

Newborns of women with clinically relevant anxious symptomatology (>cutoff point, 14.6%) had significantly lower AI ($p<.05$), which was also observed in newborns of women who considered having had a stressful event (only AI 1 minute). Women's newborns with maternal anxiety disorders during pregnancy (5.3%), had significantly lower values in AI, head circumference, weight and age of birth. Regression analyses showed that anxiety in pregnancy (symptoms and/or diagnoses) is a predictor of newborn physiological parameters, explaining significant percentages ($r\approx 22\%$; $p<.05$) of its variability.

Conclusions: Early detection of psychological disorders in pregnancy, namely anxiety, is determinant to prevent adverse neonatal outcomes.

Disclosure: No significant relationships.

Keywords: Anxiety; Depression; perinatal; Psychological disorders

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Personality traits and disorders among adult ADHD patients: Do they vary between males and females?

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Introduction: Patients with Attention Deficit/Hyperactivity Disorder (ADHD) have shown an increased risk of developing a DSM Cluster B (i.e., Borderline, OR=13.16; Antisocial, OR=3.03; Narcissistic, OR=8.69) and DSM Avoidant Personality Disorder (PD; OR=9.77; Miller et al., 2008). Although different comorbidities affect males and females with ADHD (Kooij et al., 2013), gender differences in personality traits and disorders have not yet been investigated.

Objectives: To describe gender differences in personality traits and disorders among a sample of adult outpatients with ADHD.

Methods: A consecutive sample of DSM-5 ADHD outpatients was recruited at the Adult ADHD Center of the "San Luigi" University Hospital (Orbassano (TO), Italy) between Jan 2017 and Jan 2018. Patients' personality was assessed by Millon Clinical Multiaxial Inventory (MCMI-III; Zennaro et al, 2008).

Results: The study sample consisted of 82 males and 31 females. Sixty percent of men vs. 77% of women had a personality disorder (

Conclusions: Women with ADHD showed a higher frequency of personality disorders and higher rate of Masochistic PD than men. Moreover, the two most important clusters detected in women included severe personality components (i.e., Borderline and Paranoid) when compared with men. Further studies on larger samples should be conducted to confirm more severe personality profiles in women than in men.

Disclosure: No significant relationships.

Keywords: ADHD; personality disorder; Gender differences

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The role of dysfunctional attitudes towards motherhood in postpartum depressive symptoms and disorder

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Introduction: Postpartum depression (PPD) is the commonest postpartum psychiatric condition, with prevalence rates around 20%¹. PPD is associated with a range of adverse outcomes for both the mother and infant². Therefore, identifying modifiable risk factors for perinatal depression is an important public health issue³.

Objectives: To explore the role of dysfunctional attitudes towards motherhood in postpartum depressive symptoms and disorder.

Methods: 247 women were evaluated in the third (12.08±4.25 weeks) and sixth months (31.52±7.16 weeks) postpartum with the Attitudes Towards Motherhood Scale⁴, the Postpartum Depression Screening Scale⁵ and the Diagnostic Interview for Psychological Distress-Postpartum⁶. Correlation analysis was performed followed by linear/logistic regression analysis when the coefficients proved significant ($p<.05$), using SPSS.

Results: Dysfunctional beliefs towards motherhood concerning judgement by others and maternal responsibility positively correlated with depressive symptoms at the third (.528; .406) and the sixth months (.506; .492) postpartum. Those dysfunctional beliefs were predictors of depressive symptoms at the third ($\beta=.440$; $\beta=.151$) and sixth months ($\beta=.322$; $\beta=.241$) explaining 29.4% and 30.2% of its variance, respectively. Having dysfunctional beliefs at the third month significantly increase the likelihood of being diagnosed with Major Depression (DSM5) both in the third (Wald=9.992, OR=1.169; Wald=16.729, OR=1.231) and sixth months (Wald=5.638, OR=1.203; Wald=7.638, OR=1.301) (all $p<.01$).

Conclusions: Cognitive distortions should be included in the assessment of risk factors for PPD. Early identification of women presenting motherhood-specific cognitive biases may be crucial for implementing preventive interventions favoring a more positive and healthier motherhood experience.

Disclosure: No significant relationships.

Keywords: dysfunctional attitudes towards motherhood; perinatal; postpartum depressive disorder

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The impact of a regional training program on peripartum depression in territorial psychiatric services

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Introduction: The Unit of Clinical Psychiatry of the University Hospital "Ospedali Riuniti - Ancona", in collaboration with the Marche Region Health System, is conducting a national observational project entitled "Measures related to the prevention, diagnosis, treatment and assistance of postpartum depressive syndrome", aiming at promoting women's Mental Health, particularly in pregnancy and peripartum period.