

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

C. Vallecillo Adame<sup>1\*</sup>, T. Jiménez Aparicio<sup>1</sup>, C. De Andrés Lobo<sup>2</sup>, A. Gonzaga Ramírez<sup>3</sup>, M. Queipo De Llano De La Viuda<sup>3</sup>, G. Guerra Valera<sup>3</sup>, I. Santos Carrasco<sup>1</sup>, J. Gonçalves Cerejeira<sup>3</sup>, B. Rodríguez Rodríguez<sup>1</sup>, M. Fernández Lozano<sup>2</sup>, M.J. Mateos Sexmero<sup>1</sup>, N. Navarro Barriga<sup>2</sup>, N. De Uribe Viloria<sup>4</sup>, G. Medina Ojeda<sup>5</sup> and L. Rodríguez Andrés<sup>6</sup>

<sup>1</sup>Hospital Clínico Universitario, Psiquiatría, Valladolid, Spain;

<sup>2</sup>Hospital Clínico Universitario de Valladolid, Psiquiatría, VALLADOLID, Spain; <sup>3</sup>Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain; <sup>4</sup>Hospital Universitario Fundación de Alcorcón, Psychiatry, Madrid, Spain; <sup>5</sup>Sacyl, Hospital Clínico Universitario Valladolid, Psiquiatría, Valladolid, Spain and <sup>6</sup>Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2070

**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; schizofrénia; Transgender; Psychosis

## EPV1449

### Painful ejaculation induced by venlafaxine: a case report

F. Kulacaoglu

Istanbul Bakirkoy Prof Dr. Mazhar Osman Research and Training hospital for mental health and neurological diseases, Psychiatry, Istanbul, Turkey

doi: 10.1192/j.eurpsy.2022.2071

**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:** painful ejaculation; sexual medicine; antidepressant treatment; venlafaxine

## EPV1451

### Psychological Characteristics of Sex Offenders

W. Oronowicz-Jaśkowiak<sup>1\*</sup> and M. Lew-Starowicz<sup>2</sup>

<sup>1</sup>Medical University of Warsaw, Medical Communication, Warsaw, Poland and <sup>2</sup>Centre of Postgraduate Medical Education, Department Of Psychiatry, Warsaw, Poland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2072

**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.