

Methods: A non-systematic review was performed, searching Pubmed/MEDLINE for articles using the keywords “schizophrenia” and “first rank symptoms”.

Results: From the beginning of Western descriptive psychopathology in the early 19th century, symptoms have been observed later described as first-rank by Schneider. When FRS are conceived as simple clinical indicators at a low level of inference, the results of the meta-analytic estimate of their diagnostic accuracy can be considered as a valid appraisal of their performance and usefulness. However, when FRS are conceptualised from a psychopathological perspective as strange and incomprehensible experiences that cannot be reduced merely to their propositional content and require substantial expertise and skill to be properly evaluated, the meta-analytic estimates can hardly be seen as a valid evaluation of their diagnostic significance, considering that some FRS are extremely difficult to assess properly.

Conclusions: The descriptions of these symptoms present substantial temporal and geographical continuity, over two centuries and in many countries. There is contradictory information concerning the validity of FRS as a clinical indicator. Phenomenologically informed studies are needed to address this research gap.

Keywords: schizofrenia; first rank symptoms

Sexual medicine and mental health

EPP1260

The effects of the age of male early life circumcision on sexual functions later in life

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Introduction: According to psychoanalytic theory performing circumcision on a boy in phallic phase may aggravate this fear and cause sexual dysfunctions later in life. However this hypothesis is an

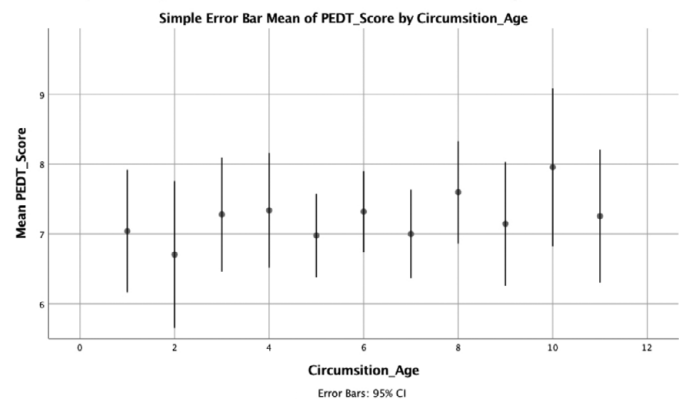
unverified common-view rather than a scientifically proven conclusion.

Objectives: We hypothesized that being circumcised during phallic phase is not a risk factor for sexual dysfunction. We also took a peak at how the experience of circumcision is being perceived and its psychological effects. Our secondary hypothesis was, sexual dysfunctions are more frequent among men who had a traumatic circumcision experience.

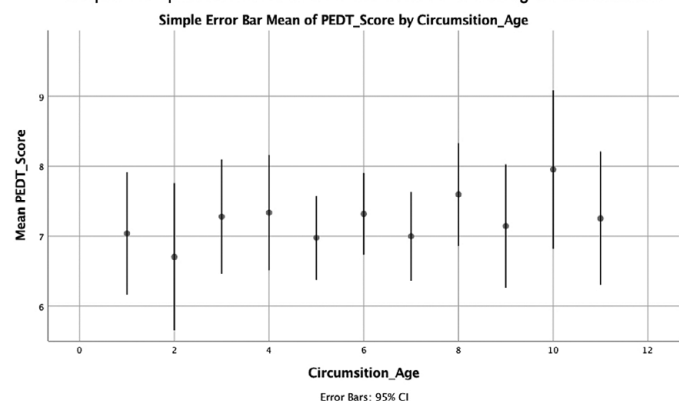
Methods: For this cross-sectional study, a total of 2768 sexually active, circumcised and voluntary men were recruited from 20 different urology outpatient clinics around Turkey.

Results: There was no significant difference for PEDT and IIEF scores between participants who were circumcised at different ages (Graph-1,2). When participants were divided into 3 groups according to their circumcision age in accordance with psychoanalytic theory (before, after and during phallic phase) mean IIEF and PEDT scores did not differ. PEDT scores did not differ either by which emotion the participant describe their experience of circumcision or how vividly he remembered it. However participants who remembered their circumcision experience more vividly and had who describe their circumcision experience with fear/anxiety had a higher IIEF score (Graph-3).

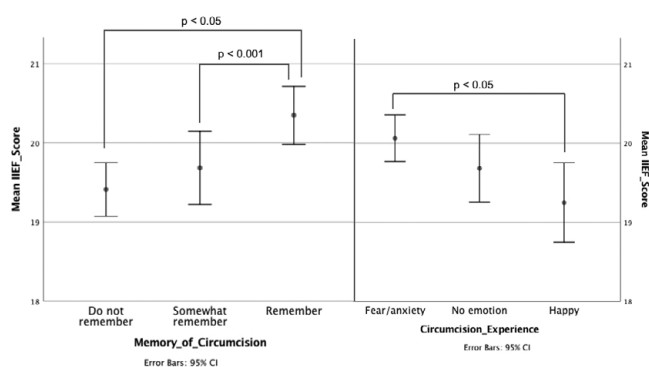
Graph-1. Simple Error Bar of Mean PEDT Scores At Each Age of Circumcision



Graph-2. Simple Error Bar of Mean PEDT Scores At Each Age of Circumcision



Graph-3. Simple Error Bar of Mean IIEF Scores When Participants Are Grouped According Memory of Circumcision Experience And Perception of Circumcision Experience



Conclusions: The age of circumcision does not affect the risk of PE. This is one of the very few studies that challenges psychoanalytic theory with a scientific method. Remembering the circumcision experience with fear or anxiety did not increase the risk of sexual dysfunctions.

Keywords: Circumcision; Premature Ejaculation; Sexual Dysfunction

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Homophobia: Is it a heterosexual “privilege”?

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Introduction: The context of stigma, in which many homosexuals live, exposes them to discrimination/stigmatization and promotes the internalization of negative attitudes about sexuality. Battle feelings of rejection and isolation may lead to the development of internalized homophobia (IH).

Objectives: To elucidate the risk factors of IH and how the latter affects mental health.

Methods: Literature review (PubMed).

Results: IH has been associated with lower levels of emotional stability, rejection sensitivity, impairments in emotion regulation and a tendency to turn against the self. Studies have connected IH to depression, poor self/relationship wellbeing, sexual discrimination, addictions, shame, body dissatisfaction, suicidal ideation, binge eating/drinking, partner violence and victimization. Higher levels of attachment anxiety and avoidance, outness, religiosity and internalized stigma were correlated with higher IH levels. The key factors relating to suicide include lack of acceptance by family and/or self, negative feelings about sexuality/gender and appearance dissatisfaction. In traditional/religious societies, heterosexual orientation is a strong norm and homosexuality is considered unacceptable leading LGBT individuals to report higher depressive symptoms and increased levels of IH. Due to heterosexist ideals, IH is a predictor for heterosexual marital intention, protests against LGBT and use of masculinity as a compensatory strategy.

Conclusions: Policies in support of individuals who have recently come out should be improved to reduce the development/effects of

IH and take the social and sexual environments of rural gay men into account considering ways to increase service accessibility (e.g internet). Future research is needed to further understand the association between IH and mental health, social and cognitive mechanisms.

Keywords: LGBT; stigmatization; discrimination; internalized homophobia

EPP1264

Impact of male infertility on self-esteem

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Introduction: Infertile males experience considerable psychological distress, with feelings of inadequacy, marginalization, guilt and loss of self-esteem.

Objectives: Our study aims to investigate the impact of male infertility on men’s self-esteem and to study risk factors for low self-esteem.

Methods: We conducted a cross sectional, descriptive and analytical study, including 108 infertile men who presented to the laboratory of reproductive biology and the unit of assisted medical procreation of Military Hospital of Tunis between June and September 2019. For each patient, we collected sociodemographic and clinical data. We used Rosenberg scale to assess self-esteem.

Results: The average age of participants was 36.8 years. Eleven patients had a history of varicocele (10.18%) and six of them suffered from associated erectile dysfunction (5.55%). Infertility was primary in most of patients (77.8%) with an average duration of 3.32 years. 25% of patients had at least one previous failed assisted reproductive attempt. Spermogram abnormalities were found in 78.7% of patients. The mean score of Rosenberg scale was 30.68±4.35. Low self-esteem was associated with older age (p=0.006), lower educational level (p=0.019) and longer duration of infertility (p=0.022). Men who had children had better self-esteem (p=0.022). No associations were found between self-esteem and erectile dysfunction or previous failed assisted reproductive technique attempt.

Conclusions: Our results show that infertility reduces men’s self-esteem, especially of patients with lower educational level and longer duration of infertility. Physician dealing with infertility should be aware of these psychosocial aspects and offer help when needed.

Keywords: infertility; self-esteem; men

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Third generation cognitive-behavioral therapies and genital pain

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