

intimacy and promoting its distinction from paraphilias as they are described in the DSM or ICD classifications.

**Disclosure:** No significant relationships.

**Keywords:** BDSM; stigma; Sexual health; Biological mechanisms

### EPV1468

#### Suicidal attempts and non-suicidal self-injury during gender affirming hormone therapy (GAHT) – a case report

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**Introduction:** Transsexual adolescents frequently present psychiatric comorbidities and psychopathology among which self-injurious behaviours are prominent (Modrego Pardo et al., 2021). GAHT seems to decrease the rate of mental health problems especially in terms of anxiety, depression and hostility (Heylens et al., 2014). However the impact of exogenous cross-sex hormones on non-suicidal and suicidal self-injurious behaviours is not thoroughly understood (Claes et al., 2015).

**Objectives:** We present the case of a transsexual boy who was first diagnosed with depression and benign self-injurious behaviours and subsequently - transsexualism.

**Methods:** He was prescribed a treatment with testosterone depot injections in fortnight intervals. The initiation of testosterone injections co-occurred with the switching of antidepressant drug. Self-injurious behaviours, substance abuse and suicidal attempts were observed regularly after GAHT onset – 10-14 days after a testosterone injection. The lethality and intensity of self-harm was greater than that observed before GAHT. After admission to the psychiatry unit pharmacotherapy was adjusted accordingly to presented symptoms. Remission of self-injurious behaviours followed.

**Results:** The incidence of self-injury 10-14 days after the injection of depot testosterone overlaps the peak of serum testosterone levels in treated patients (O'Connor et al., 2004). Moreover, a relative serotonin deficiency in a depressed patient may be insufficient to counteract testosterone believed to be driving aggressive tendencies (Batrinos, 2012).

**Conclusions:** Since psychiatric comorbidity and psychopharmacotherapy in transsexual young population is the rule rather than the exception, careful monitoring and therapy adjustment is crucial for maintaining safety and obtaining best results (Kaltiala et al., 2020).

**Disclosure:** No significant relationships.

**Keywords:** suicidal attempt; NSSI; Depression; transsexualism

### EPV1469

#### Neurodevelopmental disorders and gender dysphoria: a fertile relationship?

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**Introduction:** Development of gender identity is a complicated process. During this process it is thought that many factors play a role. Gender dysphoria is a condition where there is a mismatch between the assigned gender at birth and gender identity. Although scarce, literature shows that compared to cisgender individuals, transgender and gender-diverse individuals have higher rates of autism, other neurodevelopmental and psychiatric diagnoses.

**Objectives:** To describe possible relations and overlap between gender dysphoria and neurodevelopmental disorders.

**Methods:** Literature search in Pubmed and other similar platforms. Articles considered relevant under this theme were included.

**Results:** Autism spectrum disorders (ASD) and attention-deficit hyperactivity disorder (ADHD) can compromise health and may be more prevalent amongst individuals with gender dysphoria (GD). Symptoms such as attention difficulties, deficits in communication and social skills, obsessional interests, and stereotyped behaviour can significantly impact assessment of GD and the appropriate clinical care. With some overlapping symptoms, the potential for misdiagnosis is possible. Data about prevalence of this conditions in transgender community is of low quality, but ASD is more prevalent, ranging from 6-26%.

**Conclusions:** Studies demonstrate that neurodevelopmental disorders and other psychiatric conditions are more common in transgender and gender-diverse individuals. It is important that future studies focus on exploring the mental health outcomes of neurodevelopmental-trans individuals.

**Disclosure:** No significant relationships.

**Keywords:** psychiatry; sexual medicine; Neurodevelopmental disorders; Gender Dysphoria

### EPV1470

#### Sexuality among elderly patients with dementia: Are we aware of their needs?

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**Introduction:** Sexuality is one of the basic needs in human life and its positive effects for the wellbeing are undeniable. People with dementia, despite cognition and functioning impairments, still pursue intimacy as part of their expression of basic human instincts.

**Objectives:** We aim to address the subject of sexuality among patients with dementia, emphasizing the physiological, environmental and legal barriers.

**Methods:** We conduct a non-systematic review of recent evidence on dementia and sexuality, using PubMed/Medline database.

**Results:** People with dementia face several difficulties expressing their sexuality. First, they struggle with physiological barriers to enjoyment of sexuality, such as ageism, apathy and limited free mobility. Secondly, either at home or in long-term care facilities, privacy is usually abolished. For care facilities, the Sexuality Assessment Tool supports the normalization of sexuality and self-audit policies that promote resident rights for privacy and assistance.

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