

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