

Conclusions: Further studies are needed to evaluate how boredom and loneliness dimensions could be managed in order to alleviate the emergence of PIU in youths with clinically relevant depressive symptomatology.

Disclosure of Interest: None Declared

EPP1024

Is even a probable premenstrual dysphoric disorder diagnosis associated with more severe anxio-depressive symptoms and lower well-being? A preliminary cross-sectional exploratory study

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Introduction: Premenstrual dysphoric disorder (PMDD) is a newly introduced category in the 5th version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and is highly underdiagnosed worldwide, despite its strong connections to anxiodepressive symptom severity and perceived well-being.

Objectives: Firstly in Hungary, our aim was to: (a) assess whether even a probable PMDD diagnosis is associated with elevated levels of depressive and anxiety symptoms, and decreased perception of well-being on an adult women sample; (b) to evaluate whether women with a probable PMDD diagnosis report greater fluctuation of their affect during the different phases of their menstrual cycle; (c) to examine whether the elevated levels of anxiodepressive symptoms and lower well-being increase the statistical likelihood of having a probable PMDD diagnosis.

Methods: An online test battery was designed to examine probable PMDD diagnosis, severity of anxiodepressive symptoms and well-being. 393 adult women were screened for eligibility in the study (exclusion criteria involved: irregular cycle; use of hormonal contraceptives), from which 112 were included in the final analyses. DSM-5-Based Screening Tool for Women's Perceptions of Premenstrual Symptoms, Beck's Depression Inventory, Spielberger's State Anxiety Inventory, and the WHO-5 Well-Being Index were assessed.

Results: Based on the DSM-5-Based Screening Tool, the sample was divided into 1) women with probable PMDD diagnosis (PMDD group, n=67) and 2) women without probable PMDD (nonPMDD group, n=45). Menstruation cycles were sorted into menstrual, from-menstruation-to-ovulation, early luteal and late luteal phases. The PMDD group exhibited significantly higher depressive ($F(1;56,2)=19.394, p \leq 0.001$) and anxiety ($F(1;35,6)=17.714, p \leq 0.001$) symptom severity and lower scores of well-being ($F(1;44,3)=4.288, p=0.0442$) compared to the nonPMDD group regardless of which menstrual cycle they were in. Binomial logistic regression model was used to test whether higher anxiodepressive symptoms and lower scores of well-being increase the likelihood of having PMDD: the model was significant ($\chi^2(2)=27.287, p \leq 0.001$),

and it explained 29.2% of the variance in PMDD. Elevated levels of anxiety ($B=0.058, S.E.=0.022, Wald\chi^2(1)=7.142, p=0.008, OR=1.060$) and depressive ($B=0.085, S.E.=0.031, Wald\chi^2(1)=7.480, p=0.006, OR=1.089$) symptoms increased significantly the likelihood of having a probable PMDD diagnosis.

Conclusions: Women with even a probable PMDD diagnosis exhibited significantly elevated levels of anxiodepressive symptoms and lower scores of well-being regardless of which menstrual phase they were assessed in compared to women without meeting the criteria of the PMDD screening tool. These preliminary results underscore the need for prospective clinical studies of differences in affective symptoms exhibited in PMDD.

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EPP1025

The role of personality and psychopathology in people with migraines

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Introduction: Several studies have shown that the relationship between migraine and psychological factors is significant, but few have evaluated the relationship between these psychological factors and patients' social life.

Objectives: Exploring the role of personality and psychopathology in people with migraines.

Methods: The sample consisted of 180 people, more specifically 140 people from the general population and 40 people who have been diagnosed with migraine and receiving treatment for migraine, who completed the following questionnaires voluntarily and anonymously: a) Migraine Experience Questionnaire and Headache Impact Test-6 (HIT-6), b) Eysenck Personality Questionnaire, c) Symptom Checklist 90-R (SCL-90) and socio-demographic and self-reported questionnaire.

Results: Patients scored higher somatization rates (10.21 ± 8.08), phobic anxiety (3.00 ± 4.45), neuroticism (4.09 ± 1.37), than people from the general population who scored lower somatization rates (14.63 ± 3.12), Phobic anxiety (5.28 ± 1.89), Neuroticism (6.53 ± 2.12), with a statistically significant difference between them ($p = 0.001$), ($p = 0.002$), ($p = 0.000$), respectively.

Conclusions: Patients with symptoms of migraine show statistically higher rates of somatization, phobic anxiety, neuroticism and further study is considered necessary.

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