

Conclusions In regards of our preliminary results, we concluded that secondary transsexualism should be redefined and was probably induced by sociocultural aspects. Our results are limited by amount of subjects and should be confirmed by a large population included MtF and FtM people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2200>

EV1217

Secondary sexual dysfunction with antidepressant treatment: Study on 50 patients

O.W. Muquebil Ali Al Shaban Rodriguez^{1,*}, S. Ocio León¹, M. Gómez Simón², M.J. Hernández González¹, E. Álvarez de Morales Gómez-Moreno³, C. Huergo Lora⁴, J.R. López Fernández⁴, A. González Suárez⁴, A. Barrio Nespereira⁵, G. Gutiérrez Vázquez⁶, L. Tuñón Gorgojo⁷

¹ Centro de Salud Mental Mieres, Psychiatry, Mieres del Camino, Spain

² Centro de Salud Mental Mieres, Psychology, Mieres del Camino, Spain

³ CSM Puerta de la Villa, Psychiatry, Gijón, Spain

⁴ Hospital Vital Álvarez-Buylla, Psychiatry, Mieres del Camino, Spain

⁵ CSM Puerta de la Villa, Psychology, Gijón, Spain

⁶ CSM El Quirinal, Psychiatry, Avilés, Spain

⁷ Centro de Salud Mieres Sur, Nursing, Mieres del Camino, Spain

* Corresponding author.

Introduction The side effects of the various antidepressant drugs on the sexual field (with very few exceptions) are well known, and they affect the quality of life in important manners. The incidence rate, communicated spontaneously by the patient, has been estimated around 10–15%, and can reach amounts of 50–60% with SSRIs when studied specifically. It has been suggested that these effects compromise treatment adherence.

Objectives To estimate the incidence and intensity of the side effects on the sexual field with different antidepressants, as well as its relationship with treatment adherence.

Methodology Transversal study on 50 patients assisted in medical consultation. Collection of data in office (October 2014–October 2015).

Administration of survey PRSexDQ–SALSEX. In order to research the relationship with treatment adherence, one question surveyed the patient whether he/she had thought about finishing treatment for this reason.

Results Twenty-nine patients (58% of the sample) presented some degree of sexual dysfunction. Five individuals (17.2%) communicated it spontaneously. Nine individuals (31%) responded that they did not accept positively the changes in their sexual field, and they had thought about withdrawing treatment for this reason. They were given the test of self-compliance statement (Haynes-Sackett), with a result of four non-compliant (44.4%). The most frequently involved drugs were fluoxetine ($n = 5$, 10% of the sample total) and paroxetine ($n = 4$, 8%).

Conclusions The high impact of sexual side effects with a low rate of spontaneous communication coincides with previous existent studies.

Limitation when estimating adhesion due to methodological difficulties in the design of the study. However, high impression by using the selected method of determination.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2202>

EV1218

Paraphilic disorder in the 21st century

A.R. Caldeano*, J. Nunes, P. da Costa

Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, Guarda, Portugal

* Corresponding author.

The term paraphilia refers to the sexual preferences and conducts that divert from what is generally accepted for a certain society in a given historic and cultural period. It demonstrates the practices that involve the use of non-human objects, mandatory humiliation and sexual suffering or non-consensual involvement of sexual partners. A paraphilic disorder is a paraphilia, which, presently, causes uneasiness and damages not only the patient but also others, as these behaviours exclude or damage the other affecting the patient's social relationships.

Paraphilias are only practiced by a small percentage of the world's population. However, the causes are only reported if there is a search for treatment or if there are any legal complications. By which is believed that the prevalence is higher than the number of diagnosed cases.

Although there are already a few paraphilia types registered, new forms of practice of this disturbance are emerging, mainly associated to the use of new technologies, as the Internet.

The authors propose to produce a bibliographic review concerning the concept of paraphilic disorders and its exhibition forms; identify therapeutic strategies; perform a time frame regarding paraphilias and analyze the influence that the new technologies have in paraphilic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2203>

EV1219

Controversy diagnosing sex addition

M. Palomo Monge^{1,*}, G.M. David¹, D.D. Arántzazu², D.C. Sandra³, T.G. María Fernanda¹, S.D.L.P. Silvia⁴, A.L. Maria Fernanda⁴, O.B. Rubén¹

¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600, Spain

² Hospital General de Avila, Psychiatry, Avila, Spain

³ Centro de Rehabilitación Psicosocial y Laboral, Psychology, Talavera de la Reina, Spain

⁴ Hospital Nuestra Señora del Prado, Family Medicine, 45600, Spain

* Corresponding author.

Introduction The sexual compulsive behavior also known as sex addition is the repetitive and intense sexual behavior of the individual. Although the few studies carried out, the prevailing rates vary between the 2% and the 20%.

Objectives We present the case of a 46-year-old male with psychiatric treatment records since he was 17 and a personality disorder group B diagnosis and depressive reactions reactive to environmental frustrations. Several short-, medium- and long-term hospitalizations. Currently he is admitted after having expressed some autolytic ideas.

Methodology The patient started a treatment in the Unit of Addictive Behaviors. He says he started to frequent the brothels 10 years ago to satisfy his sexual needs, but gradually increased the frequency. Later, he started to have sex online, also in fee-paying web pages. This has had a negative influence in the different aspects of his life, leading him to economic stress and endless debts.

Results Borderline personality disorder. 301.83 (F60.3). Other specified disruptive, impulse-control, and conduct disorder (sex). 312.89 (F91.8).

Pathological gambling. 312.31 (F63.0).

Persistent depressive disorder. 300.4 (F34.1).

Conclusions It is clear that the compulsive sexual behavior is a disorder that includes repetitive, intrusive and distressing thoughts and leads to behaviors that affect negatively several aspects of the