semen parameters. Among these, 105 patients were assessed for levels of superoxide dismutase (SOD) and 51 patients were evaluated for the levels of catalase in seminal plasma from September 2022 to January 2023.

Participants/materials, setting, methods: Were included patients addressed for semen quality assessment. All patients with a previously diagnosed psychological disorder, those who presented severe depression and/or anxiety symptoms or had a stressful life event were not included. Informed consent was obtained from all the participants. The subjects were evaluated for anxiety and depression symptoms using the valid Arab version of the HAD (Hospital Anxiety and Depression) scale. Semen analysis and results interpretation were performed according to 2021 WHO guidelines.

Main results and the role of chance: The mean HAD-D (depression) and HAD-A (anxiety) scores were of 6.56 ± 3.07 (IIQ [4-8]) and 7.94 ± 3.73 (IIQ [5-10]) respectively. The mean levels of SOD and catalase were of 42.32 ± 24.08 and 19599.82 ± 12745.36 respectively. The results showed that patients exhibiting elevated HAD-D scores have higher levels of catalase in seminal plasma compared to those with normally ranging HAD-D scores (29856.07 ± 15904.51 VS 17968.14 ± 11564.79 respectively; $p = 0.02$). However, SOD levels were similar between the two groups and no correlation was found between seminal oxidative stress as assessed by catalase and SOD levels and both HAD-D and HAD-A scores.

Limitations, reasons for caution: The main limitation reason could be related to the limited number of patients evaluated for levels of catalase in seminal plasma (N = 51). Furthermore, assessing hormone's levels (LH, FSH and testosterone) would be of great interest in elucidating the implicated pathways leading to oxidative stress and impaired semen quality.

Wider implications of the findings: Our results shed the light on the elevated levels of the catalase in patients with high depression scores. The absence of correlation between antioxidant enzymes and psychological well-being of infertile patients is a reassuring finding. However, awareness and recognition of depressive symptoms in infertile men is crucial when managing infertility.

Trial registration number: not applicable

Abstract citation ID: dead093.901
P-567 The role of self-criticism in the relationship between infertility-related stress and anxiety and depression symptoms in women facing infertility

J. Pedro[1,2], M. Alves[3], S. Santos[3,4,5]

[1]*Centre for Reproductive Genetics A. Barros, Porto, Portugal*
[2]*Centre for Psychology at University of Porto- Porto- Portugal, University of Porto, Porto, Portugal*
[3]*Portucalense Institute for Human Development- Universidade Portucalense Infante D. Henrique- Porto- Portugal, Porto, Portugal*
[4]*PIN-Partners in Neuroscience, Porto, Portugal*
[5]*CINEICC, Faculty of Psychology and Educational Sciences – University of Coimbra, Coimbra, Portugal*

Study question: Can self-criticism help to explain the relationship between infertility-related stress and anxiety and depression symptoms in women facing infertility?

Summary answer: Women with higher infertility-related stress presented also with higher anxiety and depression symptoms and their self-criticism attitudes help to explain this relationship.

What is known already: Infertility is a demanding and potentially stress-inducing medical condition, which can trigger anxiety and depression symptoms in women. Feelings of being inadequate, failing to achieve a major life goal, and experiences of shame might develop dysfunctional strategies such as self-criticism attitudes. Self-criticism has been associated with poor mental health outcomes. However, in the field of infertility, the role of self-criticism in the relationship between infertility-related stress and anxiety and depression symptoms has never been explored.

Study design, size, duration: This cross-sectional study was conducted between December 2021 and March 2022. Women (in a heterosexual relationship), having an infertility diagnosis and/or trying to conceive for more than 12 months and aged between 18 and 45 years were invited to participate in the study. Data were collected through an online platform, after the dissemination of the study on social media created specifically for this purpose, through a snowball strategy.

Participants/materials, setting, methods: The sample was composed of 130 women.Participants completed a self-reported questionnaire including demographic, health data, and measures of infertility-related stress (COMPI), self-criticism (FSCRS), and anxiety and depression symptoms (DASS-21). A mediation model using PROCESS was used to test whether the relationship between infertility-related stress and anxiety and depression symptoms is mediated by self-criticism. Psychological support was used as a control variable since preliminary analyses revealed that this variable has a multivariate effect on the outcomes.

Main results and the role of chance: Women were on average 34 years old and the majority were married. Seventy-three percent had already undergone fertility treatments and the most frequent diagnosis was unexplained infertility and female factor. About 30% were having psychological support. The results obtained through the mediation models showed significant direct effects on the relationship between infertility-related stress and anxiety ($b = .13$, SE = .05, $p < .01$) and depression symptoms ($b = .30$, SE = .05, $p < .001$), indicating that higher levels of infertility-related stress are associated with higher levels of anxiety and depression symptoms. Significant indirect effects were also identified between infertility-related stress and depression symptoms (SE = .02; IC de 95 % [.0167, .1124]) and between infertility-related stress and anxiety symptoms (SE = .05; IC de 95 % [.0100, .0906]), through self-criticism showing that this relationship can be explained by self-critical attitudes.

Limitations, reasons for caution: Due to the nature of our sample, the results need to be interpreted with caution. The cross-sectional design does not allow to draw causal directions; further longitudinal studies exploring the role of these variables are needed and exploring the role of possible confounders. Studies including men are needed as well.

Wider implications of the findings: This work highlighted the role of self-criticism as explaining the relationship between infertility-related stress and anxiety and depression symptoms. Psychological support aiming to promote self-compassion (in contrast with self-criticism) attitudes might help to develop more functional strategies and contribute to better mental health outcomes in women facing infertility.

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P-568 Why menopause education is needed

J. Harper[1], S. Phillips[1], C. Munn[1], L. Vaughan[1], R. Biswakarma[1], E. Yasmin[2], M. Davies[2], V. Talaulikar[2]

[1]*Institute for Women's Health, Reproductive Science and Society Group, London, United Kingdom*
[2]*University College Hospital, Reproductive Medicine Unit, London, United Kingdom*

Study question: What do women know and think about the menopause?

Summary answer: Women reported a lack of their own and their health professional's knowledge of the menopause. Overall they had negative attitudes.

What is known already: Female fertility decline is strongly linked to the age a woman will go through the menopause. The menopause is defined as having been for one year without a period. The menopause causes the end of fertility. But women start to lose their fertility approximately 8-10 years before the menopause. Studies have shown that women are not educated about the menopause, and neither are their health professionals. This lack of education may result in infertility, childlessness, misdiagnosis of symptoms and seriously affect wellbeing and treatment. It is time to find out what women of all ages feel about the menopause.

Study design, size, duration: We conducted a mixed methods study: two anonymous, online surveys using multiple choice and open-ended questions on Qualtrics. One survey was designed for women under 40 years old and the other for women over 40. Both surveys were promoted using the social