

## EPP0783

**Determinants of postpartum post-traumatic stress disorder**

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**Introduction:** Post-traumatic stress disorder, following stress of a particular intensity, is often related to the perception of childbirth as a traumatic event requiring the optimization of follow-up and the interest of early detection.

**Objectives:** To determine the factors associated with post-traumatic stress disorder related to childbirth.

**Methods:** This is a longitudinal prospective analytical study carried out in the obstetrics gynecology department of the Tahar Sfar Mahdia hospital. The study population was women who gave birth during the study period from March 15, 2020 to September 15, 2020. We used a pre-established questionnaire including socio-demographic and clinical characteristics as well as a psychometric part containing the psychiatric scale for screening for post-traumatic stress disorder.

**Results:** Our sample included 120 women. The average age was 28.2±5.3. Five participants (4.2%) had a psychiatric history. Thirty-five patients (29.1%) had a pathological obstetric history. However, fifteen patients (12.5%) were hospitalized during their pregnancies. Psychometric assessment revealed a prevalence of PTSD at 5.8% with PTSD symptomatology in 18.4% of women. Twenty-two patients (18.3%) described the childbirth as painful and traumatic.

The frequency of PTSD was higher in women with a history of abortion (6.9%)

Postpartum PTSD was statistically associated with a low level of education (p=0.02), postpartum complications (p=0.05) and sex of the newborn (p=0.01)

**Conclusions:** The detection of factors associated with postpartum posttraumatic stress disorder seems to be essential for comprehensive and multidisciplinary management of women at risk.

**Disclosure of Interest:** None Declared

## EPP0784

**Long-term Neurodevelopment outcomes to Prenatal Antipsychotic Medication Exposure: Systemic Review**

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**Introduction:** Peak incidence for many psychiatric disorders occurs in reproductive years. We don't have FDA-approved drugs

or clinical guidelines. The main cause of pharmacological suspension in pregnancy is the lack of knowledge of their effects on the product. Gathering information on this regard becomes crucial so we can avoid relapses or exacerbation

**Objectives:** Describe neurodevelopmental effects in children ≥ 6 months exposed to antipsychotics prenatally.

**Methods:** PROSPERO-CRD42020170314. Using MeSH terms in 5 databases, without language and time restriction, obtaining n=3932. After review and exclusion n=24 were obtained for qualitative review. (Figure 1).

**Results:** Of 20 case reports 4 had more ambivalence results (Table 1). In the cohort studies, exposure may cause short-term delay at 6 months but no significant difference at 12 months (Table 2).

**Table 2**

Study	N	Antipsychotic	Months	Conclusion using clinical evaluation
Imaz et al. Front. Pharmacol.2018; 9:264	1	Risperdal Clozapine	72	<b>Abnormal</b> memory, attention/executive, hyperactivity
1		Clozapine	32	Normal
2		Clozapine	18	<b>Abnormal</b>
		Normal		Burt et al. Am J Psychiatry 2010; 167:892-897
1		Olanzapine	12,18, 22,29	<b>18 months Abnormal</b> motor <b>22 months</b> normal <b>29 months</b> normal
Kircheiner et al. Pharmacopsych 2000; 33:78-80	1	Olanzapine	7,11	<b>7 months Abnormal</b> motor <b>11 months</b> Normal
Mendhekar et al. J Neuropsychiatry Clin Neurosci 2007; 19:2	1	Clozapine	6	<b>5 years Abnormal</b> language

**Table 3**

Study	N	Antipsychotic	Months	Conclusion using clinimetry and clinical evaluation
Shao et al. Plos ONE, 2015; 10(4),1-9	63	Clozapine Risperidone Olanzapine Quetiapine	6,12	BSID-III <b>6 months</b> Adaptive behavior score lower in clozapine group <b>12 months</b> No difference
Johnson et al. Arch Gen Psychiatry 2012; 69(8), 787-794	22	Haloperidol SGA*	6	INFANIB Lower scores with SGA than Haloperidol
Peng et al. Psychopharmacology 2013; 228(4), 577-584	76	Clozapine Risperidone Sulpiride Olanzapine Quetiapine	6,12	BSID-III <b>6 months</b> Lower socio-emotional and adaptive behavior scores <b>12 months</b> No difference
Petersen et al. BMJ 2016; 5(6), 1-9	290	FGA+SGA**	6	More neurodevelopmental disorder that those who didn't take antipsychotics.