EPP0610

Prevalence and associated risk factors for intimate partner violence (IPV) in the Himalayan mountain villages of Pakistan

S. Yunus[1]*, S. Shah[1] and G. Noshad[2]

[1]UAE University, College Of Medicine And Health Sciences, Public Health Institute, Al Ain, United Arab Emirates and [2]University of Massachusetts, Center For Clinical Research, Worcester, United States of America
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.811

Introduction: Intimate partner Violence (IPV) against women includes all actions that violate one's sense of self, physical body and sense of trust and involves episodes of violence of physical, psychological (emotional), or sexual nature, perpetrated by a current or former intimate partner.
Objectives: We estimated the prevalence of and risk factors for intimate partner violence (IPV) in the Himalayan mountain villages of Gilgit Baltistan in Pakistan.
Methods: We employed a cross-sectional study to randomly select ever married women (n=789) aged 18-49, in Pakistan. We used an adapted World Health Organization screening instrument to assess women's experience of IPV in the previous 12 months. We used an indigenous validated instrument assess self-reported symptoms of major depression according to the DSM IV. Multivariable logistic regression analysis was used to identify significant predictors of IPV using adjusted odds ratio (AOR) with 95% confidence intervals (CI).
Results: The overall prevalence of IPV was 22.8% (95% CI: 20.0-25.9). Women exposed to IPV were less likely to have husbands educated at a college or a higher (AOR: 0.40; 95%CI: 0.22-0.70), household income in the middle or the highest tertile (AOR: 0.44; 95%CI: 0.29-0.68), and were more likely to have poor or very poor relationship with their mother in law (AOR=2.85; 95% CI: 1.90-4.28), to have a poor quality of health (AOR= 2.74; 95% CI: 1.92-3.92) poor quality of life (AOR= 3.54; 95%CI: 1.90-6.58), and higher odds of experiencing depressive symptoms (AOR=1.97; 95%CI:1.39-2.77).
Conclusions: IPV is a substantial public health burden in Himalayan mountain villages and merits serious attention.

Disclosure: No significant relationships.
Keywords: Intimate Partner Violence; married women; Ghizar; Pakistan; Depression

EPP0609

Further validation of the European and Brazilian Portuguese short version of the Postpartum Depression Screening Scale-7

A.T. Pereira[1]*, M. Barros[1,2], M. Aguiar[3], J. Azevedo[1], M.J. Soares[1], F. Carvalho[1], D. Pereira[1] and A. Macedo[1]

[1]Faculty of Medicine of University of Coimbra, Institute Of Psychological Medicine, Coimbra, Portugal; [2]State University of Southwest Bahia, Department Of Natural Sciences, Bahia, Brazil and [3]Federal University of Bahia, Postgraduate Program In Health Psychology, Bahia, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.812

Introduction: We have recently validated the Portuguese shortest version of the Perinatal Depression Screening Scale-PDSS-7 (items selected from the PDSS-21; each one representing a dimension evaluated by the PDSS-35), for the assessment of depression severity in pregnancy, both in Portugal and Brazil.
Objectives: To analyze the validity and reliability of the PDSS-7 Portuguese version to evaluate postpartum women both from Portugal and Brazil.
Methods: The Portuguese sample was composed of 304 women between the 2nd-6th postpartum months (Mean=20.09±7.21 weeks postpartum). These participants were not the same who participated in the psychometric study that led to the selection of the seven items. The Brazilian sample was composed of 121 women (Mean=10.51±4.53 weeks postpartum). All the participants completed the European/Brazilian Portuguese versions of PDSS-21, which was composed of the same items and included the seven items of PDSS-7. Participants also filled in the validated versions of Perinatal Anxiety Screening Scale and Profile of Mood States.
Results: Confirmatory Factor Analysis revealed that the unidimensional model of PDSS-7 presented acceptable/good fit indexes in both samples (Portuguese/Brazilian: χ^2/d.f.=2.6598/1.7897; RMSEA=.0740/.0807, CFI=.8289/.7934, TLI=.7901/.8434, GFI=.9298/.9496; p<.001). The PDSS-7 Cronbach's alphas were of .841/.856 and all the items contributed to the internal consistency. Pearson correlations with postpartum anxiety (.646/.763) and negative affect (.666/.676) were significantly (p<.01) high. PDSS-7 mean scores were higher in the Brazilian sample (16.06±7.39 versus 11.37±4.37, p<.01).
Conclusions: PDSS-7 presented validity (construct and convergent), reliability and utility in clinical and research settings, including in transcultural studies, in Portugal and Brazil, namely in the postpartum.

Disclosure: No significant relationships.
Keywords: perinatal mental health; PDSS; Postpartum

EPP0610

Depression in men with testosterone deficiency (Preliminary results of the study)

Y. Osadshiy[1]* and V. Soldatkin[2]

[1]Rostov State Medical University, Department Of Psychiatry, Addictology And Medical Psychology, Volgograd, Russian Federation and [2]Rostov State Medical University, Department Of Psychiatry, Addictology And Medical Psychology, Rostov-on-Don, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.813

Introduction: Clinical practice in psychiatry is shifting toward personalized approach. In other words, clinicians aim to help patients based on their individual characteristics. It's known that testosterone play a crucial role in the regulation of the emotions specially in men. The problems of hypogonadism and its possible role as an etiological factor in the development of depression in men are available in detail. But there is no solid date about the features of depression in men with testosteron defficency and theraputic approach including testosterone replacement therapy and antidepressants.

Objectives: Assessment of efficiency of different pharmacological approaches in the treatment of depression in men with testosterone deficiency
Methods: The main group included 37 men with a depressive episode that arose against the background of a decrease in testosterone levels (≤12.1 nmol / L). A depressive episode was diagnosed based on the ICD-10 criteria for a depressive episode (F32). Patients were randomized into 3 treatment groups, depending on the received treatment: 1) sertraline; 2) testosterone gel; 3) sertraline + testosterone gel. The control group consisted of men (n = 40) aged 18 to 65 years, suffering from depression in accordance with the ICD-10 criteria with normal testosterone levels
Results: An insufficient effectiveness of antidepressant monotherapy in relation to sexual dysfunction was found in main group, while testosterone monotherapy did not give statistically significant improvements in depression indicators.
Conclusions: Combination therapy was most effective for the main symptoms and can be regarded as the most appropriate algorithm for the treatment of depression in men with low testosterone levels

Disclosure: No significant relationships.
Keywords: depression; men; testosterone; hypogonadism

EPP0613

Miss attending risk factors in gynecological prenatal care among pregnant women at risk for dual pathology.

I. Caro-Cañizares[1], R. Carmona Camacho[2]*, C. Vidal Mariño[2], N. Lopez Carpintero[3] and E. Baca Garcia[2,4]

[1]Universidad a Distancia de Madrid (UDIMA), Psychology, Collado Villalba, Spain; [2]Hospital Fundación Jiménez Díaz, Psychiatry, Madrid, Spain; [3]Hospital Infanta Leonor, Obstetricia Y Ginecologia, Madrid, Spain and [4]Universidad Autonoma MAdrid, Psychiatry, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.814

Introduction: Access to adequate healthcare is the best means we have for detecting and preventing complications during pregnancy and childbirth. Identifying and preventing factors that can interfere with this access become essential (Gulliford et al., 2002). Mother dual pathology during pregnancy is a condition with severe consequences (Cosp & Ontano, 2009). However there is scarce literature regarding barriers to obstetric care among women at risk for dual pathology.
Objectives: The main objective was to explore healthcare access barriers among pregnant women at risk for dual pathology.
Methods: Framed in a broader research (The WOMAP project) 2014 adult pregnant women less than 26 weeks of pregnancy were screened in five hospitals in Madrid (Spain) between 2016-2019. If the screening test (AC-Ok scale) identified the presence of dual pathology during the last month, women were included in the clinical trial and assessed with a more extensive battery (compound by PHQ-9; GAD-7; PCL-5; AUDIT; DAST; and Fagerström Test) and a semi-structured interview.
Results: 163 women at risk for dual pathology were assessed. Of them, 152 (93,2%) referred to having attended all scheduled appointments. Socioeconomic level (0.184, p=0.024), depression (-0.174, p=0.034), post-traumatic stress symptoms (-0.214, p=0.011) and alcohol reporting (-0.259, p=0.045) were significantly correlated with attendance level.
Conclusions: Women with more severe symptoms of dual pathology are at higher risk for misatending obstetrical appointments. Social criticism, even subtle or unintentional, related to dual pathology during pregnancy could be restraining these women to attend properly. Thus, care providers should pay attention to women's mental health and alcohol abuse to prevent miss-attention.

Disclosure: No significant relationships.
Keywords: dual pathology; mental health; care access barriers; Pregnancy

EPP0614

Multiple barriers for accessing mental health service among women attending shelters for women experiencing intimate partner violence

N. Daoud[1]* and N. Ali Saleh-Darawshy[2]

[1]Ben-Gurion University of the Negev, School Of Public Health, Beer-Sheva, Israel and [2]Bar-Ilan University, School Of Social Work, Ramat Gan, Israel
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.815

Introduction: While women victims of intimate partner violence (IPV) suffer the burden of mental health issues (MHI), they face many challenges accessing mental health services (MHS).
Objectives: We draw on the socioecological model and explore different level barriers for accessing MHS among women experiencing IPV.
Methods: We conducted a qualitative study in 2020-2021 at three levels: policy, practice and women's experience. This included in-depth interviews with 19 policymakers from the Ministry of Health (MoH) and the Ministry of Social Welfare (MSW); four directors of shelters for women victims of IPV; 35 women (26 Arabs, 9 Jewish) attending shelters for women victims of IPV (age 22-50), and six focus groups with 26 social workers. Participants were asked about the barriers for utilizing MHS.
Results: We identified complex multifaced barriers regarding the accessibility and quality of MHS among women victims of IPV. At the policy level, we identified structural organizational barriers related to the division of responsibilities between the two offices (MoH and MSW). These included lack of collaboration, funding and information transmission and insufficient communication mechanisms. At the practice level, shelters' directors and social workers raised barriers, most of which were related to divisions in knowledge, terminology, and treatment approaches among mental healthcare providers and social welfare therapists. The women themselves raised issues related to stigma, lack of family support and continuity of MHS.
Conclusions: To improve MHS access, it is crucial to overcome the multiple barriers (individual, family, therapeutic and organizational) that are faced by women who are experiencing IPV.

Disclosure: No significant relationships.
Keywords: Women; intimate partner violence; mental health services; accessibility