

perception of physical condition among women. The analysis also proved the relationship between subjective rating of one's knowledge in the field of sexuality and rating of one's sexual attractiveness and perception of these parts of body that can be changed through physical exercises or dieting. Additionally, the research showed a statistically significant relationship between rating of one's knowledge in the field of sexuality and general estimation of one's body.

Conclusions: By leading reliable sexual education one may affect better attitude to bodies among young adults, who are in a sensitive phase for building stable relationships with other people. Simultaneously one may improve their mental, physical and social well-being.

Disclosure of Interest: None Declared

EPP1071

Characterization of a population of transgender individuals and their perceived negative mental health and life experiences

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Introduction: Gender dysphoria (GD) is characterized by a marked incongruence between one's experienced/expressed gender and gender assigned at birth, associated with clinically significant distress or impairment in important areas of functioning. Persons with GD are a population with specific healthcare needs. In our hospital, psychiatric assessment of these individuals started in 2008.

Objectives: Characterization of a population of transgender individuals and their perceived negative mental health and life experiences.

Methods: Since the beginning of evaluations of transgender individuals in our hospital, from 2008 to 2022, they were asked to freely elaborate their "life story": a report of the most relevant events in their lives, related to their condition. We retrospectively analyzed the content of the reports that were sent and associated with the clinical files.

Results: We collected the data of 104 individuals. The gender attributed at birth consisted of 74 (71.2%) females and 30 (28.8%) males. As for the gender identity, the sample consisted of 73 (70.2%) males, 28 (26.9%) females, 2 (1.9%) nonbinary and 1 (1%) person didn't identify with any of the existent denominations. The medium age in October of 2022 was 27.4 (minimum 18, maximum 60, SD 7.3). The age at first evaluation at consult was 23.6 (minimum 15, maximum 56, SD 7.2). 99 (95.2%) individuals mentioned symptoms of gender non-conformity beginning in childhood, and of those who mentioned their adolescence (n=43, 41.3%), all expressed feelings of anguish relating to their changing bodies. The medium age of recognition of their condition was 17.2 (minimum 11, maximum 30, SD 4.3). Of those who recall their first contact with health practitioners regarding their symptoms (n=31, 29.8%), 32.3% admitted they didn't feel they were helped. Of those who mentioned early relationships with family and carers (n=65, 62.5%), 35.4% reveal dysfunctional relationships and 79% mention gender expectations from their families. Similarly, 42 (40.4%)

individuals reveal experiences of victimization and bullying because of their gender nonconformity. 53 (60.2%) described symptoms of a likely comorbid psychiatric illness throughout their life, particularly depressive symptoms, anxious symptoms, suicide attempts and non-suicidal self-injury.

Conclusions: GD has gained more attention in the recent years, and the scientific community has now developed a more accurate set of criteria for the recognition of this condition. The findings in our study are in accordance with these criteria. Unfortunately, much of the suffering this condition entails is also associated with distress related to stigma and societal gender expectations, and that was evident in this investigation.

Disclosure of Interest: None Declared

EPP1072

Psychological hallmarks of endometriosis with emphasis on sexual dysfunction, stress, anxiety and depression

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Introduction: More than 50% of women with endometriosis report that they suffer from sexual dysfunctions, the most significant of which is pain, which can subsequently be associated with stress, anxiety, depression. The aim of this study was to evaluate the relationship between sexual function, stress, anxiety and depression together with the values of stress hormones such as cortisol and prolactin in women with endometriosis.

Objectives: Endometriosis can occur in up to 15% of women. A characteristic feature is the presence of tissue resembling the endometrium outside the uterine cavity. Endometriosis is an estrogen-dependent disease that is associated with fertility disorders (incidence up to 40%) and sexual dysfunction (up to 50% of patients). Endocrine and immune changes may be associated with chronic stress, anxiety and even depression.

Methods: A total of 92 patients with endometriosis were included in the study. Clinical examinations were focused on biochemical analysis of cortisol and prolactin. At the same time, sexual function, symptoms of stress, anxiety and depression were psychometrically evaluated in these patients.

Results: In the mutual statistical assessment, positive correlations were found between the results of the Beck scale questionnaire for assessing the severity of depression (BDI-II) and PRL (R = 0.39), then confirmed by Mann-Whitney test (z-score is 5.98019, p value is <0.00001, result is significant at p <0.05). Furthermore, the correlation between BDI-II and HAM-A (R = 0.33), confirmed by the Mann-Whitney test (z-score is -8.55827, p value is <0.00001, the result is significant at p <0.05) (Fig.). Positive correlations were found between TSC-40 and FSDS-R (R = 0.30), confirmed by Mann-Whitney test (z-score is 3.89503, the value of p is 0., 0001, the result is significant at p <0.05). We also found a high correlation between PRL and HAM-A (R = 0.86). Cortisol levels did not show any positive correlation.

Conclusions: Sexual dysfunction usually accompanies up to 50% of patients with endometriosis. This in turn affects the mental health and well-being of not only the patients, but also their sexual partners. The results of this study are consistent with the hypothesis of possible relationships between stress, anxiety, depression and neuroendocrine markers in patients with endometriosis.

Women diagnosed with the symptoms of endometriosis should also be examined for psychosocial and psychiatric disorders at the same time. In this regard, it is important not to underestimate the psychological assessment of those patients who are at risk of developing symptoms of anxiety and depression and to provide them with appropriate psychological support.

Disclosure of Interest: None Declared

EPP1074

Efficacy of Treatments for Anorgasmia in Premenopausal Women According to Evidence-Based Practice: A Systematic Review

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Introduction: This review determined the effectiveness of female anorgasmia treatments in premenopausal women using a systematic search strategy. This review considers all physiological, pharmaceutical, psychological and social treatments. Thomas and Thurston (Maturitas 2016; 87 49-60) recommend a biopsychosocial approach, where subjective distress and physical factors can coexist (Brotto *et al.* JSM 2010; 586-614). Yet, methodological issues are rife e.g., obtaining representative samples and limited assessment methods. Further, reviews are narrative with limited synthesis (Marchand SMR 2021; 9(2) 194-211). Frühauf *et al.* (Archives of Sexual Behavior 2013; 42(6) 915-933) completed a review, but there is no account for research published after 2007 and limited follow-up assessments.

Objectives: This is the first systematic review of premenopausal anorgasmia with assessment of bias for all treatments. This review is restricted to anorgasmia to better isolate interventions and exclude comorbid conditions.

Methods: 10 different databases were searched (2007-2021) including studies from peer-reviewed journal articles and grey literature. Results were synthesised in forest plots according to timepoints of data, alongside different treatments to determine effect size from standardised mean differences (SMD). Outcome measures included the self-reported sexual function, sexual distress and clinician observation. The SMD was used as not all scales are consistent across studies. All results given are in line with a pre-defined analysis plan.

Results: Of 1388 studies screened, 15 studies (2002-2020) were analysed: study designs were mixed with mostly self-report measures. Effective treatments included Tribulus terrestris ($M=3.77$, $p<0.01$), plasma injection ($M=4.48$, $p<0.01$), and CO₂ laser therapy ($M=4.06$, $p<0.05$). For psychological studies, assessment of active sexual engagement described how subjects felt more aware of their

sexuality which improved outcomes. Limitations of most studies included a very high risk of bias, notably in randomisation of subjects, allocation and outcomes. All interventions had a significant effect in independent t-tests, yet synthesis of SMDs show insignificant effect, implying data is inconclusive.

Conclusions: This review aimed to systematically appraise all treatments for orgasmic satisfaction for premenopausal women. Higher levels of significance were observed for treatments across all modalities. The efficacy of natural supplements has been disputed (IsHak *et al.* JSM 2010; 7(10) 3254-3268), but this review shows promise. All psychological results provided insight into the role of the therapist-client relationship and reappraisal of traumatic sexual experience. Yet, risk of bias is likely impacted by difficulty establishing standardised scientific protocol. Considerations for future research include clear statements of randomisation and multi-faceted outcome measures.

Disclosure of Interest: None Declared

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EPP1075

Gender Differences In The Therapeutic Evolution Of Major Depression during COVID-19 Pandemic

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Introduction: The COVID-19 pandemic has posed an enormous challenge to the mental health of the population with probable differentiated profiles for men and women, although not all studies are consistent. While women are likely to have endured greater loads of stress associated with an increased incidence of mental disorders such as depression, men have been able to abuse alcohol and other drugs more, in addition to complying with prevention recommendations to a lesser extent. As soon as the COVID pandemic began, we began a clinical trial to enhance first-line treatments with three complementary interventions with patients with Major Depression (MD), which has allowed us to analyze differences in response according to gender.

Objectives: As a secondary analysis of a clinical trial, the aim of the current study was to address the relative different efficacy between genders of three psychotherapeutic approaches in the context of MD.

Methods: This study was a secondary analysis of a pragmatic parallel randomized controlled clinical trial that was composed of three arms (Minimal Lifestyle Intervention, Mindfulness-Based Cognitive Therapy, and Lifestyle Modification Program). We recruited 94 individuals (24 men and 70 women) from the Primary Healthcare Centers of the Balearic Islands region in Spain who were currently experiencing an episode of MD. Descriptive and univariate analyses were used to examine between-group differences in