

Sexual medicine and mental health

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The prevalence of anxiety and depression in transgender people living in Russia

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Introduction: The prevalence rates of mental health issues, particularly anxiety and depression, is high among transgender people. However, the incidence of anxiety and depression in transgender people living in Russia is unclear until now.

Objectives: To examine the frequency of anxiety and depression in transgender people living in Russia.

Methods: The Hospital Anxiety and Depression Scale (HADS) was used for online screening for symptoms of anxiety and depression in transgender people living in Russia throughout November 2019. 588 transgender adults living in all Federal Districts of Russia (mean age 24.0±6.7) were included in the final analysis. 69.6% (n=409) of the survey participants indicated the direction of transition as transmasculine (TM), 23.1% (n=136) – as transfeminine (TW), and 7.3% (n=43) – as other (TO).

Results: It was found that 45.1% (n=265) and 24.0% (n=141) of transgender people had clinically significant levels of anxiety and depression, respectively (HADS score of 11 or higher). The rates of anxiety (TM=10.21±4.68; TW=8.72±3.91; TO=10.72±4.43) and depression (TM=7.53±4.09; TW=7.40±4.19; TO=7.74±4.33) did not have statistically significant differences within the direction of transition. The anxiety and depression mean scores in all subgroups were statistically significantly higher than in the general Russian population (p<0.001; one sample t-test).

Conclusions: Our findings suggest a high prevalence of depression and anxiety disorders in the transgender population as compared to the cisgender population in Russia. The identified frequency of anxiety and depression in transgender people in Russia is worrying and requires immediate action to improve the availability and quality of medical and psychological care for this group of people.

Disclosure: No significant relationships.

Keywords: Depression; Transgender; Anxiety

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Sexual fantasies, subjective satisfaction and quality of sexual life in patients of sexual dysfunction: A comparative study

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Introduction: Exploring the ways in which sexual fantasies may affect sexual experience and satisfaction is of relevance in the clinical setting involving sexual dysfunction.

Objectives: To observe how the sexual fantasy scores differ in their relationship with sexual satisfaction, experience and quality between sexual dysfunction cases and normal controls.

Methods: Scales included: Wilson's sex fantasy questionnaire (WSFQ), Arizona Sexual Experience Scale (ASEX), Sexual Quality of Life Questionnaire (SQoL), and a subjective sexual satisfaction meter. Differences in responses of both groups on WSFQ (item-wise and domain-wise) were analysed using T-tests. Two-way ANOVA was applied to see how other scales affected sexual fantasy.

Results: Cases scored significantly higher on ASEX scale, and low on satisfaction, SQoL and WSFQ

| | Cases N=100 | Controls N=100 | t-test |
|--------------------------|----------------|-------------------|-----------------------------|
| Satisfaction Mean(sd) | 4.27(1.85) | 7.82(1.31) | t=3.052;df=198, p=0.0026 |
| Asex | 17.52(4.73) | 8.28(1.34) | t=15.24;df=198, p<0.0001 |
| SQoL | 29.41(12.12) | 49.5(6.67) | t=14.52;df=198, p<0.0001 |
| WSFQ | 26.80(17.61) | 30.59(15.32) | t=1.62,df=98,p=0.106 |

Majority of WSFQ responses, both in cases and controls, fell in the intimate and impersonal domains. Sexual fantasy scores and sexual satisfaction had a strong positive and significant correlation in controls but no linear correlation in the case-subjects. sexual fantasy scores contributed to 5.7% of difference in the scores of SQoL between groups. Major variance in scores of satisfaction in our subjects depended on presence or absence of sexual dysfunction (46.5%) but sexual fantasies also contributed to 8.8% of the variance.

Conclusions: The study showed that fantasies contribute to positive sexual outcomes only in absence of sexual dysfunction. ANOVA analysis revealed that in case-subjects sexual satisfaction briefly increases initially with increase in fantasy scores but starts to decline as fantasies increase.

Disclosure: No significant relationships.

Keywords: Sexual Dysfunction; sexual fantasy; Sexual Quality of Life; Sexual experience

Sleep disorders & stress

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The relationship between sleep disorders and psychotic-like symptoms in the general population

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Introduction: Abnormalities of sleep patterns are common in people with psychiatric disorders and often represent a source of distress, worsening the outcome. However, little is known about the relationship between psychotic-like symptoms and sleep disorders in the general population.

Objectives: 1. Whether there is a relationship between sleep disorders and psychotic-like experiences in a sample of individuals belonging to the general population. 2. Which sleep disorders are more commonly associated with psychotic-like experiences.

Methods: A web survey was spread through social networks. We administered the SLEEP-50 to investigate the presence of sleep disorders and the Community Assessment of Psychic Experience (CAPE) for psychotic-like symptoms. Moreover, socio-demographic characteristics of participants were collected.

Results: The web-survey was completed by 824 participants. Six people refused to give consent and 95 were excluded because they declared to suffer from psychiatric disorder or other medical conditions potentially influencing on sleep. Therefore, 729 subjects were included in the analysis. Pearson correlation coefficients showed strong correlations between the scale regarding SLEEP-50 "All sleep disorders" scale and CAPE Total and Depressive scales ($r = 0.52$, $p < 0.001$). A moderate correlation was found between "All sleep disorders" and CAPE Negative ($r = 0.49$) and Positive ($r = 0.32$) scales. Correlations with specific SLEEP-50 subscales were also found.

Conclusions: There seems to be a strong relationship between psychotic-like symptoms and sleep problems in the general population. Our findings might indicate that some sleep abnormalities may represent earlier symptoms of a psychiatric condition and need to be always monitored even in the non-psychiatric population.

Disclosure: No significant relationships.

Keywords: psychotic-like symptoms; sleep disorders; General population; Insomnia

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Reduced sleep time is associated with increases in frontal sleep-like activity and emotion regulation failures

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Introduction: Emotion self-regulation relies both on cognitive and behavioral strategies implemented to modulate the subjective experience and/or the behavioral expression of a given emotion.

Objectives: While it is known that a network encompassing fronto-cingulate and parietal brain areas is engaged during successful emotion regulation, the functional mechanisms underlying failures in emotion suppression are still unclear.

Methods: We analyzed facial-view video and high-density EEG recordings of nineteen healthy adult subjects (26 ± 3 yrs, 10F) during an emotion suppression (ES) and a free expression (FE) task performed on two consecutive days. An actigraph was worn for 7-days and used to determine sleep-time before each experiment. Changes in facial expression were identified and manually marked on the video recordings. Continuous hd-EEG recordings were preprocessed using standard approaches to reduce artifactual activity and source-modeled using sLORETA.

Results: Changes in facial expression during ES, but not FE, were preceded by local increases in sleep-like activity (1-4Hz) in brain areas responsible for emotional suppression, including bilateral anterior insula and anterior cingulate cortex, and in right middle/inferior frontal gyrus ($p < 0.05$, corrected; Figures 1 and 2). Moreover, shorter sleep duration the night prior to the ES experiment correlated with the number of behavioral errors ($p = 0.01$; Figure 3) and tended to be associated with higher frontal sleep-like activity during emotion suppression failures ($p = 0.05$).

Conclusions: These results indicate that local sleep-like activity may represent the cause of emotion suppression failures in humans, and may offer a functional explanation for previous observations linking lack of sleep, changes in frontal activity and emotional dysregulation.

Disclosure: No significant relationships.

Keywords: EEG; emotion regulation; behavior; sleep

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Does insomnia increase the risk of suicide in patients with major depressive disorders? national inpatient sample analysis

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Introduction: Insomnia is strongly associated with Major depressive disorders (MDD). There is strong evidence that it is one of the risk factor for suicide. Studies have shown the relationship of suicidal behavior in MDD patients with insomnia. However, it has not been evaluated in a large inpatient sample.