EPV1447

Increased risk of psychosis to ivermectin treatment

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Introduction: Adolescence: a state of mental fragility, where psychiatric disorders may debut, where have been reported several cases of toxidermy, encephalopathy and neuropsychiatric disorder related to ivermectin treatment (excluding organicity, substance abuse or medication) (1). It has effect on the dopaminergic system with an alteration on glycoprotein P leading to high levels of ivermectin causing neurotoxicity (2). In this poster, we discuss the case of a 14 y/o´s psychosis to ivermectin
Objectives: Presentation of a clinical report
Methods: 14 years old woman. Background: father with schizophrenia. Comorbility: None. Initially, presented to ER with 2 week of treatment to ivermectin 6mg for pediculosis; presenting first psychotic episode. She presented first clinical outbreak of psychosis characterized by mystical-religious, erotomaniac, harm and reference delusions, auditory and visual hallucinations adding isolation, abulia, apathy, dialogued soliloquies, and spontaneous crying. No prior psychiatric treatment.
Results: In hospitalization: elevated indirect and direct bilirubins and hiponatremia; neuroimaging studies are reported normal. Haloperidol 7.5 mg/day is indicated and parkinsonism is presented. Treatment is changed to olanzapine 15mg/day with notorious improvement. Diagnostic impression: Acute polymorphic psychotic disorder with symptoms of schizophrenia
Conclusions: Possible causes were analyzed, finding a relationship with ivermectin treatment. This case makes evident the importance of conducting in-depht evaluations and finding risks factors for psychosis.

Disclosure: No significant relationships.
Keywords: Ivermectin; Psychosis

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A case report of Acute and transient psychotic disorder precipitated by Reiki practise

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Introduction: ATPD is defined in the ICD-10 as a polymorphic, predominantly delusional, or schizophreniform psychotic condition characterized by an acute onset (≤2 weeks) and rapid remission (expected within 1–3 months), which is often associated with acute stressful life events. A woman in her 30s was brought to the emergency department in an acute psychotic state. Her mental health had deteriorated rapidly following her attendance to Reiki training two weeks ago (Reiki is a form of alternative medicine called energy healing). She presented as agitated, confused and had disorganised thoughts. She had paranoid, referential, misidentification and bizarre delusions.
Objectives: This paper reports the case of a 37-year-old woman with stress-induced new-onset psychosis instigated by Reiki practise.
Methods: A female patient is described who developed an acute and transient psychosis with polymorphic symptomatology after meditating. Physical examinations, paraclinical testing, and neuroimaging excluded an organic cause of symptoms.
Results: In this case, we wanted to present an example of acute and transient psychosis episodes in which individuals with low psychosis threshold experienced recipient factors such as insomnia, dopaminergic agent (modafinil), practising reiki and meditation. While the family history of the patient, fragile personality structure suggest that the threshold of psychosis may be low; physical fatigue, insomnia, which is common in all 3 episodes, may have triggered acute psychosis.
Conclusions: Our patient recovered completely within 1week after a brief admission and treatment with haloperidol. The real question here is whether the patient needs psychotropic medication for life.

Disclosure: No significant relationships.
Keywords: brief psychotic disorder; Acute and transient psychotic disorders; meditation-induced psychosis

Sexual Medicine and Mental Health

EPV1447

Sexuality in the Muslim community during Ramadan

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Introduction: Ramadan is a holly month for Muslims. Able-bodied adults fast and abstain from sexual activities from dawn to sunset. These hasty lifestyle changes have a major impact on the sexual life of the Muslim community.
Objectives: To assess the impact of Ramadan on sexual activity in a Tunisian community.
Methods: A cross-sectional study was conducted among married Muslim volunteers in Tunisia. The data was collected with an anonymous self-completed questionnaire, one week before Ramadan (W-1) and the fourth week of Ramadan (W4).
Results: We included 100 person in this study. The sample consisted of 59 females and 41 males. The average age was 40.3 years. During Ramadan, sexual intercourse happened more often on weekends ($p=0.009$) and mostly during the second part of the night ($p <0.001$). Data suggest a disturbed sex life with less satisfaction about sexual life compared to W-1 ($p<0.05$). Monthly sexual intercourse frequency dropped from 5.76 coitus/month on W-1 to 3.27 on W 4 ($p<0.05$) and Duration of sex from 9.45 minutes to 6.85 minutes ($p<0.001$). Couples communicated less about sex ($p=0.004$). Sexual abstinence was more frequent ($p=0.016$). Preliminaries were less performed ($P=0.01$) and were shorter ($p<0.001$).Oral sex was less frequent as well as some sexual positions: fellatio ($p=0.01$) and cunnilingus ($p=0.002$), sexual positions

of Andromache (P=0.002), posterior vaginal (P<0.001) and lateral (P=0.001). The participants used less pornography (p=0.007).
Conclusions: This study demonstrated the deleterious impact of the lifestyles changes in Ramadan on the sexual life. Better sexual and religious education is recommended to prevent sexual dysfunctions.

Disclosure: No significant relationships.
Keywords: Ramadan; sexual behaviour; fasting; sexuality

EPV1448

Voices change my name

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Introduction: We present the clinical case of a patient where the psychotic clinic coexists with gender dysphoria. This scenario can be the result of a change in gender identity derived from the psychotic process or appear independently of it.
Objectives: We want to explain the importance of knowing how to act with a patient in whom these two processes coexist.
Methods: 20-year-old woman, with no history of mental health. She comes to the emergency department for behavioral alteration. The family observes strange behaviors, unmotivated laughter, soliloquies and aggressive episodes. Abandonment of studies, hobbies and radical physical change. Delusions of prejudice and self-referential delusions. Possible phenomena of echo and diffusion of the thought. Auditory hallucinations talking to her in male gender, since then she presents doubts about her sexual identity and manifests her desire to change sex. Altered judgment of reality.
Results: During admission, we started treatment with an antipsychotic with good tolerance and she was referred to mental health team, where psychopharmacological treatment was adjusted with good response. In the following medical appointments the psychotic clinic disappeared at the same time that sexual identification was completely restored and made a critique of the behavior and experiences.
Conclusions: This case highlights the importance of assessing the chronology of symptoms, the patient's criticality, the response to antipsychotic treatment and the need to exclude the psychotic background of the desire for gender reassignment before making a therapeutic decision.

Disclosure: No significant relationships.
Keywords: Gender Dysphoria; schizophrénia; Transgender; Psychosis

EPV1449

Painful ejaculation induced by venlafaxine: a case report

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Introduction: Sexual dysfunction is a quite common side effect of antidepressant treatment. Sexual side effects may affect the person's adherence to treatment, quality of life, and relations. Premature ejaculation is rarely seen as an adverse effect of antidepressant drugs.
Objectives: We aimed to present a clinical case of a 53-year-old man who developed painful ejaculation with the use of venlafaxine.
Methods: We made a narrative literature search in Pubmed and Google scholar with the terms of painful ejaculation induced by venlafaxine and antidepressant treatment.
Results: A 53-year-old man was admitted to the psychiatric outpatient unit with symptoms of anhedonia, decreased sleep, decreased self-esteem for the last month. The patient was diagnosed with depression and he started to take 37,5 mg venlafaxine per day. After one month, when venlafaxine dose was increased to 75mg and the patient started to complain of painful ejaculation. The pain continued from the beginning to the end of the ejaculation. The pain increased more when the venlafaxine dose increased to 150mg per day. The patient was consulted at the urology clinic. The urological examination, laboratory tests (direct microscopic examination of the urethral discharge and urethral culture), and serum prostate-specific antigen levels were normal. No pathology was found in uroflowmetry and ultrasonography of the urinary system. The dose of venlafaxine decreased and the patient started to take 20 mg of fluoxetine per day. His symptoms disappeared after venlafaxine was discontinued.
Conclusions: To literature, this is the second presentation of painful ejaculation observed during the use of venlafaxine.

Disclosure: No significant relationships.
Keywords: painul ejaculation; sexual medicine; antidepressant treatment; venlafaxine

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Psychological Characteristics of Sex Offenders

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Introduction: A significant problem for clinical judicial experts when issuing court opinions is the possibility that the assessed person may be simulating, as well as lack of examination tools that would increase the objectivity and reliability of the assessment. This presentation covers studies on psychological characteristics of perpetrators of crimes against sexual freedom.
Objectives: The participants were asked to complete psychological tools - Rosenberg Self-Esteem Scale, Satisfaction with Life Scale, Emotion Understanding Test, Revised NEO Personality Inventory, Attachment Style Questionnaire.