pathology by 27.9% of the participants. GD was mentioned as a risk factor for suicide by 84.7% of the participants.
Conclusions: Our study revealed a low prevalence of GD among young medical trainees, similar to that observed in the general population, which could be explained by reluctance and fear of stigma in our society where sexuality remains a taboo subject. The knowledge of young doctors about this issue, still insufficient, could be improved through sexuality training dedicated to specialists, as well as through the teaching of sexology during the medical education.

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EPV1896

« Transsexualism » or « gender dysphoria » : what impact on psychological well-being ?

N. Regaieg[1]*, F. Guermazi[1], F. Cherif[1], D. Mnif[1], A. Jmal[2], M. Ben Jemaa[3], I. Baati[1] and J. Masmoudi[1]

[1]Psychiatry A department, Hedi Chaker University Hospital; [2]Family medicine department, University of Sfax, Faculty of Medicine of Sfax and [3]Community Health and Epidemiology Department, Hedi Chaker University Hospital, Sfax, Tunisia
*Corresponding author.
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Introduction: Gender dysphoria is the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics. Individuals with gender dysphoria frequently face social as well as psychoaffective difficulties that can impede their well-being and quality of life.
Objectives: The aim of this study were to assess the impact of gender dysphoria among young medical trainees on their psychological health in terms of stress, anxiety and depression.
Methods: A cross-sectional, descriptive, and analytical study was conducted with a Tunisian population of young medical trainees, during the period of time from October 1, 2023, to January 31, 2024. Data were collected using a questionnaire created with GOOGLE FORMS including an information sheet and two psychometric assessment tools : the Depression, Anxiety, and Stress Scale (DASS-21) and the gender identity/gender dysphoria questionnaire for adolescents and adults (GIDYQ-AA) asssessing subjective, somatic, social, and sociolegal aspects.
Results: A total of 111 participants took part in this study. Their median age was 28 years. They were single in 56.6% of cases, with a male-to-female ratio of 0.56.
The prevalence of depression, anxiety, and stress was 53.2%, 59.5%, and 34.2%, respectively.
Median scores of depresssion, anxiety and stress were 10 (IQR = [2–18]), 8 (IQR =[4–14]) and 10 (IQR =[6–20]), respectively.
The overall median score on the GIDYQ-AA scale was 4.85 (IQR = [4.77–5.0]). The social dimension had the lowest median score at 4.88 (IQR=[4.55–5.0]) while the median score of the subjective dimension was 4.92 (IQR=[4.69-5.0]). Somatic and socio-legal median scores were 5.0 (IQR=[5.0–5.0]).
The score for the subjective dimension of the GIDYQ-AA was negatively correlated with anxiety (p=0.04) and stress (p=0.04) scores.
Conclusions: The psychological vulnerability of young medical trainees may be exacerbated by intrapsychic conflicts which may be related to their gender identity. It is essential to identify and consider the psychological factors associated with gender dysphoria in the care pathway of these individuals, through appropriate psychiatric evaluation and support in order to better guide therapeutic decisions regarding sex reassignment.

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EPV1897

Persistent sexual arousal syndrome and schizoaffective disorder: a case report

M. J. Muñoz Algar[1]* and P. Bernal García[1]

[1]PSICHIATRY, HOSPITAL DR. R. LAFORA, MADRID, Spain
*Corresponding author.
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Introduction: Persistent sexual arousal syndrome (PSAS) is characterized by unwanted and distressing genital sensations that persist for long time periods without concurrent sexual desire or fantasies. The aetiology of this remains largely enigmatic although it is likely that the condition has a diverse set of neurological, vascular, pharmacological, and psychological precipitants.
Objectives: To analyze the case of a woman with schizoaffective disorder (severe depressive decompensation) and a comorbid PSAS.
Methods: We study the clinical case of a 47-year-old patient who was admitted to the acute care unit due to a major depressive condition with psychotic symptoms in the context of a schizoaffective disorder after partial abandonment and erratic taking of the medication she was previously taking.
Before the admission, the patient was hypomimic, perplexed, with psychomotor inhibition, bradypsychia, thought blockages, sadness, emotional lability, apathy, anhedonia, paranoidism, phenomena of reading and thought control, self-referentiality, delusional ideas of harm and auditory pseudohallucinations in the form of voices that urge her to harm herself. In addition, the patient presented several "sexual" crises that appeared paroxysmal throughout the day, consisting of episodes of sexual hyperarousal in the absence of desire, experienced with intense guilt. Initially, a differential diagnosis was made through an extensive history and organic screening, and she was finally diagnosed with a comorbid PSAS.
Results: Complementary tests (complete blood, urine and imaging tests) were normal.
At the pharmacological level, several strategies were used that were ineffective: paliperidone up to 18mg/day that had to be withdrawn due to intolerable extrapyramidal effects, olanzapine up to 15mg/day with high sleepiness and finally caripracin up to 12mg/day with good tolerance and efficacy. Stabilizing treatment (valproic acid 1000mg/day with optimal blood levels (99.3 microgr/mL)) were added. However, after a month and a half of admission and given the little improvement of the depressive symptoms, even having added an SSRI for 2 weeks at full doses, it was decided together with the patient and her family to start Electroconvulsive Therapy (ECT) sessions. The patient received 12 sessions of bitemporal ECT with onset of response from the 6th session, with a complete remission of the sexual crisis and depressive symptoms.
Conclusions: To our knowledge, Yero et al., reported the first two cases of patients with concomitant PSAS and bipolar disorder treated with ECT. It is important to understand how sexual symptoms differ in PSAS and bipolar disorder. Remission of the mood