S230 e-Poster Presentation

**Introduction:** Eating disorders are characterized by a persistent disturbance in eating and/or eating-related behavior, resulting in altered food consumption or absorption, which can significantly compromise physical health as well as psychosocial functioning. These disorders are closely linked with stressful experiences which university students configure a group prone to development.

**Objectives:** The objective is to evaluate the impact of eating disorders on young people when entering and staying at university. **Methods:** This is an observational, quantitative, analytical and cross-sectional study, in which 1300 (one thousand and three hundred) medical students were invited, of both sexes and over 18 years of age from the 1st (first) to the 12th (twelfth) year. period of the Medicine course at the University of Oeste Paulista (UNOESTE) with 91 students joining. A structured interview was applied via online, aiming at collecting sociodemographic and occupational data in conjunction with the application of the Periodic Eating Compulsion Scale - ECAP, assessing the existence and degree of eating disorders in medical students.

Results: Mean age 22.7 ± 3.9 years, predominantly female (76.9%) and white ethnicity (86.8%). Most live alone or with a parent (82.5%). With regard to eating habits, 81 (89.0%) said they did not follow a nutrition professional's diet, and 84 (92.3%) have at least 3 meals a day. Lunch is eaten by 100% of the participants, while supper is the least consumed meal (17.6%). A total of 24 (26.4%) participants said they had little time to eat, and almost half (46.2%) did not prepare their own meals, with 12.5% choosing to eat salted or not. eating a certain meal. The ECAP binge eating score had a median of 9 (11.5) points, with a minimum score equal to 1 and a maximum equal to 41. Sixty-eight (74.7%) of the participants were classified as having no binge eating, with moderate binge eating 15 (16.5%), and severe, 8 (8.8%).

**Conclusions:** There is a need for changes in lifestyle aspects in order to present healthier meals in appropriate amounts, in addition to an adequate therapeutic approach to these disorders. Research funding agency We also declare that we received financial support from the Institutional Program for Scientific Initiation Scholarships (PROBIC).

Disclosure of Interest: None Declared

## Women, Gender and Mental Health

## **EPP0310**

Endometriosis and depressive symptoms: The role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility

A. Galhardo<sup>1,2</sup>, B. Simões<sup>1</sup>, C. Pinto-Gouveia<sup>3\*</sup> and M. Cunha<sup>1,2</sup>
<sup>1</sup>Psychology, Instituto Superior Miguel Torga; <sup>2</sup>CINEICC, FPCEUC, University of Coimbra and <sup>3</sup>Psychiatry, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.489

**Introduction:** Endometriosis is a gynaecological pathology characterized by endometrial tissue similar to stroma and endometrium in extra endometrial and myometrial sites. This condition affects women's mental health and quality of life and can elicit shame feelings.

**Objectives:** To explore the role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility in depressive symptoms.

Methods: 260 people diagnosed with endometriosis, aged 18 years or older, were recruited through patients' associations. Participants completed an online sociodemographic and clinical questionnaire and the following self-report instruments: Anxiety, Depression, and Stress Scales (DASS-21), Endometrioses Health Profile (EHP-5), Chronic Illness-Related Shame Scale (CISS), Compassionate Engagement and Action Scales (EEAC-SC), and the Psy-Flex Scale.

Results: Regression analyses showed that years of education, endometriosis-related quality of life (pain, control, emotional wellbeing, social support, and self-image), chronic illness-related shame, and psychological flexibility were the significant predictors of depressive symptoms. On the other hand, endometriosis-related quality of life (work life, relationship with children, sexual life, relationship with healthcare professionals, treatment, and infertility) and self-compassion were not significantly associated with depressive symptoms.

Conclusions: The identification of chronic illness-related shame and quality of life related to endometriosis as relevant variables regarding the presence of symptoms of depression points to the relevance of early detection of these phenomena to prevent the development of depressive symptoms. Moreover, interventions targeting the development of psychological flexibility may contribute to the amelioration and prevention of depressive symptoms.

Disclosure of Interest: None Declared

## **EPP0312**

## From Loss to Healing: Navigating Perinatal Grief with Enhanced Psychological Care

K. Razki\*, Y. Zgueb, S. Ben Aissa, C. Najar and U. Ouali psychiatry department, Razi hospital, manouba, Tunisia \*Corresponding author. doi: 10.1192/j.eurpsy.2024.490

**Introduction:** Several factors can influence the journey of perinatal grief in mothers, including the quality of care during this experience. The objective of our study was to investigate the factors influencing the perception of grieving women during the perinatal period and identify the role of medical and paramedical healthcare professionals in psychological support.

**Objectives:** To determine the factors influencing the perception of fetal loss in grieving mothers.

**Methods:** This was a descriptive, longitudinal, retrospective study conducted between july 2021 and march 2022 at the Fetal Pathology Department of the Center for Maternity and Neonatology in Tunis, Tunisia. The study included women who experienced perinatal loss and underwent fetal pathology examination.

The study was conducted in two stages: Initial consultation at the Fetal Pathology Department, five weeks after the date of expulsion, for perinatal grief counseling. Follow-up interview one year after the date of expulsion: The participants were contacted via telephone for an average duration of twenty minutes .The assessment of perinatal grief during both interviews was conducted using the shortened version of the Perinatal Grief Scale (PGS)