

Google Scholar. Studies were included if they explored parental attachment post-loss, considered factors like grief and coping, and employed qualitative or quantitative measures of attachment. The literature was evaluated for methodological rigor and relevance to the study's objectives.

Results: The review identified consistent evidence that pregnancy loss can significantly affect attachment to the second child. Factors such as unresolved grief, heightened anxiety, and fear of loss contributed to difficulties in forming secure attachments. However, some parents demonstrated increased emotional investment in the second child as part of their healing process. The role of external support systems, such as counseling and social support, was identified as critical in mitigating attachment challenges. Additionally, research showed that fathers and mothers might experience attachment differently after loss, with cultural and individual factors influencing outcomes.

Conclusions: This review underscores the complex and nuanced relationship between pregnancy loss and attachment to a subsequent child. While many parents experience heightened emotional challenges, supportive interventions can facilitate healthier attachment processes. Further research is needed to explore the long-term implications of these attachments and to develop targeted therapeutic strategies for parents navigating pregnancy after loss. The findings have significant implications for healthcare providers, offering guidance on how to support families during this critical period.

Disclosure of Interest: None Declared

EPP533

A Mental Health Hospitalization at Home program as a novel healthcare delivery model on the postpartum period

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Introduction: The early postnatal period is at high risk for new and recurrent episodes of severe mental illness, with around one to two women in 1,000 requiring admission in the first few months after birth.

Home visits by midwives/obstetricians/paediatricians have been tested on preventing mental health problems on the postpartum with no home specific treatment when mental ill relapse appears. Indeed, scarce literature is found on acute relapses on mental health on the postpartum in terms of home visiting programs.

Objectives: Authors aim to explore the role of a Mental Health Hospitalization at Home (MH-HaH) program on acute mental health status on the postpartum period.

Methods: A descriptive study on women attended in a HaH-MH program due to an acute mental health crisis on the postpartum period has been conducted.

Results: Ten mother-baby dyad were attended: 7 were on an avoidance admission regimen (two directly referred from the obstetric ward) and 3 were early discharged from a psychiatric inpatient unit. Three patients were admitted due to psychotic

symptoms, 6 due a depression features and one due to manic symptoms. All of them were discharged to a minor intensity setting and none required of hospital admission after a month of the MH-HaH. At a year of follow-up, only one patient required a new hospital admission due to a relapse.

Conclusions: MH-HaH programs could be a safe and respectful alternative to psychiatric admissions with a low relapse rate. However, the need of personalized approach of the dyad and the family as well as collaboration with the Perinatal Mental Health Units is required.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP537

Characterization of a transgender population in Portugal and the portuguese outlook on transgender health care

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Introduction: Gender incongruence (GI) and gender dysphoria (GD) represent a health condition in which the individual's gender identity does not correspond to their assigned gender at birth, when dysphoria is present it means there is significant distress. This population needs specific healthcare from a multidisciplinary team involving psychiatry, psychology, endocrinology, urology and/or gynecology, otorhinolaryngology and plastic surgery. In Santo Antonio Hospital, currently, Unidade Local de Saúde de Santo António (ULSSA), there is a sex and gender unit (USEG – Unidade de Sexo e Género), with the previous described specialties, that evaluates and follows transgender individuals through their transition process. A mental health assessment is a major part of this process since, in Portugal, it is required an evaluation, from a mental health professional with clinical experience in this field, to have hormonal treatment, and two to have surgical procedures done.

Objectives: Characterization of a population of transgender individuals in Portugal, framing the results in the current Portuguese panorama of transgender health care.

Methods: Retrospective study of individuals that attended sexology/psychiatry consultation from USEG. Age, type of treatments they have made so far and expectations, type of transition – male to female (MtF) or female to male (FtM) or non-binary (NB), occupation and education, relationship status, city of origin and comorbidities were analyzed.

Results: 143 people were assessed and/or followed for gender incongruence and/or dysphoria, with a minimum age of 17 and a maximum of 61 at the time of their first consultation, mean age of 24,4 years. Of these 49,65% had FtM GI/GD, 38,46 % MtF and 11,89% identified as NB. Several individuals had concomitant medical conditions, and there were high rates of psychiatric comorbidity like anxiety and depression but also neurodevelopmental disorders. The majority of the individuals intended to start hormonal treatment with many expressing fear and anxiety related to the surgical

procedures but with a still high proportion looking forward to them in the future. Many of our patients lived in places far from our hospital.

Conclusions: We found a higher prevalence of FtM than MtF, which is in contrast with most studies in the field but similar to another Portuguese study. The high percentage of medical, specifically psychiatric comorbidities, enhances the importance of a mental health assessment and follow up in this population. A significant percentage of our patients came from cities far away reflecting the scarcity of specialized trans health care in our country. GD and GI diagnosis is increasing worldwide and the transition process is long and highly complex requiring a multidisciplinary team that can collaborate on a unique individual's care in a coordinated and safe way.

Disclosure of Interest: None Declared

EPP538

Autism and Sexuality: Breaking Taboos and Embracing Desires

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Introduction: Autism spectrum disorders (ASD) are a group of neurodevelopmental conditions characterized by impairments in social interaction, communication (both verbal and non-verbal), and repetitive behaviors. The global prevalence of ASD has increased significantly, with an estimated 28.3 million cases worldwide. Although many individuals with ASD have normal cognitive and language skills, difficulties with social interactions and understanding nonverbal cues can interfere with their ability to form romantic and sexual relationships, potentially leading to inappropriate behaviors and a distorted experience of sexuality.

Objectives: This paper aims to review the literature on sexuality in individuals with ASD, focusing on typical sexual behaviors, sexual preferences, as well as hypersexuality and paraphilic fantasies and behaviors within this population.

Methods: A non-systematic literature review was conducted, with article selection from PubMed using the keywords: "autism spectrum disorders", "sexuality", "hypersexuality" and "paraphilia".

Results: Studies have shown that adolescents with ASD experience higher rates of inappropriate sexual behaviors and gender dysphoria compared to neurotypical peers. Variants in sexual orientation, including homosexuality, asexuality, and bisexuality, are more prevalent in this population. Recent research indicates that sexual experiences, both alone and with others, are common among individuals with high-functioning ASD, with one study revealing that 47% expressed interest in having a romantic partner. Despite this, adults with ASD, especially men, are generally less likely to be in romantic relationships. They also exhibit more hypersexual and paraphilic fantasies and behaviors than neurotypical individuals. Hypersexual behaviors are predominantly observed among male ASD individuals, while paraphilias, such as voyeurism and fetishism, are frequently reported among both ASD men and women. Sadistic and masochistic fantasies and behaviors are also common in this group.

Conclusions: The results indicate that individuals with ASD have a higher prevalence of sexual orientation variants and inappropriate behaviors compared to their peers. Although they have sexual interests and desires for relationships, their ability to express sexuality in a healthy way is hindered by communication deficits, social interaction challenges, and an unsupportive environment, exacerbated by inadequate sexual education. These challenges prevent many from fully embracing their sexuality. Specialized, evidence-based sexual education addressing the unique needs of individuals with ASD is essential for promoting healthier sexual behaviors and improving psychosocial well-being.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP540

How elevated testosterone levels are responsible for frequent hospitalizations in female patients

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Introduction: Studies that have investigated the relationship between testosterone and psychiatric disorders in women report inconsistent results. Some studies suggesting that female depression patients have lower serum testosterone levels than healthy controls while others report higher serum testosterone levels in female depression patients. Testosterone has also been found to modulate depression and anxiety symptoms. Social research suggests high androgen levels cause aggressive behavior in men and women and as a consequence may cause depression and possible results with more often hospitalization.

Objectives: The purpose of this study was to determine whether there is a link between the intensity of psychological symptoms that required hospital psychiatric treatment and the level of testosterone in the blood.

Methods: The research is prospective and includes female patients with established diagnoses of depressive disorder, anxiety-depressive disorder, bipolar disorder (depressive episode) aged 18-65. The patients had their laboratory parameters determined, including sex hormones (testosterone, estrogen, progesterone, FSH, LH and prolactin), filled out a demographic questionnaire and questionnaires: The Suicide Behaviors Questionnaire-Revised (SBQ-R), Generalised Anxiety Disorder Assessment (GAD-7), Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Matthey Generic Mood Question, Montgomery-Asberg Depression Rating Scale (MADRS), Hamilton Anxiety Rating Scale (HAMA) i Hamilton Depression Rating Scale (HAMD).

Results: The preliminary data of the prospective study showed that there was a statistically significant proportion of patients in whom