

psychotic disorders. Among subject with GAF < 85, 58.3% were identify to have a Axis I disorder compare to 7.7% patients with GAF \geq 85 ($P = .011$), especially for mood disorders ($P = .039$). Main score of Global Severity Index (GSI) for BUT-A was $2.45 \pm .883$; all subjects had a score GSI > 1.2 (clinically relevant discomfort index). Regarding BUT-B, MtF have higher scores in PSDI global scale ($3.37 \pm .577$; $P = 0.019$) and subscale VI (4.38 ± 1.496 vs. $.81 \pm 1.864$; $P = 0.006$): 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

L. French
Webster, USA

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

R. Hernandez Anton*, C. Noval Canga, E. Rybak Koite, H. De La Red Gallego, L. Gallardo Borge, A. Alonso Sanchez, I. Sevillano Benito, M.J. Garcia Cantalapiedra,

P. Marques Cabezas, F. Uribe Ladron De Cegama, J.A. Espina Barrio, G. Isidro Garcia
HCUV, PSQ, Valladolid, Spain

* Corresponding author.

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 dysphoria 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?

F. Jurysta^{1,2,*}, G. Hladki²

¹ Centres Hospitaliers Jolimont Asbl, Psychiatrie, Haine-Saint-Paul, Belgium

² ULB, Hôpital Erasme, Centre de Sexologie et des Troubles de l'Identité du Genre CESTIG, Brussels, Belgium

* Corresponding author.

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 \pm 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.

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