

Moreover, expression of sexuality in elderly can be misinterpreted as disinhibition, leading to unnecessary use of psychotropics to cease these behaviors. Additionally, legal barriers regarding consent arise when a partner loses the ability to consent sexual activity, questioning agreement and mutual desire. The Lichtenberg and Strzepek Decision Tree for Capacity to Participate in Intimate Relationships can be helpful to address this issue.

Conclusions: Sexuality in older people remains neglected in clinical intervention. Besides the urgent need to deconstruct stereotypes, families and staff must be sensitized to understand the changes in expression and perception of sexuality among people with dementia, rather than being indifferent or medicate what can be perceived as disinhibited/distorted expressions of normal needs.

Disclosure: No significant relationships.

Keywords: Dementia; sexuality

EPV1471

sexual offenders : Epidemiological and Criminological Profile

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Introduction: Sexual assault is a major problem in Tunisian society. There is no definitive typology of the characteristics of those who sexually assault. A great diversity of sexual aggression behaviors and different motivations can be described.

Objectives: It is about a retrospective survey, achieved from data of Medical Expertise of the sexual offenders achieved in psychiatric departement of hospital of mahdia. This study revealed 18 cases during the period from January 2010 to December 2020.

Methods: The objective of the work was to describe the epidemiological and criminological profile of the sexual assaults.

Results: Mean age of the sample was 40 years [30-61]. Aggressors were almost exclusively males, have medium socioeconomic status and without a regular job. Fifty percent of the perpetrators had a psychiatric diagnosis: bipolar disorder (27.7%), schizophrenia (11.1%), antisocial personality disorder (5.5%) and intellectual disability (5.5%). Indecent assault (27.7%) was the most frequent aggression then the rape (22.2%). Thirty three per cent of the victims were minor. Among these expertised patients, 72% were considered responsible for their actions and only one was considered irresponsible.

Conclusions: Studies on the characteristics of sexual offenders have concluded to the profile of the young, single and unemployed male, but it can't be a commun profile.

Disclosure: No significant relationships.

Keywords: Sexual offender; sexual aggression

EPV1472

Sexual and Reproductive Health Needs Assessment & Interventions in a Female Psychiatric Intensive Care Unit

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Introduction: This quality improvement project was a collaboration between an adult, inpatient female psychiatric intensive care unit (PICU) in South London and the Sexual and Reproductive Health Rights, Inclusion and Empowerment (SHRINE) programme. SHRINE is a London-based programme delivering SRH care to any individual with serious mental illness, substance misuse and/or learning disability.

Objectives: The primary aim of this quality improvement project was to assess patients' sexual and reproductive (SRH) needs, and the acceptability of providing SRH assessments in a female PICU setting. Secondary aims were to explore the barriers to access and the feasibility of providing SRH assessments and SHRINE interventions in the PICU.

Methods: A bi-monthly SRH in-reach clinic and a nurse led SRH referral pathway were implemented on the PICU over a seven-month period. Within a quality improvement framework, a staff training needs assessment was performed, training delivered, a protocol developed, staff attitudes explored, and patient and carer engagement sought.

Results: 30% of women were identified as having unmet SRH needs and proceeded to a specialist appointment, representing a 2.5-fold increase in unmet need detection. 42% of women were assessed, representing a 3.5-fold increase in uptake. 21% of women initiated SRH interventions of which 14% had all their SRH needs met.

Conclusions: Results identified SRH needs for PICU admissions are greater than realised. Staff highlighted the acceptability and importance of SRH care, if interventions are appropriately timed and the patient's individual risk profile considered. Providing a nurse-led referral pathway for an SRH in-reach clinic is acceptable, feasible and beneficial for PICU patients.

Disclosure: No significant relationships.

Keywords: Sexual health; mental health; psychiatric intensive care; women's health

Sleep Disorders & Stress

EPV1473

Minority stress and sleep disturbance: How does anxiety mediate the relationship between stress and sleep for a sample of sexual minority men?

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Introduction: There is growing evidence that sexual minority men (e.g., gay, bisexual) experience lower sleep quality when compared

to their heterosexual peers. Minority stress (e.g., discrimination, victimization) may account for these differences, however little is known about these relationships and how generalized anxiety may play a role in sleep disturbance.

Objectives: Therefore, the aims of this study are to (a) understand the relationship between minority stress and sleep disturbance in a sample of sexual minority men, and (b) test whether these relationships are mediated by generalized anxiety.

Methods: In 2020, 241 sexual minority men were recruited across a south-eastern state in the USA. Participants were asked to respond to scales assessing perceived social stress, minority stress constructs (i.e., internalized homophobia, experiences of harassment, microaggressions), generalized anxiety, and sleep disturbance. Linear regressions were used to test the relationship between minority stress and sleep disturbance controlling for perceived social stress and to test mediation by generalized anxiety.

Results: Two minority stress constructs (experiences of harassment, and microaggressions) and perceived social stress were found to have a positive relationship with sleep disturbance. Generalized anxiety symptoms fully mediated the relationship between minority stress and sleep disturbance.

Conclusions: Because sleep quality has a profound impact on health, findings from this study suggest the need for psychological intervention to improve sleep for sexual minority men. Given that generalized anxiety fully mediates the relationship between minority stress and sleep, targeted anxiety-based interventions have the potential to reduce sleep disturbance disparities between heterosexual and sexual minority men.

Disclosure: No significant relationships.

Keywords: Anxiety; Sexual Minority; Sleep Disturbance; Minority Stress

EPV1476

Stress during the COVID-19 pandemic - impact on neuroplasticity

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Introduction: The world's population has been exposed to traumatic events and high levels of stress due to the ongoing COVID-19 outbreak. Stress is known currently as a universal experience, but the concept was first defined in 1936 by Hans Selye. It has been shown that stress is associated with impairments in neuroplasticity (e.g. neuronal atrophy and synaptic loss in the hippocampus, pre-frontal cortex) and has a crucial role in almost all mental disorders.

Objectives: In this paper we aim to highlight the recent theoretical and experimental advances in neuroscience regarding stress induced neuroplasticity.

Methods: We analyzed scientific literature written in English and published between 2019-2021. We used the electronic portal PubMed-NCBI.

Results: In the last few years, molecular and cellular studies on animal models of stress related and stress-induced psychopathologies revealed alterations in gene expression, micro RNAs expression, as well as in intracellular signaling pathways that mediate the

stress induced adaptations. These findings have led to new theories regarding depression and anxiety in the molecular neurobiology field. It has been shown that stress reduces BDNF expression inducing neuronal atrophy in various brain areas. Contrastingly, other studies have demonstrated that chronic antidepressant treatment increases BDNF expression. Furthermore, a crucial role has been assigned to miRNAs in the development of chronic stress-induced depression-like behavior and neuroplasticity.

Conclusions: We hope that this paper will increase interest in the field of stress induced cellular and molecular changes. More research needs to be pursued in order to achieve a deeper understanding of the pathophysiology of stress-induced mental disorders.

Disclosure: No significant relationships.

Keywords: Depression; Stress; Neuroplasticity; Anxiety

EPV1479

Polysomnography Following Traumatic Brain Injury: A Systematic Review and Meta-Analysis

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Introduction: Sleep disturbances are common following traumatic brain injury (TBI) worsening morbidity and other neuropsychiatric symptoms. Post-TBI alterations in sleep architecture require further study.

Objectives: (1) To evaluate polysomnographic measures of sleep architecture in participants with history of TBI compared to controls and as meta-analyses of pooled means. (2) To evaluate effects of timing and severity of TBI on polysomnographic outcomes.

Methods: PRISMA compliant systematic review was conducted of MEDLINE, PsycINFO, EMBASE and Scopus. Inclusion criteria: 1) reporting polysomnography in the context of TBI and 2) operationalizing TBI using clear/formalized criteria. Data were pooled in random-effects meta-analyses with outcomes expressed as mean differences (MD).

Results: In participants with TBI, sleep was comprised of 19.39% REM sleep, 8.13% N1, 51.18% N2, and 17.53% N3, as determined by meta-analyses of single means. Total sleep time was reduced in chronic (>6 months) TBI compared to acute-intermediate TBI (<6 months) ($p=0.01$). Compared to controls, participants with TBI differed with increased N1 sleep (MD=0.64%; 95% CI=0.02,1.25; $p=0.04$), reduced sleep efficiency (MD=-1.65%; 95% CI=-3.18,-0.12; $p=0.03$), and reduced sleep latency on the multiple sleep latency test (MD=-5.90mins; 95% CI=-10.09,-1.72; $p<0.01$). On sub-group analyses, participants with mild TBI differed from controls with reduced total sleep time (MD=-29.22mins, 95% CI=-54.16,-4.27; $p=0.02$). Similarly, participants with acute-intermediate TBI exhibited increased sleep latency compared to controls (MD=8.96mins; 95% CI=4.07,13.85; $p<0.01$) and differed significantly from participants with chronic TBI ($X^2(1,N=608)=6.54$; $p=0.01$).

Conclusions: Sleep architecture is altered following TBI with potential implications regarding functional outcomes and recovery.