

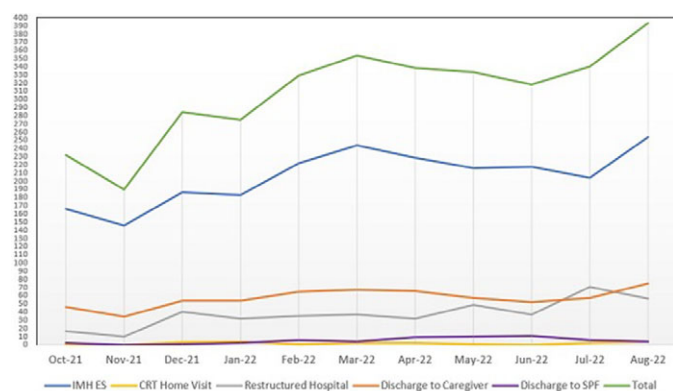
Image 2:

Figure 2. Total Number of Referred Cases and Outcome of These Cases

Conclusions: The CRT intervention could mitigate suicide risk and pressure on the mental health system (i.e., reduce unnecessary emergency room visits and hospital admissions), create greater mental health awareness, and facilitate individuals' connection to mental healthcare services (i.e., in hospitals and/or in the community) as evidenced by the increasing number of cases referred, and increased collaboration with the various stakeholders, ensuring timely intervention and necessary follow-ups thereafter.

Disclosure of Interest: None Declared

EPP0779

The assessment of the clinical usefulness of suicide-specific syndrome inventories – a retrospective study with psychiatric inpatients

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Introduction: There is growing evidence on the existence and the clinical usefulness of the recently described Suicide-Specific Syndromes (SSS), such as the *Acute Suicidal Affective Disturbance (ASAD)* and the *Suicidal Crisis Syndrome (SCS)*. Many researchers and clinicians agree that Suicide-Specific Syndromes, as a distinct diagnostic category should be included in the major diagnostic and classification systems, such as the Diagnostic and Statistical Manual of Mental Disorder (DSM) or the International Classification of Diseases (ICD). In addition to their novelty in symptomatic and nosologic classification, the recently developed *Acute Suicidal Affective Disturbance Inventory (ASADI)* and the *Suicidal Crisis Inventory (SCI)* also provide an opportunity to objectively measure the current suicidal emotional and mental state by validated tools. **Objectives:** To assess the clinical usefulness of the ASADI and the SCI compared to each other and to traditional suicide risk assessment tools based on classical suicide risk factors.

Methods: A self-administered questionnaire battery and a semi-structured interview were completed with 100 psychiatric inpatients consecutively treated with depressive disorders and/or

suicidal behaviour in a university clinic in 2021. Besides the ASADI and the SCI, the self-administered battery included depression screening tools, such as the Beck Depression Inventory - Short Form (BDI-SF) and the Patient Health Questionnaire - 9 items (PHQ-9). Traditional suicide risk factors were assessed by clinical judgement and with the Brief Suicide Questionnaire (BSQ).

Results: According to our preliminary results, the ASADI and the SCI recognize Suicide-Specific Syndromes as distinct diagnostic entities. Furthermore, ASADI and SCI detect suicidal behaviour as effectively as traditional suicide risk assessment tools, and may be more effective in assessing imminent suicide risk. There were no significant differences in detecting suicidal behaviour and in assessing suicide risk between the ASADI and the SCI.

Conclusions: Suicide-Specific Syndromes (ASAD, SCS) use well-defined diagnostic criteria for suicidal behaviour. The recently developed different tools for assessing Suicide-Specific Syndromes, such as the ASADI and the SCI may be helpful tools for the clinicians to assess suicidal behaviour and imminent suicide risk in their clinical practice.

Disclosure of Interest: None Declared

Women, Gender and Mental Health 01

EPP0780

Antenatal depression, obstetric outcomes, and post-partum depression: results from a longitudinal, real-world study

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Introduction: Changes in physiological and hormonal balance occurring during pregnancy and post-partum period can have relevant implications on woman's mental health. Up to 65% of pregnant women experience depressed mood, low self-esteem, cognitive impairment, fatigue, loss of appetite as well as suicidal ideation. Anxiety and depressive symptoms have been described as impactful on the newborn's health at the time of delivery. Despite this, few evidence exist on this topic.

Objectives: The present paper aimed at assessing: 1) prevalence and risk factors of antenatal depression (AD); 2) the impact of AD on adverse obstetric outcomes and the onset of post-partum depression.

Methods: Pregnant outpatients attending the Department of Gynecology and Obstetrics of University of Campania "Luigi Vanvitelli" in Naples were asked to complete the Italian version of Edinburgh Postnatal Depression Scale (EPDS), a 10-item self-reported questionnaire developed as screening tool of postnatal depression up to one year after delivery. Sociodemographic, clinical and gestational information was collected at baseline.

Results: A total of 268 pregnant women were recruited: 9.7% of them already suffered from depressive disorders and 22% from anxiety. EPDS mean total score was ≥ 10 in 36.2% of cases (97 out of 268). The presence of AD was longitudinally associated to a lower

gestational age at the time of delivery and a higher 1 and 5 minutes APGAR scores. Moreover, AD was associated to a higher incidence of labor induction and the need of intensive care for the new-born. Finally, in our sample AD constituted a stable risk factor for EPDS scores within three days, one month and six months after delivery. **Conclusions:** The presence of depressive symptoms during pregnancy should deserve a higher clinical attention by health professionals, given the correlations with adverse obstetric outcomes and *post-partum* mental health. Training programmes should be encouraged and digital psychiatry could represent a strategy to monitor pregnant women at risk.

Disclosure of Interest: None Declared

EPP0781

The central role of perceived control for reducing anxiety among mothers of NICU hospitalized preterm babies

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Introduction: Mothers of preterm babies that were hospitalized in Neonatal Intensive Care Unit (NICU), might react with anxiety due to the extremely challenging circumstances. From maternal point of view, after a sudden, high-risk and traumatic birth that has recently occurred, their fragile preterm babies are in an intimidating medical environment, separated from them and are at high-risk of morbidity and mortality. Those circumstances, accompanied by great uncertainty, provoke perceptions of control such as locus of control and maternal self-efficacy, which are both known as central in evoking anxiety.

Objectives: The proposed presentation examines the mediating effect of maternal self-efficacy in the association between locus of control and anxiety, among mothers of hospitalized babies in the NICU, above and beyond gestational age and mothers' socio-economic status.

Methods: The participants in the present study were 128 Israeli mothers of 208 NICU hospitalized preterm babies. They completed self-report questionnaires regarding their background variables, internal locus of control, maternal self-efficacy, and anxiety.

Results: The analysis showed that while gestational age and mothers' socio-economic status were controlled, internal locus of control had a significant and positive effect on maternal self-efficacy, and that maternal self-efficacy had a significant and negative effect on mothers' anxiety. Finally, the direct negative effect of internal locus of control on anxiety decreased with the inclusion of maternal self-efficacy. Altogether, the model explains 26.2% of the variance in maternal anxiety.

Conclusions: The results demonstrate the central role of senses of control in reducing the levels of anxiety experienced by mothers while their preterm babies are NICU hospitalized. Professionals' interventions with preterm mothers should focus on supporting and encouraging perceptions of internal control as well as promote positive self-perception regarding their ability to succeed in mothers' tasks. Higher internal perception of control will lead to higher maternal confidence in their ability to perform as mother, which in turn will reduce their anxiety levels. These outcomes may

potentially benefit not only the preterm mothers themselves, but also their babies through higher levels of maternal engagement and responsibility as well as through better maternal functioning and subjective well-being. These will impact infants in the short and long run, in terms of physical, cognitive and emotional development.

Disclosure of Interest: None Declared

EPP0782

The association between pregnancy-specific anxiety and fetal malformations: a cohort study

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Introduction: Pregnancy-specific anxiety is defined as a mental state of a pregnant woman whose concerns are specific to the pregnancy itself, such as fears regarding the pregnancy, delivery, and health of the child. In the perinatal period, anxiety disorders are relatively common and are more common than depressive disorders. These psychiatric concerns can lead to long-term negative effects on pregnancy outcome. On the other hand, when the pregnancy is complicated by the diagnosis of fetal malformations, these concerns are more detrimental to maternal health.

Objectives: This study aimed to determine the association between pregnancy-specific anxiety in pregnant women and the diagnosis of prenatal fetal malformations, through our database of genetic counseling and prenatal diagnoses.

Methods: We conducted a retrospective study on 20 pregnant women who were referred to our genetic counselling. The consultation was piloted during a prenatal genetic exploration and counselling after the second trimester ultrasound diagnosis of syndromic and non-syndromic fetal malformations. Collection and characterization of the psychiatric concerns of the cohort were conducted using the self-reported feelings during the consultation. A conversion of these data using the Perinatal Anxiety Screening Scale was possible to assess the pregnancy-specific anxiety level of our patients.

Results: Results of our study showed that pregnancy-specific anxiety is significantly associated with the discovery of fetal malformations during pregnancies. Depression, generalized anxiety, and post-traumatic stress disorder as well as a specific phobia from the malformed baby were constants as psychiatric concerns.

Conclusions: Health care providers should pay special attention to pregnancy-specific anxiety. The Arabic translated version of the PASS that has been shown to have adequate validity and reliability must be used in our institutions to screen for the new concept of pregnancy-specific anxiety among all pregnant women in the perinatal phase. Women who experienced the discovery of a malformed fetus and who are facing pregnancy termination due to fetal abnormalities need to have a particular psychological support. A specific scale may be crucial in pregnant women with a malformed fetus before and after termination of the pregnancy.

Disclosure of Interest: None Declared