in individuals with schizophrenia spectrum disorders holds significance in pinpointing a potential factor affecting therapeutic relationships. This, in turn, indirectly aids in comprehending the emergence of low adherence as a significant barrier to schizophrenia

Objectives: The goal of this study is to assess attachment styles in women with schizophrenia spectrum disorders.