

Introduction: In the last decades, growing evidence suggests, that young adults and even adolescents consume more and more pornographic content, which might lead to behavioural addictions. Excessive pornography use was found to be associated with higher rates of sexual dysfunctions, such as genital dysfunction or disorders related to desire, arousal, orgasm and pain. The role of attachment style on sexual function has still rarely been investigated.

Objectives: To examine associations between sexual dysfunction, problematic pornography use and attachment styles in a Spanish-Hungarian sample.

Methods: A cross-sectional comparative study was carried out in 2023 which included a Hungarian (N=447; 63% female; age: 30,5 ±9,8) and a Spanish sample (N=201; 72% female; age: 40,7±14) from the general population. In the online survey, we used the Arizona Sexual Experiences Scale (ASEX) to measure sexual dysfunction, the Problematic Pornography Use Scale (PPCS) to assess pornographic content consumption within the theoretical framework of addiction and the Relationships Questionnaire to explore the attachment styles of the subjects.

Results: 13% of the Hungarian sample and 19% of the Spanish sample reported severe sexual dysfunction (ASEXTotal >19). The Hungarian sample reported more problems related to orgasm (climax and satisfaction). Overall, 7% of the Hungarian sample and 1% of the Spanish sample reported very severe problems (PPCSTotal >76) with pornography use. We found significant differences in every subscale and the Hungarian sample reportedly showed more difficulties in every aspect, especially in salience and mood change. Regarding attachment styles, the samples also showed significant differences (Hungarian: 31% secure, 26% anxious-ambivalent, 20% avoidant, 23% disorganized; Spanish: 53% secure, 11% anxious-ambivalent, 23% avoidant, 13% disorganized). In the combined sample, secure attachment style was associated with the least difficulties in sexual functioning, whereas subjects with anxious-ambivalent style reported more problems in sexual drive, arousal and erection. Disorganized attachment style was associated with the most severe dysfunction in orgasm (climax and satisfaction). The association between problematic pornography use and attachment styles was more consistent. Secure attachment style showed the least of problems, whereas subjects with anxious-ambivalent and disorganized attachment styles reported the most, especially in salience and mood change.

Conclusions: Our findings showed significant intercultural differences between the two samples and highlighted the potential role of attachment styles in sexual functioning and problematic pornography use. A more profound understanding of the relationship between attachment and sexual functioning could facilitate potential treatment of sexual dysfunctions by addressing attachment issues in psychotherapy.

Disclosure of Interest: None Declared

Psychotherapy

O0019

Mindfulness possibilities in the treatment of chronic headaches

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Introduction: Headache is a very common health problem worldwide and in our country due to the increasing environmental damage and daily stress. The proportion of patients with headache in general practice is 4-5%, in neurology up to 30%. Chronic headache as a persistent stressor exhausts the body through central sensitisation, which can lead to the consolidation of maladaptive coping strategies such as avoidance, feelings of loss of control, catastrophising pain. This can lead to a deterioration in quality of life and depression also. The effectiveness of pharmacotherapy in coping with chronic pain is limited, so attention should be paid to modifying maladaptive pain behaviour, as recommended by the NICE guidelines. The international literature shows that mindfulness-based cognitive therapy (MBCT) has been shown to be effective in the management of chronic headache, primarily in improving quality of life, increasing self-efficacy and reducing pain catastrophisation and depression (Hunt et al., 2022).

Objectives: Our first objective was to introduce mindfulness-based cognitive therapy in Hungary to patients suffering from chronic headache. Secondly, we wanted to measure the impact of the method on quality of life, coping with pain and depression.

Methods: N=28 patients, suffering from chronic headaches (tension headache and migraine) participated in the study at the Department of Clinical Psychology, Semmelweis University (BNO: G430, G431, G442). Selection criteria were: referral from a neurologist, age 18-65. The intervention was an 8-session mindfulness-based cognitive therapy for pain (Day, 2017) led by an MBCT teacher and a clinical psychology resident. Before the intervention, all patients had an individual first interview and filled in the questionnaires. *Measures:* Beck Depression Questionnaire, Pain Catastrophizing Scale, Comprehensive Headache-related Quality of life Questionnaire, Five Facet Mindfulness Questionnaire, Cognitive Emotion Regulation Questionnaire.

Results: After the intervention, there was a significant reduction in the negative impact of pain on quality of life ($p < 0.05$, Cohen's $d = 0.6$), pain catastrophization ($p < 0.01$, Cohen's $d = 0.74$), and depression ($p < 0.001$, Cohen's $d = 0.84$). In addition, several sub-factors of mindfulness increased, including non-reactivity and being non-judgemental ($p < 0.05$, Cohen's $d = 0.57$), as well as adaptive cognitive emotion regulation strategies ($p < 0.05$, Cohen's $d = 0.49$).

Conclusions: We can conclude, that in line with international findings, MBCT has been shown to be effective in reducing the negative impact of depressive symptoms, pain catastrophisation and headache on quality of life, and in helping people to cope with pain more adaptively, primarily through the acquisition of mindfulness skills.

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O0020

Psychotherapies for generalized anxiety disorder in adults: systematic review and network meta-analysis of randomized-controlled trials

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Introduction: Generalized anxiety disorder (GAD) is one of the most common mental disorders in adults. Psychotherapies are among the most recommended treatment choices for GAD, but which should be considered as first-line treatment still needs to be clarified.

Objectives: To examine the most effective and accepted psychotherapy for GAD both in the short and long-term, via a network meta-analysis.

Methods: We searched MEDLINE, Embase, PsycINFO, and the Cochrane Register of Controlled Trials – CENTRAL, from database inception to January 1st, 2023, to find randomized controlled trials (RCTs) of psychotherapies for GAD. Eight psychotherapies (behaviour therapy, cognitive-behaviour therapy, cognitive restructuring, psychoeducation, psychodynamic therapy, relaxation therapy, supportive psychotherapy, and third-wave CBTs) were compared with each other and two control conditions (treatment as usual, waiting list). We followed Cochrane standards when extracting data and assessing data quality and used PRISMA guidelines for the reporting. We conducted random-effects model pairwise and network meta-analyses. We assessed risk of bias of individual studies through the second version of the Cochrane's Risk of Bias tool and used the Confidence in Network Meta-Analysis (CINeMA) to rate certainty of evidence for meta-analytical results. Severity of GAD symptoms and acceptability of the psychotherapies were our outcomes of interest.

Results: We analysed data from 66 RCTs. Effect size estimates on data from 5,597 participants suggest third wave cognitive-behavioural therapies (standardized mean differences [SMDs] = -0.78; 95%CI = -1.19 to -0.37; certainty=moderate), cognitive-behavioural therapy (CBT) (SMD = -0.68; 95%CI = -1.05 to -0.32 certainty=moderate), and relaxation therapy (SMD = -0.54; 95%CI = -1.04 to -0.05; certainty=low) reduced generalized anxiety symptoms more than treatment as usual (TAU). Relative risks for all-cause discontinuation signalled no differences compared with TAU for all psychotherapies. When excluding studies at high risk of bias, relaxation therapy lost its superiority over TAU. When considering anxiety severity at three to twelve months after completion of the intervention only CBT remained significantly more efficacious than TAU (SMD = -0.58; 95%CI = -0.93 to -0.23).

Image:

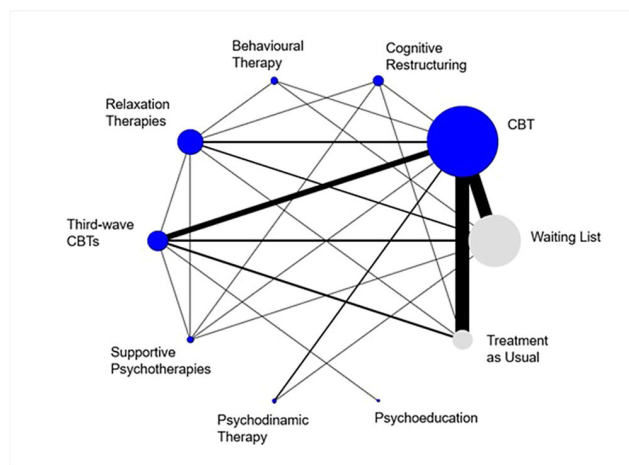


Figure 1. Network plot of evidence for efficacy. The thickness of lines is proportional to the precision of each direct estimate and the size of circles is proportional to the number of studies including that treatment. Psychotherapies are represented as coloured circles, while controls are in grey.

Conclusions: Given the evidence for both acute and long-term efficacy, CBT may represent the reasonable first-line psychological treatment for GAD. Third-wave CBT and relaxation therapy have short-term efficacy and may also be offered. Results from this investigation should inform patients, clinicians, and guidelines. This project is funded by the European Union's HORIZON EUROPE research programme under grant agreement No 101061648.

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O0021

Nature-Adventure based experiential methods for enhancing psychotherapeutic efficacy

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Introduction: A complex, Nature-, and Adventure Therapy - integrated Schema Therapeutic program (N-ABST) and a related efficacy study was launched in 2022 April at the Psychotherapy Department, at Semmelweis University. The participants had the opportunity of having outdoor, experience based group processes – seven full days in a month - in addition to the classic Schema Therapy (ST) sessions. According to the study design, 4-week long traditional thematic ST programs and 4-week long N-ABST programs were taken place alternately.