Image 2:

Table 2
Correlations

Scale	Self-Efficacy	DASS-21 Stress	DASS-21 Anxiety
DASS-21_Stress	-0.36		
Anxiety	-0.40	+0.78	
Depression	-0.45	+0.80	+0.71

Conclusions: Although ours is a correlational study, its results suggest that the freshman year may be accompanied by disproportionate levels of anxiety. As such, targeted interventions, focusing on self-efficacy, are needed to ensure the well-being of this student population.

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EPV1710

Gender differences in Generalized Anxiety Disorder: a cross-sectional multicenter study

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Introduction: Generalized Anxiety Disorder (MDD) is a disabling mental condition, with a prevalence in women twice than men. Despite the implementation of precision and gender medicine, little data are currently available on gender differences in GAD.
Objectives: Purpose of this study is to identify gender differences in clinical features and outcomes of patients affected by GAD to implement individualized treatment strategies.
Methods: A cross-sectional, retrospective study was conducted. Medical records of GAD patients from three mental health services were reviewed, and socio-demographic and clinical variables were extracted. Continuous and qualitative variables were compared according to gender respectively by unpaired t-tests and chi-square tests (with odds ratio-[OR] calculation where appropriate).
Results: The total sample included 243 patients (162 women and 81 men). Female patients compared to males resulted: to be more frequently married or in partnership (61.7% versus 44.4%; χ^2=8.68, p=0.03), to have less frequently cannabis use disorder before GAD onset (0.6% versus 7.4%; χ^2=13.71, p=0.01), to have less frequently alcohol use disorder after GAD onset (0.6% versus 6.2%; χ^2=13.68, p<0.01), to have more frequently committed attempted suicides (4.9% versus 0.0%; χ^2=4.14, p=0.05), to present more often a history of obstetrical complications (low birth weight or preterm birth) (5.5% versus 0.0%; χ^2=4.14, p=0.03; OR=1.54).
Conclusions: The results of this study support gender-specific medicine with personalized treatments for males and females with GAD. Males are more likely to engage in substance abuse, while females are more likely to engage in self-harm. Specific psychoeducational interventions should be planned, and pharmacotherapy should be chosen based on their interactions with substances of abuse or their anti-suicidal efficacy. The results of this study need to be confirmed by future research.

Disclosure of Interest: None Declared

EPV1711

Hormonal Fluctuations and Premenstrual Exacerbation Across Psychiatric Disorders: Insights for Clinical Practice

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Introduction: Premenstrual exacerbation (PME) is the cyclical intensification of pre-existing psychiatric symptoms during the luteal phase of the menstrual cycle. PME differs from premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD), as it involves a worsening of baseline psychopathology that does not fully resolve with menstruation. Hormonal fluctuations, especially in estrogen and progesterone, interact with neurotransmitter systems such as serotonin and dopamine. This interaction contributes to mood instability and emotional dysregulation.
Objectives: This narrative review aims to provide an updated overview of PME. It includes definitions, underlying biological and psychosocial mechanisms, and clinical implications across mood, anxiety, psychotic, obsessivecompulsive, personality, and trauma-related disorders.
Methods: A comprehensive narrative literature review was conducted.
Results: Evidence indicates that PME in major depressive disorder is associated with longer episodes, greater anxiety comorbidity, and shorter remission periods, with limited efficacy of standard antidepressant regimens. In bipolar disorder, approximately two-thirds of women report menstrual cycle-related mood fluctuations, and hormonal modulation strategies may offer therapeutic benefit. In psychotic disorders, estrogen appears to play a protective role, and adjunctive hormonal therapies may enhance treatment outcomes. Although research in anxiety, obsessive-compulsive, and trauma-related disorders remains limited, available evidence consistently