physical and psychiatric comorbidities that have an important role in deciding the pharmacological treatment.

Methods: We conducted a retrospective observational study on a group of 169 patients previously diagnosed with a type of somatoform disorder and hospitalized between January 2015 - January 2021 in a psychiatric emergency hospital in Cluj-Napoca, Romania.

Results: Male:female ratio was 1:1.41. The mean age was 52.35±13.3 years, the mean period of hospitalization was 12±5.39 days. 54% of patients lived in urban areas, and almost half of them were married. Most patients were not professionally active and did not receive a superior education. Most patients had one hospitalization and had at least one physical and one psychiatric comorbidity. The most frequent somatic comorbidities were: cardiovascular, metabolic, rheumatological, gastrointestinal, endocrinological, and neurological, and the most frequent psychiatric ones were: depressive, personality, anxiety, neurocognitive, and substance use disorders. The most frequent type of somatoform disorders were: undifferentiated somatoform disorder and somatization disorder. Regarding psychiatric treatment, antidepressants, antipsychotics, benzodiazepines, anticonvulsants, and hypnotics were used. No correlations were observed between the presence of depressive or anxiety disorders and somatic comorbidities.

Conclusions: ICD and DSM need to clarify diagnostic criteria and develop therapeutical guidelines for this type of patient.

Disclosure: No significant relationships.
Keywords: somatoform; comorbidities; Treatment

EPP0188

Neuropsychological functions as trait markers in OCD: a long term follow-up.

M. Puialto* and J. Segalàs

Bellvitge Hospital, Psychiatry, Barcelona, Spain
*Corresponding author.
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Introduction: There is suggestive evidence that Obssesive Compulsive Disorder (OCD) is characterized by impaired neuropsychological functions that are also influenced by clinical variables. Several studies show that these neuropsychological deficits could be potential endophenotype markers.

Objectives: The present study aimed to examine neuropsychological patterns in OCD patients and several clinical variables before and after a follow-up of 10 years.

Methods: This study examined 44 outpatients with OCD. Cognitive performance and clinical data of these patients were documented before and after a follow-up of 10 years. A neuropsychological battery was administered and scored to them including Rey Osterrieth Complex Figure, the Digit-span test, and the State-Trait Anxiety Inventory. As well, several clinical variables were also assessed including sociodemographic variables, general intelligence measured by Progressive Raven's matrices, Yale Brown Obsessive Compulsive Scale and Hamilton Depression Rating Scale. Finally, data was analyzed using t-Student and Pearson's correlation.

Results: In general, the pattern of neuropsychological dysfunction in patients with OCD remains unchanged during the follow-up period, except for some specific variables. Low scores on some verbal memory tasks were associated with severity of OCD, and nonverbal memory was influenced by depressive symptoms in the first evaluation, while, after the follow-up, as obsessive and affective symptoms improve, there's no significant change in the neuropsychological pattern.

Conclusions: Despite the influence of some clinical and sociodemographic variables on the neuropsychological performance in OCD patients, cognitive dysfunction remains unchanged after a follow-up period of 10 year. These results suggest that cognitive deficits could be considered as a trait marker for the disorder.

Disclosure: No significant relationships.
Keywords: OCD; Neuropsychology; ObssesiveCompulsiveDisorder; Long term follow-up

COVID-19 and Related Topics 02 / Model Systems

EPP0189

Determinants of sexual dysfunction in women recovered from COVID-19

M. Lagha[1], G. Hamdi[1], N. Dhaouadi[2], S. Chebli[1]* and R. Ridha[1]

[1]Razi Hospital, Forensic Psychiatry, La Manouba, Tunisia and
[2]Abderrahmen Mami Hospital, Preventive Medicine, Ariana, Tunisia
*Corresponding author.
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Introduction: While several studies have assessed the impact of the COVID-19 pandemic on sexuality and sexual behavior in the general population, very few studies have assessed sexuality in patients recovered from Sars-Cov 2 infection.

Objectives: The objectives of our study were to assess factors associated with sexuality dysfunction in women recovered from covid-19.

Methods: This is a case-control study.
The women in the case group have been infected with Sars-Cov 2, and cured for one to two months at the time of the study, women in the control group have not been infected with Sars-Cov 2. We assessed depression, anxiety, post-traumatic stress disorder (PTSD) and sexuality in both groups using the Beck Depression Inventory (BDI), the Coronavirus Anxiety Scale (CAS), the Post traumatic stress disorder Checklist Scale (PCLS) and the Female Sexual Function Index (FSFI).

Results: In total, we recruited 30 women in the case group and 30 women in the control group. An FSFI score <26.55 and corresponding to impaired sexual function was found in 63.33% of women in the case group versus 53.33% of women in the control group (p=0.009). Factors influencing sexual activity were depression (OR = 17.86, CI95% = [1.1-290.12]) and PTSD (OR = 18.51, CI95% = [1.43-240.30]).

Conclusions: Depression and PTSD are significantly associated with sexual dysfunction in women recovered from COVID-19, even in mild or pauci-symptomatic clinical forms.

Disclosure: No significant relationships.
Keywords: dysfunction; women; sexuality; Covid-19