

EPV1122

Pregnancy enhances facial recognition of anger: Transition from early to late pregnancy

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doi: 10.1192/j.eurpsy.2024.1686

Introduction: Pregnancy and the postpartum period involve several physiological adaptations crucial for offspring care. Recent research has highlighted reproduction-related brain plasticity in human mothers. Associations with aspects of maternal caregiving suggest adaptive changes that facilitate a woman's transition to motherhood. However, the dynamic changes that affect a woman's brain are not merely adaptive, and they likely confer a vulnerability for the mental disorders. To elucidate the pathophysiology of psychiatric problems that occur during the perinatal period, gaining insights into the physiological changes in brain function due to pregnancy is crucial.

Objectives: Although it has been hypothesized that pregnancy enhances social cognitive functions in mothers to adapt to the offspring care, there are few reports to support this hypothesis. This study aims to investigate whether social cognitive functions change during the first pregnancy, with a focus on maternal adaptation to offspring care.

Methods: The study included a first pregnancy group and a never-pregnant control group. We conducted a prospective study comparing pregnant women between two-time points (T1, T2); at less than 21 weeks of gestation [T1] and those after 30 weeks of gestation [T2]. To assess the effects of pregnancy and gestational age (< 21 weeks or 30 weeks or more), both the control (never-pregnant) group and pregnant group were evaluated at two time points with similar intervals. The Emotion Recognition Task [ERT] of the Cambridge Neuropsychological Test Automated Battery (CANTAB) was performed to examine the emotion recognition of six basic emotions in facial expressions. We analyzed a cohort of 26 participants in the pregnant group and 25 in the control group. We performed a two-way repeated measures analysis of variance with pregnancy status and gestational period (T1, T2) as independent variables.

Results: Significant interactions between group and time points (T1, T2) were observed only for Unbiased Hit Rate Anger ($p < 0.01$); facial recognition accuracy for anger increased with the progression of pregnancy. There were no significant interactions for Unbiased Hit Rate Sadness, Happiness, Fear, Disgust, or Surprise.

Conclusions: This is the first study to demonstrate that facial recognition of anger enhances with the progression of pregnancy, utilizing never-pregnant women as a never-pregnant control group. The results of this study contribute to the physiological effects of pregnancy on the brain and cognitive function and have potential for further study of perinatal mental health problems.

Disclosure of Interest: None Declared

EPV1123

Quality of Life Assessment in Female Rheumatoid Arthritis Patients

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doi: 10.1192/j.eurpsy.2024.1687

Introduction: Rheumatoid arthritis (RA) is a chronic inflammatory disease that significantly impacts patients' quality of life (QOL), affecting both physical and mental well-being. QOL is predictive of morbidity and mortality, making its consideration increasingly important in treatment decisions.

Objectives: This study aims to assess the Quality of Life in Female Rheumatoid Arthritis patients.

Methods: The study included 87 female patients with confirmed RA, diagnosed by an experienced rheumatologist based on the ACR 1987 or ACR/EULAR 2010 criteria. Quality of life was assessed using the World Health Organization Quality of Life assessment, short form (WHOQOL-BREF scale). The scoring ranged from 0 to 100 for each domain. Disease activity was assessed using the Disease Activity Score (DAS28), and functional disability was evaluated using the Health Assessment Questionnaire (HAQ).

Results: The study included 87 patients with a mean age of 54.7 ± 12.2 years and a mean disease duration of 12 ± 9.1 years. The majority of patients had a medium socioeconomic level (81.6%), and a low cultural level with 31% being illiterate, 6% attending university, and 76.9% unemployed. Regarding marital status, 74.7% were married. RA was erosive in 77% of patients, deforming in 68%, and 40% were seropositive (FR and/or anti-CCP). Extra-articular manifestations were present in 34.5% of patients. Sixty-seven patients (77%) were on disease-modifying antirheumatic drugs (DMARDs), with 67.8% on methotrexate. Eighteen percent were treated with biological agents. Corticosteroids were used by 47.1% of patients, while 12.6% used non-steroidal anti-inflammatory drugs, and 6.9% used both. Disease activity varied, with 9.2% having low activity, 43.7% moderate activity, and 24.1% high activity based on DAS28. The mean HAQ index was 1.1 ± 0.8 , indicating moderate to severe disability for more than 60% of patients. The mean WHOQOL scores were substantially reduced in the physical health (43 ± 16.2), psychological health (50.3 ± 14.4), social relationships (51.5 ± 18.6), and environment domains (46.8 ± 15). There was a significant inverse correlation between HAQ and the physical health ($r = -0.52$, $p < 0.001$), psychological ($r = -0.57$, $p < 0.001$), social relationships ($r = -0.37$, $p = 0.001$), and environmental domains ($r = -0.45$, $p < 0.001$) of QOL. There was no correlation between any domain of QOL and DAS28.

Conclusions: Patients with RA experience reduced QOL across multiple domains, including physical function, mental health, and social relationships. Functional disability, as reflected by HAQ, is the most significant factor affecting QOL in RA. The WHOQOL-BREF should be considered a valid outcome measure for

interventions aimed at improving the quality of life for people with rheumatoid arthritis.

Disclosure of Interest: None Declared

EPV1124

Postpartum Psychosis and Maternal Filicide- Case Report and Literature Review

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doi: 10.1192/j.eurpsy.2024.1688

Introduction: Postpartum period is defined as the 12 weeks following the birth of a child as per ACOG guidelines. This period is crucial for women to physically and emotionally adapt to major changes in their lives. If concerns are not addressed properly it can result in fatal outcomes such as filicide and suicide in context of untreated mental illness with postpartum onset. Postpartum psychosis is considered a psychiatric emergency and literature shows that up to 4.5% of patients with depressive symptoms with psychosis commit filicide. However, postpartum psychosis is not recognized as a formal psychiatric disorder in DSM-5, leading to a delay in identification and treatment of the condition in a timely fashion.

Objectives: The primary purpose of the case report is to inform the clinical picture and the legal implications associated with postpartum psychosis, a poorly understood and underdiagnosed psychiatric illness and to emphasize the importance of considering other psychiatric illnesses with peripartum onset that affect maternal and pediatric population wellbeing.

Methods: A comprehensive review of literature using databases, such as PubMed and Google Scholar as well as observation of the patient in the Emergency Department by the psychiatry team.

Results: We present the case of a female in her 20s, mother of two toddlers, with a history of PTSD and postpartum depression, who was brought to our Emergency Department for stabbing her children in the context of a psychotic episode. The patient endorsed persecutory delusions and religious preoccupation, stating that she was experiencing “demonic energy inside” and that demons were speaking through her sons. Upon further assessment, it was noted that symptom onset was during the peripartum period, initially with depressed mood, and later with psychotic features. Organic causes of psychosis were ruled out with an extensive workup. Patient was transferred to an inpatient forensic unit for further stabilization. From a legal perspective, literature review shows that mothers may face the death penalty in the US in contrast with other countries such as England for instance. In the context of the current case, the plausible diagnoses are MDD with psychotic features or the first psychotic episode with peripartum onset that was left untreated resulting in a fatal health and legal outcome.

Conclusions: As postpartum psychosis is not currently recognized as an independent diagnosis under the DSM-5, further attention is warranted for such critical psychiatric condition that afflicts the lives and well-being of the maternal and pediatric populations globally. Postpartum psychosis affects mothers despite their past psychiatric history, socioeconomic status, educational level, and

supportive network. Thus, it is essential to target proper and timely identification of symptoms and address those to prevent filicide and maternal suicide.

Disclosure of Interest: None Declared

EPV1126

Women’s economic empowerment and maternal mental health: A qualitative study in Rural Kenya

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doi: 10.1192/j.eurpsy.2024.1689

Introduction: Background: Maternal mental health is increasingly becoming a public health concern in developing countries because of predominant health and socio-economic inequalities. Mental well-being is essential for a woman to cope with daily life stresses and contribute positively to her community. Initiatives that empower women can enhance their well-being and improve the health of their families. However, limited evidence shows how women’s empowerment affects maternal well-being in a rural setting.

Objectives: This paper explores the perspective of women’s economic empowerment in a rural Kenyan community and its effect on women’s mental well-being.

Methods: We purposively sampled women and men from the rural community who met the eligibility criteria (women who were pregnant and or with a child less than two years old and married men and residents in the community). We conducted two focus group discussions with the men and women separately, 11 key informant interviews with community stakeholders, and a four-month participant observation of 20 women participants who were pregnant and or with a child less than one year old.

Results: The study found that economically empowered women had greater decision-making power and self-efficacy. However, cultural expectations and barriers that dictated the role of women prevented them from accessing and controlling resources and participating in important decisions such as land and property ownership. Women faced domestic violence (physical, verbal, and denial of basic needs) and inadequate support (emotional, physical, and financial) from spouses and other family members. These challenges and barriers increased their mental stress. To cope, women engaged in economic activities individually or in groups to meet the basic needs of their families.

Conclusions: Women’s economic empowerment can positively and negatively affect their overall well-being. Positively, women gain greater access to resources, improved decision-making, and the ability to plan and achieve their goals. Negatively, empowerment can lead to reduced spousal and kin support and an increased risk of domestic violence. Furthermore, these negative consequences can also affect women’s mental well-being. To ensure the well-being of mothers, it is crucial to engage men in empowerment programs and raise awareness in communities to address socio-cultural norms that impede women’s economic empowerment and negatively affect the well-being of women. Additionally, mental health support should be incorporated into these empowerment