

EPP0233

Effectiveness of “Mom Supports Mom” Peer Support Intervention in Reducing Prenatal Anxiety and Psychosocial Stress Levels

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Introduction: The prenatal period poses a risk of both onset and relapse of mental health difficulties. Anxiety and depressive symptoms are the most common, with a prevalence of 10-20%. Untreated mental health difficulties can have serious consequences for the child’s development, the quality of the mother-child relationship, and the whole family system. Peer support can be an effective form of care for women at risk.

Objectives: The aim of the study is to examine the effectiveness of remote “Mom Supports Mom” peer support intervention in reducing prenatal anxiety, depression and psychosocial stress levels.

Methods: A randomized controlled trial was conducted. The Edinburgh Postnatal Depression scale (EPDS) was used to assess the risk of mental health difficulties in pregnant women. Women with EPDS score ≥ 10 were randomized 1:1 to control and intervention groups. The intervention group received the “Mom Supports Mom” peer support intervention. The control group received care as usual. Between group-differences in anxiety, depression and psychosocial stress levels were measured one month after the enrollment/the start of the intervention. The Perinatal Anxiety Screening Scale (PASS), the Edinburgh Postnatal Depression Scale (EPDS), and the Prenatal Psychosocial Profile (PPP) were used to assess the mental health difficulties.

Results: The study involved a total of 67 participants in the intervention group, and 77 participants in the control group. Levels of anxiety ($U = 2016$, $P < 0.05$) and psychosocial stress ($U = 1862$, $P = 0.001$) were significantly decreased in the intervention group, showing a medium effect size of the intervention (Cliff’s delta = -0.218 and -0.317, respectively). There was no significant difference in depression levels ($U = 2288.5$, $P = 0.243$; Cliff’s delta = -0.113); see Table 1.

Table 1 Between group differences in study outcomes (n=144)

Measuring instruments	Intervention group (n=67)		Control group (n=77)		U value / t value		p-value
	Median (IQR)	95% Confidence Interval	Median (IQR)	95% Confidence Interval			
EPDS (pre)	13 (4)	12.5 - 13.9	13 (4)	12.8 - 14.2	2429.5	0.545	
PASS (pre)	36 (17)	32.0 - 38.0	36 (15)	34.0 - 39.5	0.846	0.399	
PPP (pre)	18 (4)	17.8 - 20.3	17 (6)	16.9 - 18.8	2282.5	0.233	
EPDS (dif)	-6 (6)	-6.7 - -4.1	-5 (6)	-5.4 - -3.0	2288.5	0.243	
PASS (dif)	-7 (11)	-12.3 - -6.8	-5 (13)	-7.3 - -2.4	2016	0.024	
PPP (dif)	-2 (4)	-4.0 - -1.6	0 (4)	-1.2 - 0.5	1862	0.001	

EPDS = Edinburgh Postnatal Depression Scale
 PASS = Perinatal Anxiety Screening Scale
 PPP = Prenatal Psychosocial Profile
 pre = administered at baseline
 dif = administered post-intervention
 IQR = interquartile range

Conclusions: The remote “Mom Supports Mom” peer support intervention can be effective in reducing anxiety and psychosocial stress levels in at-risk pregnant women. Nevertheless, it didn’t show effectiveness in reducing depression levels.

Disclosure of Interest: None Declared

EPP0234

Choking as Cause of Death Among the Mentally Ill: A Literature review

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Introduction: According to data, choking is one of the principal causes of death in mental health units. Specifically, research reveals that psychiatric patients -compared to the general population- are 43 times more likely to die due to choking. Nevertheless, only a limited number of studies has been focused on the risk factors of choking among this category of patients. Interestingly, dysphagia and choking on food are underdiagnosed and underreported in the UK psychiatry departments while there is an important insufficiency of provided information in national guidance archives as well as in regional clinical settings for adults with mental health diseases.

Objectives: To explore the risk factors of choking among psychiatric patients and to highlight interventions of preventing choking-related incidents.

Methods: A review of 36 articles -from 2010 to 2023- on PubMed and Google Scholar regarding choking-related incidents among inpatients of mental health units. Articles exploring choking suicide-related incidents or choking as cause of neurological illness, were excluded from the research. Keywords: choking, psychiatric patients, death.

Results: Numerous risk factors of choking have been identified, such as:

Antipsychotics,
 Anxiolytics,
 Bradykinetic dysphagia (extra-pyramidal syndrome),
 Intellectual disabilities,
 Dementia,
 Anxiety,
 Coughing while eating,
 Fast paced eating and cramming food,
 Mealtime-related stressors such as willingness of avoiding peers.

Conclusions: There is an absolute need for a specialized training of nurses, caregivers, mental health clinicians to prevent incidents and injuries of inpatients due to choking. Close supervision, routine screening during the mealtime, and detailed information from relatives about the patient’s eating habits are essential for the safety and the ameliorated quality of hospitalization for the mentally ill.

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