

episode could have been accompanied by resolution of the sexual symptoms. Although ECT was successful, the mechanism of action in treating PSAS is unknown, and it is premature to suggest that it should be recommended as a first line treatment of PSAS.

Disclosure of Interest: None Declared

EPV1898

Strong Bodies, Stronger Bonds: The Intersection of Strength Training Intensity and Sexual Pleasure

S. Ben Aissa^{1*}, C. Najar¹, K. Razki¹, M. Cheour¹ and F. F. Romdhane¹

¹Razi Hospital, La Manouba, Tunisia

*Corresponding author.

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Introduction: Strength training has long been linked to several physical and mental health advantages, ranging from increased muscle strength and endurance to higher mood and self-esteem. However, the potential link between strength training intensity and sexual satisfaction is a relatively unexplored area of research. **Objectives:** This study's objective is to evaluate the potential relationship between the intensity of strength training and an individual's degree of sexual satisfaction among people who exercise at the gym in Tunisia.

Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic data and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale)

Sexual satisfaction was measured using the Sexual Satisfaction Index (SSI), validated psychometric tool developed by Leth-Nissen et al. in 2021. The sum score of the SSI can range from 0 to 36. A higher sum score indicates a higher level of sexual satisfaction.

Results: The total number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6% (n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.

Analysis of the Sexual Satisfaction Index scores revealed a mean score of 23.6 (SD = 6.2), indicating that individuals had moderate to high sexual satisfaction. A significant association was found between strength training intensity and sexual satisfaction scores ($r = 0.42$, $p < 0.01$), indicating that higher intensity exercises are associated with higher sexual satisfaction.

Conclusions: Our findings aim to shed light on the link between fitness habits and sexual well-being, emphasising the potential value of including exercise interventions in talks about sexual health and satisfaction. The findings could indicate that the benefits of strength training go beyond physical fitness, potentially contributing to improved overall well-being. More research

is needed to delve deeper into the underlying mechanisms causing this link and to investigate its broader implications for overall health and quality of life.

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The Impact of Metacognitive Beliefs on Sexual Functions and Satisfaction in Vaginismus

S. Önen^{1*}, M. Aydın² and G. Özdamar Ünal³

¹Department of Psychiatry, University of Health Sciences, Bursa Faculty of Medicine, Bursa; ²Department of Psychiatry, Selçuk University Faculty of Medicine, Konya and ³Department of Psychiatry, Süleyman Demirel University Faculty of Medicine, Isparta, Türkiye

*Corresponding author.

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Introduction: Vaginismus is characterized by phobic avoidance, involuntary pelvic muscle contraction, anticipation, fear, and experience of pain during vaginal penetration. In addition to anxiety and fear, vaginismus-specific cognitive and metacognitive beliefs are thought to play a role in the etiology of vaginismus. Impaired sexual functions and decreased sexual satisfaction in women with vaginismus are claimed to be associated with anxiety and depressive symptoms. However, in clinical practice, it is observed that women who do not exhibit anxiety and depressive symptoms also experience sexual dysfunction and reduced sexual satisfaction, but it is noteworthy that the causes of this deterioration have not been sufficiently investigated.

Objectives: The purpose of this study is to assess the impact of metacognitive beliefs on sexual functions and satisfaction in women with vaginismus.

Methods: A total of 64 women with vaginismus and 30 healthy controls were examined through Sociodemographic Data Form (including age, education status, duration of marriage, etc), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Arizona Sexual Experiences Scale (ASEX), Golombok-Rust Inventory of Sexual Satisfaction (GRISS), and Metacognition Questionnaire-30 (MCQ-30).

Results: The mean ASEX, GRISS, and MCQ-30 scores were significantly higher in the vaginismus group than the healthy controls. No significant difference were found between groups in terms of BDI and BAI scores. Hierarchical Regression Analysis revealed that 13% of ASEX total scores in the vaginismus group were predicted by BDI and BAI scores ($F=4.59$, $p<0.05$), and the predictability increased significantly to 32% by the addition of MCQ-30 scores to the model ($F=3.79$, $p<0.01$). However, GRISS-Total scores were not statistically significantly predicted by BDI and BAI scores ($F=1.76$, $p>0.05$), but the predictability of variance increased significantly to 26% ($F=2.87$, $p<0.05$) with the addition of MCQ-30 scores to the model. Moreover, the metacognitive dimension of uncontrollability and danger of thoughts, and cognitive self-consciousness were found to be significant factors in predicting both ASEX ($b=0.52$, $p=0.004$ and $b=-0.49$, $p=0.003$, respectively) and GRISS ($b=0.58$, $p=0.002$ and $b=-0.40$, $p=0.017$, respectively) scores in vaginismus.

Conclusions: The current findings of the study indicate that metacognitive beliefs, especially dimensions of uncontrollability and danger of thoughts and cognitive self-consciousness, predict sexual