

EPP1279

Effect of childhood trauma on patients with schizophrenia

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Introduction: Recent research shows that exposure to trauma, such as child abuse, may result in a heightened risk of developing schizophrenia and worsening of positive symptoms in schizophrenic patient.

Objectives: The objective of this study was to examine the relation between childhood abuse and psychotic symptoms in patients with schizophrenia.

Methods: Participants were outpatients of Hedi chaker University Hospital Center in sfax, Tunisia, recruited between January and July of 2019, diagnosed with schizophrenia or schizoaffective disorder. The Childhood Trauma Questionnaire (CTQ-SF), the Positive and Negative Syndrome Scale (PANSS) were administered in this study to evaluate respectively childhood trauma and psychotic symptoms

Results: 44 patients were included in this study with an average age $39,81 \pm 9,7$. The rate of emotional abuse was 15.9%, physical abuse 31.8%, sexual abuse 15.8%, emotional neglect 6.8% and physical neglect 18.2%. PANS positive score ($r=0,59$; $p < 10^{-3}$), PANS negative score ($r=0,55$; $p < 10^{-3}$) and PANS psychopathology score ($r = 0,45$, $p < 0,002$) were higher in patients who had a history of childhood trauma in comparison with those who did not report experiencing this.

Conclusions: This study confirms that a history of Childhood trauma may have a serious impact in patients with schizophrenia.

Keywords: childhood; trauma; schizophrénia

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Salience of self-identification of transsexual people in different stages of medical transition

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Introduction: Transsexuals are considered to be stable in their identity (White Hugtho et al., 2016). Meanwhile, the stages of medical transition affect the mental state of transsexuals differently.

Objectives: The aim was to reveal relationships between salience of self-identification in transsexual people being on different stages of medical transition.

Methods: 151 transsexual people: 55 pre-operated Female-to-Male (FtM I), 25 FtM on a hormonal therapy (FtM II), 25 FtM after some surgical operations (FtM III); 12 pre-operated Male-to-Female-Transsexual (MtF I), 16 MtF on a hormonal therapy (MtF II), 18 MtF after some surgical operations (MtF III). The participants filled the modified Kuhn's test "Who am I?" (Tkhostov et al.,

2014). The modification includes a Likert scale for evaluating one's self-identifications in terms of salience: "How often do You think or remember this answer?" (Stryker, 2007).

Results: There were differences between identity salience and stages of medical transition ($F = 7,177$; $P < 0,001$; $\eta^2 = 0,108$). Transsexuals before medical transition demonstrated higher levels of identity salience (average score is 7,62 in FtM I and 7,75 in MtF I). Transsexuals on a hormonal therapy demonstrated sharply decreased level of identity salience (6,97 in FtM II and 6,19 in MtF II). Transsexuals after surgical operations reported increased level of salience (7,81 in FtM III and 7,23 in MtF III). There were no statistically significant differences between the groups by gender assigned at birth.

Conclusions: Data suggest that medical transition could change the salience of self-identification. Hormone therapy is associated with a sharp revision of the salience of self-identifications for transsexuals.

Keywords: self-identification; transsexuals; Transgender; medical transition

EPP1277

Persistent genital arousal disorder and venlafaxine: A case report

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Introduction: In this presentation we describe the case of a woman referred to the Sexology Department after having developed symptoms of Persistent Genital Arousal (PGAD) for the last 5 years, during treatment for Depression with Venlafaxine. PGAD is a clinical entity first described in 2001 by Leiblum and Nathan. Despite having received more attention in the last few years, its etiology remains unclear, with numerous causal factors of different natures being suggested.

Objectives: We aim to describe this clinical case of PGAD and to discuss the possible etiological factors involved as well as to make a brief revision of the literature on this topic.

Methods: We conducted a detailed interview, focused on the nature of the complaints, psychological history, medications, diet and neurologic disorders and performed a thorough clinical examination. We also searched for relevant articles in medical databases such as PubMed and Google Scholar.

Results: A 52 year-old woman previously treated for Depression with Venlafaxine complains of involuntary sensations of genital arousal, with perceived vasocongestion, tingling and pulsatility during her journey to work in public transportations. The symptoms subsided only after getting home 8-10 hours later and reaching orgasm by masturbating. She stopped Venlafaxine in 2015, but these symptoms persisted. Some authors suggest a link between SSRIs/SNRIs and PGAD.

Conclusions: PGAD is a relatively recent addition to our diagnostic catalog with increasingly more cases being reported in the last few years. It is likely that the condition, however, has no discrete etiology and that a customized approach will be necessary to successfully treat most patients.

Keywords: persistent; venlafaxine; genital; sexual

EPP1279

Sexual dysfunctions and sexual behaviors of normal weight, overweight and obese sexual minority men

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Introduction: With the growing recognition of overweightness and obesity as significant, international public health concerns, the body of research investigating the relationship between body mass index (BMI), sexual health and sexual functioning in sexual minority men is still scarce.

Objectives: The purpose of this study is to assess sexual health determinants (sexual behavior and sexual functioning) in relation to normal weight, overweightness and obesity among gay and bisexual men.

Methods: The survey included four categories of questions/measurements, encompassing sociodemographic information, protected/unprotected sexual behaviors, sexual functioning, and BMI. The survey was conducted online, and recruitment consisted of online notifications (emails and electronic messages), and advertisements sent to LGBT community organizations, mailing lists, and social networks.

Results: The study sample was composed of 741 gay and bisexual men, ranging in age from 21 to 75 years old ($M_{age}=43.30$, $SD_{age}=11.37$), 62.5% of men self-identified as gay and 37.5% as bisexual. Prevalence of normal weight was 50.3%, of overweight 33.3% and of obesity 16.4%. Hierarchical multiple regression analysis to assess the effects of BMI on sexual health showed that being younger in age, self-identifying as gay, being in a relationship, having longer penises, adopting insertive position in sex and being normal weight were significant predictors of anal receptive sex without condoms, explaining 24.2% of the total variance. Yet, BMI was not predictive of sexual functioning.

Conclusions: These findings highlight the importance of including BMI in sexual behavior models of sexual minority men to better understand BMI's role in influencing sexual risk.

Keywords: sexual dysfunctions; Sexual Behavior; obesity; Gay

EPP1280

Sexual functioning and high sensory processing sensitivity

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Introduction: The concept of Sensory Processing Sensitivity (SPS) was initially introduced by Aron in 1997 and involves complex processing of sensorial information and internal and external sensory stimuli, that is represented as an individual innate difference,

as a temperamental property that concerns not only this deep sensorial processing but also to sharper general responsiveness to the environment. Its association with sexual functioning is still to be deeply determined.

Objectives: Through this research we aim to evaluate the levels of High Sensory Processing Sensitivity (HSPS) and to what extent these are related to sexual functioning, in addition to assessing the mediating role of gender in this relationship.

Methods: A total of 1,054 subjects between the ages of 18 and 80 ($M_{age} = 29.4$; $SD_{age} = 11.9$) participated in this study. Participants completed a demographic questionnaire, the Portuguese version of The Highly Sensitive Person Scale, and the Portuguese version of the Massachusetts General Hospital – Sexual Functioning Scale. The recruitment of the sample was internet-based.

Results: showed that the Sensitivity Sensory Processing and Sexual Functioning variables are negatively correlated and that there are statistically significant differences in sexual functioning according to gender ($t(df)=7.042$; $p<.05$), males scoring higher; and participants with lower levels of HSPS presented higher levels of sexual functioning ($t(df)=3.599$; $p<.05$). Finally, logistic regression showed that Gender is responsible for 6.2% of the total variance of sexual functioning.

Conclusions: When working with highly sensitive people mental health professionals should take into account problems related to their sexual functioning in clinical practice.

Keywords: sexual functioning; High Sensory Processing Sensitivity; Gender

EPP1281

Sexual dysfunction in infertile couples

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Introduction: Interactions between infertility and sexuality are numerous and complex. Recently more attention is being paid to the impact of infertility on the marital sexuality.

Objectives: The aim of this study was to determine the effects of infertility on sexual functions.

Methods: A cross-sectional descriptive study, the obstetric gynecology department Basic demographic information was collected. Respondents were surveyed regarding sexual impact and perception of their infertility etiology.

Results: Our patients had an average age of 33.2. The average number of years of infertility was 3.9 years.. The most common cause of female infertility was an ovulat disorder (36%), that of male infertility was sperm production defect. The confrontation with a diagnosis of infertility marks a difference in the way couples organize their sexual life. In our study, sexual problems after this diagnosis were experienced by 38% of women. Sexual dysfunction was detected as a pain problem (24%), a desire problem (10%), an arousal problem (4%), and an orgasm problem in 6% and. Faced with this situation, women felt guilty (46%), angry (72%) and anxious (82%). Infertility was perceived as the worst experience of life by 78% of our patients.