psychotic disorders. Among subject with GAF < 85, 58.3% were identify to have a Axis I disorder compare to 7,7% patients with GAF ≥ 85 ($P = .011$), especially for mood disorders ($P = .039$). Main score of Global Severity Index (GSI) for BUT-A was 2.45 ± 883; all subjects had a score GSI > 1.2 (clinically relevant discomfort index).
Regarding BUT-B, MtF have higher scores in PSDI global scale (3.37 ± .577; $P = 0.019$) and subscale VI (4.38 ± 1.496 vs. .81 ± 1.864; $P = 0.006$): there are not significant gender differences in the others subscales, although discomfort regards different aspects of both sexes.
According to literature, we observed a slightly higher prevalence of Axis I psychiatric disorders compare to general population, with functioning level statistically significant.
Generally, GID was not associated with higher level of psychopathology, appearing as specific diagnostic aspect, where the main origin of discomfort is dissatisfaction toward self-body imagine.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2193

EV1211

Military culture and sexual issues: The sex-stress phenomenon

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Introduction Sex abuse within the military has long been an open-secret afflicting both male and female veterans whose etiology is often attributed to character deficits (personality disorders or paraphilic disorders). Few studies look at the sex-stress phenomenon as a feature of military life itself and the role this plays in sex abuse within the military milieu. While much attention is focused on US forces, this problem in endemic within military cultures per se. The recent sex abuse scandal involving the French military in the Central African Republic illustrates the pervasiveness of the problem.
Objectives/aims To explore the psycho-cultural mechanisms of stress and its sexual expression and how certain scenarios within the military milieu exacerbates this impulse-control reaction. To address the relationship of the availability of sex-release options – without and/or without the military population (and how increased enlistment of women has changed the nature of the target population in today's military).
Methods Look at the problem historically (from WWII – present) with particular illustrations. Evaluate common (often failed) approaches to addressing the problem, including the fallacy that superior officer know best how to handle these cases. Explain the psycho/physiology of the sex-stress phenomenon – mechanism of the hypothalamic-pituitary-adrenal-gonad axis. Look at the relationship between sex-trauma and suicides among veterans.
Results/conclusions Offer a viable assessment/diagnostic of sexual problems within the military culture along with a treatment model that offers both psychotherapeutic (cognitive-behavioral protocols. . .) as well as identifying acute clinical symptoms that may respond to psychotropic medications.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2196

EV1214

I am trapped in a wrong body

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Introduction Gender dysphoria is incoherence between the sex a person feels or expresses and the biological.
Objective Revise the inclusion criteria for hormone therapy and sex reassignment surgery in gender dysphoria. Expose the multidisciplinary approach. Make differential diagnosis with other psychological disorders.
Methodology A 45 years old male patient (biological female), who was sent from Endocrinology Unit for a psychiatric evaluation before restart a hormonal treatment. Since his childhood, he has presented dissatisfaction with his sexual characteristics; he has had fantasies and dreams, in which he belonged to the other sex. He has always chosen male activities and male stereotypes companies. He has presented preference for cross-dressing from 9 years. Always felt the sexual attraction for women. He first consulted for this reason in 1995.
Results It reported favorably to start hormone treatment after completing the eligibility criteria: > 18 years old; knowledge of the effects of hormones; and more 3 months documented real-life experience. The hormone therapy caused the growth of microprolactinoma, which was treated with dopamine agonists until it disappeared and the cessation of galactorrhea. Testosterone treatment is restarted. Laboratory tests are done every 3 months during the first year and then, every 6 months.
Conclusions Is the gender disphoria a pathology? The EU recommends a reclassification as no pathological disorders in ICD-11. The treatment of gender dysphoria is necessary, and there is no reason to postpone it. The main difficulty is the differential diagnosis; there may be comorbidity with others mental disorders which are not exclusive (psychotic disorder, OCD, personality disorders and other disorders of gender identity).
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2199

EV1215

Primary and secondary transsexualism, really?

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Introduction Transsexualism suffers from several definitions that evolve across time. Therefore, some discrepancies appear progressively in regard of evidence-based medicine and psychological approaches as sexo-analysis.
Objectives In our present study, we test if "primary" or "secondary" transsexualism defines in accordance with sexo-analysis definitions will be reliable with the pathology course.
Aims Clarify the definition of transsexualism to obtain a better understanding of this trouble and perhaps to change psychological approaches of gender disorders.
Methods Nine transsexual male-to-female (MtF) aged between 25 to 65 were voluntary recruited. They were diagnosed by a psychiatrist. We adapted the GID scale to measure the lifetime process. Descriptive statistics were reported. Results are expressed as mean ± standard deviation.
Results Age of the group is 41 ± 12. All subjects were treated by hormone therapy. One of them was surgical reassigned. All subjects reported a persistent feeling to be a woman across their entire life. None showed a decreased female feeling during a part of their life or a brutal apparition of this trouble during the adult period.