Method Semi-structured interviews with eight responsible clinicians and four focus-group interviews with 20 ACT providers were recorded and transcribed. We also read case files and observed selected treatment planning meetings. The data were analyzed with a modified grounded theory approach.
Results The ACT teams provided high-intensive services over longer periods of time, which gave the teams important knowledge about the patients, reduced clinical uncertainty, and allowed for well-informed decisions about the need for coercive interventions. The treatment criterion was typically used to justify the need for CTOs. However, the danger criterion was in some cases used when patients had to be readmitted to hospital.
Conclusions According to the clinicians that were interviewed, patients' need for treatment was most often used to justify the CTOs in the Norwegian ACT teams.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster walk: Epidemiology and social psychiatry; intellectual disability

EW0149

Postpartum depression in a public hospital in Cyprus. Prevalence, risk factors

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Introduction Postpartum depression (PPD) is a serious mental health condition. Untreated PPD places the mother and infant at risk and is associated with significant long-term effects on child development and behavior.
Objectives Appropriate screening for and prompt recognition and treatment of depression after the birth of a child are essential for maternal and child well-being.
Aims The purpose of the present study was to estimate the prevalence of PPD in the first 5 days after the birth of a neonate and to investigate associations with several risk factors.
Methods A cross-sectional study was conducted among 150 mothers, in a public obstetric hospital in Nicosia, Cyprus. A questionnaire was administered including socio-demographic characteristics. The Greek version of the Edinburgh postnatal depression scale (EPDS), a 10–item questionnaire to identifying women who are at risk of PPD, was used to estimate depression among the participants.
Results According to EPDS, 42% of the mothers screened positive for risk of developing PPD. Higher risk was observed in very young mothers (<20 years) (66.6% vs 15%), in women with history of psychological disorders (86.95% vs 33.85%), in single mothers (71.69% vs 22.8%), in women with serious problems during the pregnancy (74% vs 23.95%) and in mothers with not healthy neonate (75.7% vs 32.4%).
Conclusion The study reveals a high prevalence of PPD and identifies various risk factors associated with developing PPD. The use of maternal depression screening programs such as the EPDS may help to recognize an elevated risk of postpartum depression and to ensure a healthier mother-child relationship.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0150

Antidepressant use during pregnancy and the risk of major congenital malformations in a cohort of depressed pregnant women: A re-analysis of the Quebec pregnancy cohort

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Objective To quantify the association between first-trimester antidepressant exposure and the risk of major congenital malformations (MCM) in a cohort of depressed women.
Method Data were obtained from the Quebec pregnancy cohort. All pregnancies with a diagnosis of depression or anxiety, or exposed to antidepressants in the 12 months before pregnancy, and ending with a live-born singleton were included. Antidepressant classes (selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), tricyclic antidepressants (TCA), and other antidepressants), and types were individually compared to non-exposure during the first-trimester (depressed untreated). MCM overall and organ-specific malformations in the first year of life were identified.
Result Eighteen thousand four hundred and eighty-seven depressed pregnant women were included. Citalopram use during the first-trimester was increasing the risk of MCM (aOR 1.36, 95%CI 1.08, 1.73; 88 exposed cases). Antidepressants with serotonin reuptake inhibition effect (SSRI, SNRI, amitriptyline (the most used TCA)) were increasing the risk of certain organ specific defects: paroxetine was increasing the risk of cardiac defects (aOR 1.45, 95%CI 1.12, 1.88), and ventricular/atrial septal defects (aOR 1.39, 95%CI 1.00. 1.93); citalopram was increasing the risk of musculoskeletal defects (aOR 1.92, 95%CI 1.40. 2.62), and cranyosynostosis (aOR 3.95, 95%CI 2.08, 7.52); TCA was associated with eye, ear, face and neck defects (aOR 2.45, 95%CI 1.05, 5.72), and digestive defects (aOR 2.55, 95%CI 1.40. 4.66); and venlafaxine was associated with respiratory defects (aOR 2.17, 95%CI 1.07, 4.38).
Conclusion Antidepressants with effects on serotonin reuptake during embryogenesis are increasing the risk of some organ specific malformations in a cohort of pregnant women with depression.
Disclosure of interest COI: Disclosures and acknowledgments: AB is a consultant for plaintiffs in litigations involving antidepressants and birth defects. All other authors report no financial relationships with commercial interests. All authors have completed the ICMJE uniform disclosure form.

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EW0151

Dealing with specific cognitive dysfunctions associated with psychiatric vulnerability in intellectual developmental disorders

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Introduction Despite the increasing evidence of common neurodevelopmental alterations and high simultaneous or sequential co-occurrence, the relationship between specific cognitive dys-