Introduction: Perinatal death includes losses such as ectopic pregnancies, miscarriages, stillbirths and neonatal deaths. Perinatal loss has well documented negative effects on the health of the bereaved parents. Early pregnancy loss (EPL) is the spontaneous death of a fetus within the first 20 weeks of gestation.
Objectives: To describe a clinical case of disenfranchised grief following EPL and to review the literature.
Methods: We reviewed the clinical file of a patient presenting to the psychiatry outpatient clinic with disenfranchised grief. We conducted a non-systematic review on PubMed and Google Scholar.
Results: A 29-years-old female patient presents to the outpatient clinic with depressive symptoms and thoughts of death. The symptoms had begun 4 months earlier, following the loss of pregnancy at 14 weeks. She felt her grief was not accepted by her family and social network. Progressively, her relationships deteriorated, and she felt more and more isolated. She experienced marked difficulty in caring for her older child. Compared to other types of mourning, the loss of a child is associated with grief experience that is particularly severe and complicated. Despite the high prevalence of EPL, many women suffer in silence due to the common belief these losses are insignificant and may develop complicated grief.
Conclusions: Perinatal loss of an infant has the potential to have a large impact on the mental health of the bereaved parents. Literature on the efficacy of different interventions is still scarce. Further studies are necessary on prevention strategies and interventions for parents already suffering from complicated grief or depressive disorders.

Disclosure: No significant relationships.
Keywords: Grief; early pregnancy loss

EPV0720

Completed suicide and gender equality: Sex and age specific five-year data from Turkey

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Introduction: Suicide is a public health problem which has biopsychosocial aspects. These three compartments function differently for women and men in terms of biology and gender inequality.
Objectives: This study aims to investigate completed suicide rates in Turkey for women and men seperately considering age ranges for each, and their relationship with gender equality.
Methods: Sex and age specific data between 2015-2019 was derived from Turkish Statistical Institute. Utilizing Bağdatlı Kalkan's study (2018) and Turkey's Gender Equality Ratings (2019), 81 cities were seperated into two clusters (Table 1). Mann Whitney U and Independent Samples T Test were applied.
Results: Young women's (<30 years old) crude completed suicide rates were higher, when crude completed suicide rates for men over the age of 30 were fewer in the cities which equality index is low (Table 2). Regardless of age ranges, in better gender equality cluster, female suicide rates were fewer, male suicide rates were higher. The number of deaths by suicide in 1000 deaths didn't differ for men, while the rate decreases for women in better gender equality cluster (Table 3).

Variable	Cluster 1	Cluster 2	Statistics
Total number of provinces	43	38	
Total population	610854.34 ± 528656.91	1437850.76 ± 2504921.01	t=-4.464 p<0.001
Gross national product per capita ($)	6064.82 ± 1325.31	9775.08 ± 2588.97	t=-17.800 p<0.001
Province specific Turkish Gender Equality Index (2019)	0.452 ± 0.03	0.492 ± 0.03	t=-6.462 p<0.001

Sex	Age range	Mean ± standart deviation Median (Q1- Q3)		Statistics
		Cluster 1	Cluster 2	
Female	10-19	3.80 ± 0.75 4.09 (3.18- 4.26)	1.72 ± 0.43 1.98 (1.28- 2.04)	U<0.001 p=0.009
	20-29	3.53 ± 0.88 3.59 (2.74- 4.30)	2.38 ± 0.17 2.39 (2.23- 2.53)	U=1.000 p=0.016
	30-39	2.06 ± 0.34 2.06 (1.77- 2.36)	2.23 ± 0.27 2.36 (1.96- 2.44)	U=8.000 p=0.347
	40-49	2.01 ± 0.45 2.02 (1.58-2.43)	1.84 ± 0.23 1.79 (1.64- 2.07)	U=10.000 p=0.602
	50-59	1.84 ± 0.44 1.94 (1.41- 2.22)	1.89 ± 0.22 1.96 (1.72- 2.03)	U=11.000 p=0.754
	60-69	1.49 ± 0.51 1.71 (1.07- 1.79)	1.90 ± 0.29 1.82 (1.67- 2.18)	U=7.000 p=0.251
	70+	2.29 ± 0.61 2.20 (1.73- 2.89)	2.75 ± 0.49 2.61 (2.44- 3.14)	U=8.000 p=0.347
Male	10-19	3.96 ± 1.09 4.38 (2.99- 4.71)	2,55 ± 0.70 2.87 (1.96- 2.97)	U=4.000 p=0.076
	20-29	8.93 ± 0.92 9.37 (7.94- 9.69)	8,70 ± 0.41 8.44 (8.42- 9.11)	U=10.000 p=0.602
	30-39	6.51 ± 0.59 6.33 (5.99- 7.13)	7,87 ± 0.41 7.84 (7.56- 8.20)	U<0.001 p=0.009
	40-49	7.19 ± 0.47 7.09 (6.79- 7.63)	8,18 ± 0.54 7.90 (7.76- 8.75)	U=3.000 p=0.047
	50-59	6.84 ± 1.33 7.30 (5.87- 7.58)	8,42 ± 0.63 8.04 (7.95- 9.07)	U<0.001 p=0.009
	60-69	7.01 ±1.05 7.31 (6.17- 7.69)	8,22 ± 0.70 8.20 (7.54- 8.92)	U=2.000 p=0.028
	70+	8.69 ± 1.46 8.03 (7.45- 10.26)	11,15 ± 0.68 11.01 (10.59- 11.77)	U=1.000 p=0.016

		Cluster 1 n=215	Cluster 2 n=190	Statistics
Crude completed suicide ratio	Female	2.29 ± 1.20	1.92 ± 0.96	t=3.381 p=0.001
	Male	5.87 ± 2.48	7.20 ± 2.72	t=-5.120 p<0.001
Completed suicide number per 1000 deaths	Female	5.39 ± 3.89	3.35 ± 1.72	t=6.939 p<0.001
	Male	10.76 ± 4.64	10.30 ± 3.86	t=1.082 p=0.280

Conclusions: Gender inequality may negatively effect young women's mental health in more patriarchal cities in Turkey from the point of completed suicide.

Disclosure: No significant relationships.
Keywords: completed suicide; Turkey; gender equity; gender equality

EPV0721

Long-acting injectable antipsychotics during pregnancy: An update

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Introduction: Long-acting injectable (LAI) antipsychotics are related to proven compliance to treatment and more constant medication levels (hence the apparent lower side-effect burden).
Objectives: To highlight the experience with LAI antipsychotic treatment during pregnancy.
Methods: Literature review.
Results: Seven cases are reported. A 35year old with schizophrenia received zuclopenthixole LAI (mostly 200mg/monthly) during both her pregnancies (of healthy girls born at weeks 39 and 40). A 35year old with schizophrenia was under risperidone LAI (25mg/2 weeks) and gave birth to a healthy girl at week 37. Another 35year old (probably with schizophrenia) was on olanzapine LAI (300mg/month during the last quarter of her pregnancy) that led to the birth of a healthy girl at week 40. A 37year old with schizophrenia received paliperidone LAI (100mg/monthly, last injection at week 28) and gave birth to a healthy boy at week 39. Paliperidone LAI (50mg/monthly) was the treatment of another 34year old with schizoaffective disorder that gave birth to a healthy boy at week 40, as well as of a 26year old (263mg/3-monthly), mother of a healthy boy as well (born at an unspecified week of pregnancy). Finally, a 43year old with bipolar disorder was on aripiprazole LAI (300mg/monthly) during her pregnancy that led to the birth of a healthy girl at week 40.
Conclusions: All pregnant women on LAI antipsychotic treatment gave birth to (apparently) healthy babies. LAI doses were mostly low. Long-term follow-up could clarify eventual delayed aftereffects. Based on the literature, LAI antipsychotic treatment could be considered as an option for selected pregnant patients.

Disclosure: No significant relationships.
Keywords: Long-acting injectable antipsychotics; schizophrénia; bipolar disorder; pregnancy

EPV0722

Mental health of Tunisian women during the first wave of COVID-19 pandemic

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Introduction: The coronavirus disease 2019 (COVID-19) pandemic created a situation of general distress. Although the focus has been initially more on the physical health during the pandemic, mental health concerns linked to the lockdown have quickly risen.
Objectives: The aim of this study was to evaluate the impact of the first wave of COVID-19 pandemic on Tunisian women's mental health.
Methods: An online survey was conducted during the first wave of COVID-19 pandemic using the Depression Anxiety and Stress Scales (DASS-21). We also collected sociodemographic information and mental health status.
Results: A total of 751 women completed the questionnaire. More than half of the participants (57.3%) reported extremely severe distress symptoms, and 53.1% had extremely severe stress symptoms as per the DASS-21. Those who had a history of mental illness were found to have more severe symptoms of depression, anxiety and stress.
Conclusions: As this study was the first one to evaluate the acute impact of COVID-19 on mental health in Tunisia, Arab world and in Africa, it may be a sound basis for developing an effective psychological intervention aimed at women in these regions.

Disclosure: No significant relationships.
Keywords: Anxiety; Depression; stress; coronavirus

EPV0723

Impact of COVID-19 pandemic on gender-based violence in Tunisia

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Introduction: Violence against women is a public health problem worldwide. During humanitarian crises such as wars, violence expands mainly to the detriment of the most vulnerable groups.
Objectives: This study aims to assess the effect of the COVID-19-related lockdown on gender-based violence.
Methods: This study was conducted using an online survey, between April 25 and May 6, 2020. Women were asked about sociodemographic information, lockdown conditions, history involving exposure to violence before and during the COVID-19 lockdown and its types.
Results: The number of included participants was 751. The age ranged from 18 to 69 years. Violence against women increased significantly during the lockdown (from 4.4 to 14.8%; $p < 0.001$). Psychological abuse was the most frequent type of violence (96%). Almost 90% (n = 98) of those who experienced violence during the lockdown did not seek assistance. Women who had experienced abuse before the lockdown were at an increased risk of violence during lockdown ($p < 0.001$; OR = 19.34 [8.71–43.00]).
Conclusions: Strengthening strategies to protect women during periods of crisis is urgent. However, a change in mentalities would take more time to set up. Violence against women necessitates a fundamental long-term struggle and practical intervention strategies.

Disclosure: No significant relationships.
Keywords: Spouse abuse; domestic violence; lockdown

EPV0724

Problematic facebook use during COVID-19 pandemic among Tunisian women

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Introduction: Due to COVID-19 pandemic, the Tunisian government officially announced a lockdown on March 2020. This decision caused a significant change in the everyday life of Tunisians such as movement restriction revealing the psychosocial aspect of this crisis.