

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.

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Secondary sexual dysfunction with antidepressant treatment: Study on 50 patients

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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.

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Paraphilic disorder in the 21st century

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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.

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Controversy diagnosing sex addition

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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

lives of people suffering such disorder, so that is why it is associated with other psychiatric disorders. Even though it has been described and discussed for years in literature, it is difficult to classify within psychiatric nosology and nowadays its categorization is still a challenge within the mental health.

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EV1220

Sexology population characterization – a two years' experience at a Lisbon specialized centre

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Introduction Within psychiatry, sexology is a very particular area of expertise both by the nature and specificity of its diagnosis, as by the various difficulties and challenges their patients place. Sexology is a sub-specialty niche, but also a vast universe that covers such diverse conditions as paraphilia, gender dysphoria or sexual dysfunction. The sexology consultation of Santa Maria Hospital (HSM) is one of the biggest centers specialized in sexual disorders in the country. Consultations depend on the collaboration of a sexologist psychiatrist and psychiatry residents in close connection with endocrinology, urology and plastic surgery services.

Objective We intend to conduct a characterization of the population observed in the HSM sexology consultation, in a period of 2 years, from the analyses of different general and diagnosis-specific relevant variables.

Methods We intend to make a descriptive analysis of the population that attended the sexology consultation over the last 2 years. The sample study refers to all patients who have been specifically referred to sexology department or that directly requested access to this consultation. Data will be collected from medical computer records.

Results Through systematic evaluation of different variables we can possibly conclude by some putative associations. A comprehensive characterization of this particular population is a possible method for a better and deeper insight on the diagnosis itself.

Conclusions The purpose of this work is to increase peers' sensitivity both to sexology and to the patients sexology serves.

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From hero to zero: The manifestation of addictive problematic sexual behaviour

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Introduction Addiction refers to a pattern of:

- loss of control, as shown by unsuccessful efforts to stop the behaviour;
- continuation of the behaviour despite adverse consequences – such as marriage breakdown;
- an obsession with obtaining, using or recovering from the behaviour.

To date, DSM-5 does not recognize sex addiction as a disorder, however when problematic sexual behaviours fulfil these same three criteria, the process is considered to be an addiction.

This case report describes the development of problematic addictive sexual behaviour, possibly as a result of other psychiatric comorbidities including obsessive-compulsive disorder (OCD), alvinophilia, and obsessional fetishism. The presence of the Madonna-Puttana syndrome is also explored.

Aims To use the biopsychosocial model to investigate the aetiology of addictive problematic sexual behaviour. To explore the role of psychiatric comorbidities in the expression of such behaviour. To examine the holistic impact of sexual addictions. To examine the treatment modalities of addictive problematic sexual behaviour.

Methods A 25 year old happily-married nurse who confessed to serial extramarital affairs was interviewed. Underlying psychiatric comorbidities were identified. Family members were also interviewed for a collateral history. The above objectives were explored and the response to various treatment modalities were evaluated. Literature reviews were carried out.

Conclusions This case illustrates a form of OCD which manifested as addictive problematic sexual behaviour. The message portrayed is that hope exists for such couples once various treatment modalities are put into action.

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Sexual medicine and mental health

EV1223

Sexuality in mental health: Brazilian science production review (2001–2014)

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Aiming at analyzing mental health and sexuality studies, specifically in papers published in Brazil, this dissertation brings a review of the literature carried out in two databases. It can be noticed that studies on sex, gender and sexuality show the complexity of the understanding of human sexual life going from essentialist to constructivist perspectives, conceiving sexuality in several manners. However, studies on madness, mental health and psychosocial care point to different conceptions of mental sickening process, mental health being at the same time a science field and a psychological well-being value to be achieved. Surveys in nursery homes show that institution agents represent the sexuality of a mentally suffering person (MSP) as abnormal or non-existing. The review of academic production on the subject, has put together 685 publications, 43 of them in both, with only 109 from Brazil, these ones having been systematized by title and abstract, only eleven were selected and studied thoroughly. Results show that the analyzed science production is scarce, being the theme just at its beginning in collective health, with the predominance of biomedical approaches focusing in on sexual behavior, with special attention to the vulnerability to IST/HIV/AIDS, the absence of sexual education and gaps in the training to work with sexuality. The conclusion is that the studied Brazilian science production on sexuality in the field of mental health is not centered on sexual and reproductive rights of MSP, while user sexual practices and the representations of professionals come to the fore in the analyses.