

behaviours and self-harm in BPD could increase the risk of entering into relationships with persons who are already infected by sexually communicable diseases or are at risk of diffusing viral infections (HIV and COVID-19).

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EPV1119

Home Treatment and Perinatal Psychiatry: An Alternative to Acute Psychiatric Wards

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Introduction: Women experiencing severe perinatal mental health problems require specialized services and care. Perinatal mental disorders are common and can contribute to maternal mortality, affecting neonatal, infant, and child outcomes. Home treatment can prevent hospital admissions and promote strategies within the patient's support network.

Objectives: Our aim is to describe a clinical case in perinatal psychiatry managed by a Psychiatric Home Treatment Unit.

Methods: We present a case of perinatal psychotic depression in a 26-year-old pregnant woman.

Results: We describe the case of a patient with no prior history of mental health issues. She was 25 weeks pregnant when she first sought psychiatric help in July 2023 and was diagnosed with depressive disorder with psychotic symptoms. She reported symptoms such as low mood, psychomotor inhibition, delusional guilt thoughts, and auditory hallucinations beginning three weeks before her initial visit. Due to her clinical presentation, the patient was admitted to the hospital, where pharmacological treatment was initiated with Olanzapine 5 mg, Sertraline 50 mg, and Lorazepam 1.5 mg. She remained in the hospital for four days, during which she showed gradual improvement but did not achieve full recovery.

Considering the improvement observed, home treatment was proposed and accepted by the patient and her relatives. During home treatment, she continued to exhibit persistent depressive and psychotic symptoms, including low mood, inhibition, and delusional thoughts of ruin and catastrophe. Therefore, her treatment was adjusted, with Olanzapine increased to 10 mg, Sertraline raised to 100 mg, and Lorazepam reduced to 0.75 mg. Over time, significant improvement in her clinical symptoms was noted. Throughout the follow-up period, she reported no significant side effects from the pharmacological treatment. After a month of follow-up in our department, she was discharged with outpatient care provided by a specialized community perinatal psychiatric unit.

Conclusions: We illustrate the possibility of home treatment for perinatal psychiatric disorders. The potential benefits of remaining close to one's support network and developing coping strategies can be advantageous during the course of illness. Further studies should be conducted to explore these potential benefits.

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Postpartum Depression: Plaguing the Joy of New Mothers

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Introduction: Depression is a significant global mental health problem and is very common compared to how it is perceived. In 2020 alone, 264 million people globally suffered from depression and its different forms as per the World Health Organisation. It is a leading cause of disability in individuals, affecting their ability to perform their daily chores, work, study, and even maintain relationships. The impact of depression is deeper and affects families, the economy, health care systems, and so on.

In India, the problem is grave and leads to serious consequences, thanks to the stigma and unawareness attached to mental health disorders. It is estimated that India has one of the highest rates of depression in the world, but it is hardly acknowledged.

Post-Partum Depression (PPD) is the most neglected and unreported subtype of depression in India. Globally, 1 in every 7 women suffers from Post Partum Depression. India is such a diverse country in terms of prevalence varies from 15% to 25% based on region, population, cultural and social expectations, economic status, living standard, climate factors, and others.

Objectives: The objective of the study is to spread awareness, identify the risk factors, root cause analysis of risk factors, possible solutions, and treatments.

Methods: This study is conducted to capture the awareness level of PPD in females across different ages, regions, income classes, cultures, working statuses, and societies. This is carried out using a detailed yet anonymous survey, it captures the demography, knowledge of signs and symptoms of PPD, personal experiences, attitudes, expected support for PPD, and awareness of possible healthcare options. The result of the study tries to understand and conclude the most common risk factors, groups at highest risk, a root cause analysis of the risk factors, and possible solutions and treatments.

Results: PPD occurs in the postnatal period, typically within the first year after childbirth. This condition can have a significant impact on the new mother and the infant's well-being. The mother's ability to take care of the child and herself is hugely impacted, impacting the child's development and family dynamics negatively. Pushing to the limits, certain communities that believe in superstition and taboo often take PPD as an excuse to blame the mother resulting in the extremities like suicides.

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