

**Introduction:** Defined by the World Health Organization (WHO) as the inability to conceive after a year of unprotected sexual intercourse, infertility remains a current and compelling topic of interest for both scientists and the general public.

Over the past few decades, the prevalence of infertility, regardless of its cause, has significantly increased. Furthermore, it affects approximately 15% of Tunisian couples. However, previous studies have primarily assessed the psychological impact on women, leaving a gap in understanding gender differences.

**Objectives:** Our study aims to compare the psychological impact of infertility between genders in a Tunisian sample.

**Methods:** We conducted a cross-sectional study in a public hospital specializing in Assisted Reproductive Technology (ART) from August 30th to December 1st, 2022, involving sexually active infertile couples who had been under observation for at least one year. The participants provided information related to socio-demographic data. Additionally, we used the Hospital Anxiety Depression Scale (HADS) to assess anxiety and depression, and the Fertility Quality of Life (FertiQoL) questionnaire to evaluate the quality of life. These questionnaires were administered in the Tunisian dialect.

**Results:** A sample of 60 infertile couples were recruited to this study. Primary infertility was present in 97% of cases and male infertility was the most common cause, accounting for 35%. Our findings revealed that women experienced higher rates of depression (35%) and anxiety (52%) compared to men (15% and 28%), with a statistically significant difference ( $p \leq 0.001$ ).

Furthermore, women reported a significantly compromised overall quality of life, particularly in the context of treatment-related aspects ( $p=0.03$ ).

Notably, anxiety was identified as a significant risk factor for reduced quality of life among women ( $B = -5.27$ ). In contrast, lower socioeconomic status was associated with diminished overall quality of life in men ( $B = -7.09$ ).

**Conclusions:** It is important to consider gender differences in the management of infertility in order to guide and target psychological interventions and to improve the quality of life of infertile couples.

**Disclosure of Interest:** None Declared

## EPP0139

### Food for the Mind: A systematic review of mindful and intuitive eating approaches for mental health & wellbeing

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**Introduction:** A growing body of literature has investigated diet and mental health, however, it is often viewed through a “weight-centric” lens, where weight loss is considered a primary outcome and motivator. This review aims to shed new insights into the connections between mental health and wellbeing, and eating behaviours that focus on internal cues and regulators and do not centralise around weight. Such “weight-neutral approaches” have been associated with improved psychological health and wellbeing, however, consolidated evidence is lacking.

**Objectives:** To explore eating styles that do not centralise around weight, and their relationship with mental health and wellbeing and other health outcomes.

**Methods:** A systematic search was performed including observational studies of adult populations, with  $\geq 1$  mental health and wellbeing or physical health outcome, and  $\geq 1$  validated measure of eating behaviour reflective of a weight-neutral approach. Outcomes were characterised into four domains (mental health and wellbeing, physical health, health promoting behaviours and other eating behaviours). Risk of bias was assessed using the Newcastle-Ottawa Scale.

**Results:** In total 8281 records were identified with 86 studies including 75 unique datasets and 78 unique exposures included. Eating behaviours included intuitive eating ( $n=48$ ), mindful eating ( $n=19$ ), and eating competence ( $n=11$ ). All eating behaviours incorporated biological, physiological, and social factors, with 297 outcomes categorised for mental health and wellbeing ( $n=122$ ), physical health ( $n=116$ ), health promoting behaviours ( $n=51$ ) and other eating behaviour ( $n=8$ ). Greater intuitive and mindful eating were significantly related to lower levels of disordered eating, and depressive symptoms, as well as greater body image, self-compassion, and mindfulness. Greater intuitive eating, mindful eating and eating competence were significantly related to a lower BMI, and greater diet quality and physical activity. Eating competence and intuitive eating were significantly related to higher fruit and vegetable intake, and eating competence alone was significantly related to higher fibre intake, and greater sleep quality.

**Conclusions:** This review provides evidence that intuitive eating, mindful eating and eating competence are positively related to a range of mental and physical health outcomes. Considered within the biopsychosocial model, these findings enhance understanding around the impact of approaches to healthy eating patterns that are not focused on weight loss, and contributes a case towards promoting health-centric eating behaviour in mental health care. Future research should focus on experimental studies and broader population groups.

**Disclosure of Interest:** None Declared

## EPP0140

### Stigmatizing attitude of psychiatrists in the Netherlands

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**Introduction:** Even in the current times people with mental health disorders face negative treatment due to negative stereotyping. This occurs not only within their private environment and in the public community, but also by healthcare professionals. Mental health related stigma results in various disadvantages, such as: worse treatment in healthcare and discrimination in job interviews, in work environment, in education and in housing.