

**Introduction:** The Irish traveller community are an ethnic minority group known for their distinct identity. Although this group has its roots in Ireland, they are marginalised and discriminated against by every part of Irish society. Adolescent females encounter particular difficulties within the expectations of this community. They encounter specific issues including mental illness, sexual stigma and limitations to the role of women.

**Objectives:** Explore the vulnerabilities of young women within the Irish travelling community.

**Methods:** Literature review and case series using three cases.

**Results:** Patient A is a nineteen-year-old girl known with a history of overdose and depression. Significant triggers for her mental illness are linked to familial disharmony and sexual assault. Patient B is seventeen years old and was referred for CAMHS inpatient admission following overdose. She has a background of sexual assault and drug misuse. Patient C is fifteen years old and was admitted to a CAMHS unit following a hanging attempt. Her suicide attempt was triggered by chronic bullying, grief and sexual assault.

**Conclusions:** Young women in the travelling community are estimated to be twice as likely to suffer mental health issues as compared to men. They are primed to follow a culture where the main events in life are centred around training for marriage and child rearing. In this world of ethical practice and focus on women's rights, females in such communities can feel conflicted between their identity, heritage and their position in the world. Adolescents within the travelling community should be monitored with consciousness given to their particular risk factors.

**Disclosure:** No significant relationships.

**Keywords:** Irish travelling community; mental illness within the travelling community; women within the Irish t

## EPP0647

### The gap between self-reported and medically confirmed Gender Incongruence/Gender Dysphoria among students in china

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**Introduction:** As the incidence of gender incongruence (GI)/gender dysphoria (GD) rises yearly, public understanding of transgender is also increasing, whereas this improvement cannot be achieved without extensive transgender-related surveys. However, most of the surveys were only issued to people who identify themselves as transgender with the absence of medical confirmations in most situations. These result in a gap between transgender survey and diagnosed GI/GD.

**Objectives:** This study aims to discover the gap between self-reported and diagnostically confirmed transgender and GI/GD individuals among students in China.

**Methods:** We chose two middle schools and one college from Changsha (a city in China) at random with a total of 2047 students. Among them, 1661 students gave us certain gender identify responses in which we categorized them into two types (cisgender and gender minorities). Professional psychiatrists then used ICD-11 and DSM-5 criteria to confirm whether the self-reported gender minorities could be diagnosed with GI/GD via phone or in person.

**Results:** In total, 7.5% of the college students and 5.8% of the middle school students reported themselves as gender minorities. Although 29% of college students and 43.8% of middle school students did not cooperate with the subsequent psychiatric interviews, none of the self-reported gender minority students meet the GI/GD criteria of ICD-11/DSM-5.

**Conclusions:** The epidemiological investigation of transgender is heavily affected by the definition and the data sources. There is a huge heterogeneity between self-reported transgender and diagnosed GI/GD. Future transgender studies should strictly control inclusion criteria.

**Disclosure:** No significant relationships.

**Keywords:** Gender Incongruence; Gender Dysphoria; Transgender

## EPP0648

### Antidepressant treatment in premenstrual dysphoric disorder, case report

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**Introduction:** Premenstrual dysphoric disorder (PMDD) is included for the first time in the last edition of DSM within affective disorders. It is necessary that 5 of a list of 11 symptoms (lability, irritability, depressed mood, anxiety, lethargy, being out of control or physical symptoms among others) appear in the majority of menstrual cycles but must be only present during the week before menstruation improving after its onset. It has a prevalence of 1,8-5,8% and it is associated to significant functional impairment. SSRIs are indicated as first-line treatment in severe symptoms.

**Objectives:** To review about premenstrual dysphoric disorder and its psychopharmacological treatment.

**Methods:** We carry out a literature review about premenstrual dysphoric disorder, accompanied by a clinical description of one patient treated with sertraline.

**Results:** 44 years old female referred to our outpatient mental health service due to anxious and depressive symptoms. She had presented abdominal pain, anxiety, obsessive thoughts, sadness, emotional lability, apathy, anergy, uncontrolled impulse, irritability