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Methods: A 32 years old pregnant women was refereed to our perinatal outpatient unit presenting anxious symptomatology 15 days before an elective c-section was planned (given that she had two previous c-sections). Born in Bulgaria, she had been living in Spain for two years with her husband and son, but she did not speak any Spanish at all. She had never worked in Spain and did not have any family or friends living here. This was her third pregnancy, having been the first one a neonatal loss, were a baby girl died two months after delivery. Grieving process had been reactivated during the third trimester of the pregnancy, and she showed anticipatory anxiety with feelings of being close to death. She presented obsessive brooding about the birth and surgery, and she asked for information about the procedures performed in the Spanish Health System. She also asked for professional companion during the delivery. She had not gone to childbirth preparation groups, increasing her loneliness feelings.

Results: Social and linguistic barriers and the precedent of a neonatal loss were the triggers for an anxiety disorder in this mother. **Conclusions:** Further research is needed about the importance of social and psychological support during pregnancy.

Conflict of interest: No

Keywords: support; Maternity; Perinatal; Anxiety

EPV1501

Prescribing antipsychotics in pregnancy: considerations on the treatment in a clinical case

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Introduction: The prevalence of puerperal psychosis remains practically constant until nowadays. The approach to this entity has been conceptualized considering different biological, psychological and social approaches. The use of antipsychotic treatment is often necessary, but also associates some specific considerations.

Objectives: the aim of the current paper is to provide a revision on the literature related to the use of antipsychotic treatment during pregnancy focusing on a clinical case

Methods: Clinical case description and literature review related to the topic

Results: Our case is a thirty four years old woman, with a history of puerperal psychosis in her first pregnancy. The current diagnosis is paranoid schizophrenia. It is reported a good clinical response to oral antipsychotic. It is known that pregnancy and puerperal stage is the one with the highest risk of psychiatric hospitalization and the use of monotherapy with the minimum effective dose it is suggested. In this regard, in her next pregnancy we directly assessed the risk-beneficit and adjusted the pharmacological treatment to the minimum effective dose, establishing an integral approach of the case.

Conclusions: The use of antipsychotic treatment during pregnancy is controversial and associated great complexity. Extensive information must be provided to women and families, respecting their competence to make decisions. It is usually recommended an interdisciplinary and specialized approach, while trying to optimize clinical stability.

Conflict of interest: No

EPV1502

Peculiarities of neurotic anxious-depressive disorders in internally displaced women and combatants's wives

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Introduction: The hypothesis of work has become the statement that women – internally displaced persons (WIDP) and combatants's wives (CW) – have specificpsychological problems and a complex of psychopathological phenomena, the combination and severity of which is peculiar and typical only of these groups.

Objectives: To study the clinical phenomenology and the peculiarities of neurotic anxiety-depressive disorders with different psychogenesis in women.

Methods: 78 WIDP and 72 CW with neurotic disorders of anxiety-depressive range (F43.22, F43.21, F43.1, F45.1, F45.3), 25 women with F32 and 25 mentally healthy women were examined.

Results: It has been found out that the high level of lesion with the somatic-vegetative depressive and anxiety-depressive symptoms in WIDP and CW, and the level of somatisation in these groups is close to the one, which is typical of women with endogenous depression. The main psychopathological constructs of the changes in their psychoemotional sphere are the depressive symptoms and somatic-vegetative disorders. Astheno-neurotic symptoms in WIDP and anxiety symptoms in CW are acting as a supporting psychopathological constructs. The high level of social-psychological disadaptation in WIDP and CW was found out, but it was proved that the internal displacement is more traumatic relating to the outer adaptive resource as a result of absence of the formed prosocial borders and of lack of social support, that makes the WIDP-group the most vulnerable to social disadaptation.

Conclusions: WIDP and CW are unique groups in clinical, psychological and social-psychological aspects, for whom psychopathological appearances, pathopsychological transformations and peculiarities of social-psychological maladaptation are typical.

Conflict of interest: No

Keywords: neurotic disorders; internally displaced persons; women; combatants's wives

EPV1503

Breastfeeding practice in women displaced by armed violence in a rural area of colombia

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