

patients should be considered given the lack of communication between doctors and patients regarding sexuality issues.

Disclosure: No significant relationships.

Keywords: Female sexual Function Index; International Index of Erectile Function; cancer; Sexual functioning

EPV1465

Sexual dysfunction and quality of life among Tunisian patients with schizophrenia

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Introduction: Sexual dysfunction (SD) is prevalent among psychiatric patients than general population.

Objectives: To assess the SD and quality of life (QOL) of patients with schizophrenia, and to identify the factors associated with it.

Methods: This was a cross-sectional, descriptive and analytical study, which began in December 2019, conducted with 60 subjects followed for SCZ or SAD, at the psychiatry outpatient unit of the Hédi Chaker University Hospital in Sfax (Tunisia). General, clinical and therapeutic data were collected using a pre-established questionnaire. The Arizona Sexual Experiences Scale (ASEX) and the 36 item Short-Form Health Survey (SF-36) were used to evaluate subjective sexual dysfunction and QOL respectively.

Results: Patients enrolled had SCZ in 78.2% and SAD in 21.8% of cases. The mean age was 47.2 years. Psychiatric family history, the presence of personal somatic illnesses and tobacco use were found in 43.6%, 61.8% and 67.3% of cases, respectively. The average score of ASEX was 18.21. QOL was altered in 73.3% of participants with an SGM of 53.29. The psychic component was more altered than the physical one with average scores estimated respectively at 48 and 58.44. Participants with SD were more likely to have tobacco consumption ($p=0.025$), history of suicide attempt ($p=0.023$) and they are treated by a combination of several treatments ($p=0.025$). Impaired QOL was not statistically correlated with SD ($p=0.5$)

Conclusions: The physicians should pay attention to SD during the assessment and treatment of patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: Tunisian patients; sexual dysfunction; Quality of Life; schizophrenia

EPV1466

Students' understanding of normal sexual behavior definition through evaluation and group discussion

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Introduction: The assumption that "normal" or typical sexual behavior exists is important for research and practice (van

Lankveld, 2013). The definition of normal sexual behavior is multifaceted, that is why its adequate understanding by students in the course of sexuality requires some effort.

Objectives: The focus of the research was the students' understanding of complicated normal sexual behavior.

Methods: 24 students (20 women; aged from 20 to 37 with $M=25.5$ and $SD=5.7$) completed adapted and modified questionnaire (Kite, 1990) consisting 30 items concerning sexual behavior by deciding whether or not they consider each item as normal. Then the evaluations by each student on all items were generalized and discussed and summarized in this general form among all participants.

Results: Only 2 items were considered by all students as a normal: concerning sex somewhere other than a bed and masturbation after marriage. Some items were evaluated as normal by the half of participants: fantasizing about a person other than one's partner during sex; becoming aroused by peeping; dressing of the clothing of the other sex; having rape fantasies. Many items were characterized as normal by less or more than a half of the participants. Trying to answer the question of what elements of sexual behavior can be considered as normal, students aware the ambiguity of these assumptions and observe the variability in the opinions of other participants.

Conclusions: Evaluation of different elements of sexual behavior and subsequent group discussion demonstrates for students some difficulties and uncertainty in defining normal sex behavior.

Disclosure: No significant relationships.

Keywords: group discussion; Definition; normal sexual behavior

EPV1467

BDSM: pathological or healthy expression of intimacy?

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Introduction: Though BDSM interest (bondage & discipline, dominance & submission and sadism & masochism) has proven to be quite prevalent (46.8% in recent research), there is still significant stigma surrounding it, both in general society and among mental health practitioners.

Objectives: This research explores the biological mechanisms associated with a BDSM interaction in the hope to strengthen the argument that it does not belong in the psychiatric field.

Methods: The present study collected data on peripheral hormone levels, pain thresholds and pain cognitions before and after a BDSM interaction and compared these results to a control group.

Results: show that submissives have increased cortisol and endocannabinoid levels due to the BDSM interaction and that these increases are linked. Dominants showed a significant increase in endocannabinoids associated with power play but not with pain play. BDSM practitioners have a higher pain threshold overall and a BDSM interaction will result in a temporary elevation of pain thresholds for submissives. Additionally, pain thresholds in dominants will be dependent upon their fear of pain and tendency to catastrophize pain and submissives will experience less fear of pain than the control group

Conclusions: Even though this is one of the first studies of its kind, several biological processes can be associated with BDSM interactions, strengthening the hypothesis of BDSM as a healthy form of

intimacy and promoting its distinction from paraphilias as they are described in the DSM or ICD classifications.

Disclosure: No significant relationships.

Keywords: BDSM; stigma; Sexual health; Biological mechanisms

EPV1468

Suicidal attempts and non-suicidal self-injury during gender affirming hormone therapy (GAHT) – a case report

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Introduction: Transsexual adolescents frequently present psychiatric comorbidities and psychopathology among which self-injurious behaviours are prominent (Modrego Pardo et al., 2021). GAHT seems to decrease the rate of mental health problems especially in terms of anxiety, depression and hostility (Heylens et al., 2014). However the impact of exogenous cross-sex hormones on non-suicidal and suicidal self-injurious behaviours is not thoroughly understood (Claes et al., 2015).

Objectives: We present the case of a transsexual boy who was first diagnosed with depression and benign self-injurious behaviours and subsequently - transsexualism.

Methods: He was prescribed a treatment with testosterone depot injections in fortnight intervals. The initiation of testosterone injections co-occurred with the switching of antidepressant drug. Self-injurious behaviours, substance abuse and suicidal attempts were observed regularly after GAHT onset – 10-14 days after a testosterone injection. The lethality and intensity of self-harm was greater than that observed before GAHT. After admission to the psychiatry unit pharmacotherapy was adjusted accordingly to presented symptoms. Remission of self-injurious behaviours followed.

Results: The incidence of self-injury 10-14 days after the injection of depot testosterone overlaps the peak of serum testosterone levels in treated patients (O'Connor et al., 2004). Moreover, a relative serotonin deficiency in a depressed patient may be insufficient to counteract testosterone believed to be driving aggressive tendencies (Batrinos, 2012).

Conclusions: Since psychiatric comorbidity and psychopharmacotherapy in transsexual young population is the rule rather than the exception, careful monitoring and therapy adjustment is crucial for maintaining safety and obtaining best results (Kaltiala et al., 2020).

Disclosure: No significant relationships.

Keywords: suicidal attempt; NSSI; Depression; transsexualism

EPV1469

Neurodevelopmental disorders and gender dysphoria: a fertile relationship?

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Introduction: Development of gender identity is a complicated process. During this process it is thought that many factors play a role. Gender dysphoria is a condition where there is a mismatch between the assigned gender at birth and gender identity. Although scarce, literature shows that compared to cisgender individuals, transgender and gender-diverse individuals have higher rates of autism, other neurodevelopmental and psychiatric diagnoses.

Objectives: To describe possible relations and overlap between gender dysphoria and neurodevelopmental disorders.

Methods: Literature search in Pubmed and other similar platforms. Articles considered relevant under this theme were included.

Results: Autism spectrum disorders (ASD) and attention-deficit hyperactivity disorder (ADHD) can compromise health and may be more prevalent amongst individuals with gender dysphoria (GD). Symptoms such as attention difficulties, deficits in communication and social skills, obsessional interests, and stereotyped behaviour can significantly impact assessment of GD and the appropriate clinical care. With some overlapping symptoms, the potential for misdiagnosis is possible. Data about prevalence of this conditions in transgender community is of low quality, but ASD is more prevalent, ranging from 6-26%.

Conclusions: Studies demonstrate that neurodevelopmental disorders and other psychiatric conditions are more common in transgender and gender-diverse individuals. It is important that future studies focus on exploring the mental health outcomes of neurodevelopmental-trans individuals.

Disclosure: No significant relationships.

Keywords: psychiatry; sexual medicine; Neurodevelopmental disorders; Gender Dysphoria

EPV1470

Sexuality among elderly patients with dementia: Are we aware of their needs?

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Introduction: Sexuality is one of the basic needs in human life and its positive effects for the wellbeing are undeniable. People with dementia, despite cognition and functioning impairments, still pursue intimacy as part of their expression of basic human instincts.

Objectives: We aim to address the subject of sexuality among patients with dementia, emphasizing the physiological, environmental and legal barriers.

Methods: We conduct a non-systematic review of recent evidence on dementia and sexuality, using PubMed/Medline database.

Results: People with dementia face several difficulties expressing their sexuality. First, they struggle with physiological barriers to enjoyment of sexuality, such as ageism, apathy and limited free mobility. Secondly, either at home or in long-term care facilities, privacy is usually abolished. For care facilities, the Sexuality Assessment Tool supports the normalization of sexuality and self-audit policies that promote resident rights for privacy and assistance.