

Introduction: Pregnancy is a period of important physical, psychological and hormonal changes. All these changes affect daily life, relationships with others, the relationship with the body and particularly the intimate and sexual aspect within the couple.

Objectives: to describe the sociodemographic and clinical profile of pregnant women, explore their perceptions and practices regarding sexuality during an uncomplicated pregnancy and to assess the impact of pregnancy on the couple's sexuality.

Methods: This is a cross-sectional, descriptive study conducted among pregnant women followed at the outpatient prenatal and women in immediate postpartum who gave birth in the obstetrics department of EPS Tahar Sfar Mahdia, during a period of 6 months from 01 September 2019 to 28 February 2020. The evaluation of women's sex life during pregnancy was conducted using a pre-defined questionnaire and the validated scale translated into Arabic "Arabic Female Sexual Function Index (ArFSFI)".

Results: A total of 110 patients were included. The average age of the patients was 30.2 +/- 4.98 years. In 60 % of the cases, the patients were from rural areas. More than half (55%) of our patients had a primary education and were housewives (64%). They were married for love in 59% and the marriage was arranged for 41% of the women. More than 2/3 of our patients (71%) reported a good marital relationship. In relation to the current pregnancy: the majority of patients (70%) were in immediate post partum, the pregnancy was desired (98.1%), well experienced (62%).

For most of the patients (58,2%), sexual intercourse was possible and without risk during the whole pregnancy, but some women thought about the risk of abortion or premature delivery (37.3%), the risk of metrorrhagia (10%) and the risk of infection (6.4%). Most patients (87.2%) reported a decrease in the frequency of sexual intercourse during pregnancy. Most women reported a decrease in desire (51.8%), and sexual satisfaction (55.6%) during their pregnancies. For partner sexuality, desire was stationary for 89% and sexual satisfaction was decreased in 61.1% of cases. Almost half of our patients (42.7%) talked about sexuality : to the husband in 74% of cases, followed by social networks in 58% of cases. The motivation for talking about sexuality was in the majority of cases (61.7%) secondary to a complication (metrorrhagia/ Threatened premature labor..). The mean FSFI total score was 25.3 ± 2.8. More than 2/3 of the patients (70%) had a score <26.55 indicating female sexual dysfunction.

Conclusions: Performing sexual acts during pregnancy has very low risk, contraindications are rare and specific. It is therefore important that patients be informed and reassured on this subject. Information on sexuality during pregnancy should be systematically provided to women during their pregnancy follow-up.

Disclosure of Interest: None Declared

EPV1043

Sexual dysfunction in chemsex users - research report

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Introduction: Epidemiology and etiology of sexual disorders and problems have been described in detail for heterosexual men. In the

case of MSM, scientific studies are much more limited, and the presented frequencies depend largely on the methodology of the study and the population covered by the study (socio-cultural differences, influence of minority stress). For chemsex users, the data is even more enigmatic; the subchapter presents data from the research currently conducted in Poland that has not yet been published. Most studies in the recent past have focused on assessing the risk of HIV transmission, sexual dysfunction associated with diagnosis, and the use of antiretroviral drugs. Only recently have been published papers, though still few, assessing the frequency of specific sexual dysfunctions among MSM, which are included as a whole group. It should be emphasized that there is currently no conclusive evidence to suggest a different diagnostic or therapeutic approach for sexual dysfunction in MSM patients.

Objectives: Most studies in the recent past have focused on assessing the risk of HIV transmission, sexual dysfunction associated with diagnosis, and the use of antiretroviral drugs. Only recently have been published papers, though still few, assessing the frequency of specific sexual dysfunctions among MSM, which are included as a whole group. It should be emphasized that there is currently no conclusive evidence to suggest a different diagnostic or therapeutic approach for sexual dysfunction in MSM patients. The aim of the presented report is to supplement the knowledge about the MSM population of Chemsex users.

Methods: A focus group of 60 men aged 18-50 split was assembled into four groups depending on the type of sexual contact (ChemSex non-ChemSex) and HIV +/- . The focus data was supplemented with research tools: a questionnaire containing 75 questions - elements of medical and sexological interview, and a standardized scale: The quality of life questionnaire in relation to sex - Male (Polish version of the SQoL-M), Premature ejaculation questionnaire and the International Index of Erectile Function (IIEF).

Results: The results are being analyzed. The full report will be presented at the conference.

Conclusions: The aim of the project is to assess the quality of sexual life and to examine the frequency of sexual dysfunction in the MSM population, active Chemsex users and the frequency of sexual contacts, the number of sexual partners, perceived sexual needs and satisfaction, as well as to determine the psychosocial / medical factors influencing the occurrence of sexual dysfunction.

Supplementing knowledge in this field will allow for more effective therapeutic effects.

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EPV1044

A case report on the implications of unexpressed homosexuality.

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Introduction: Sexual orientation is one's romantic preference of attraction, may it be towards the same gender or the opposite. Since ages, lot of communities have considered orientation other than heterosexuality as a taboo. Possession Trance disorder is a trance

state in which there is a marked alteration in the individual's state of consciousness and customary sense of personal identity is replaced by an external 'possessing' identity and in which the individual's behavior and movements are experienced as being controlled by the possessing agent as per ICD 11. While lot of theories for such disorder are established, core of each theory lies at an unconscious underlying conflict that is not acceptable by individual's psyche. Here is an interesting case of 30yrs old homosexual female having possession trance disorder.

Objectives: To discuss a rare case of possession trance disorder due to unconscious conflict secondary to unexpressed sexual orientation.

Methods: A 30yrs old married female patient diagnosed with Possession Trance disorder as per ICD-11 was on treatment for the same since 3 yrs without improvement. She used to get possession episodes by a religious leader for few hours and would preach to his followers during such episodes. Later she was admitted in indoor facility to understand and explore her illness so as to provide an effective management. After serial interview with the patient and her relatives it was discovered that she had sexual orientation towards females(homosexual). Later on, during the course it was found that patient was attracted to a female disciple of that religious leader and to spend time with her, she used to get possession episodes. This however was not acceptable socio-culturally and by patient herself. This lead to lot of conflicts and dysfunctional marital life with husband. To begin with, patient was unable to accept this fact and reported intense guilt for the same. After serial psychotherapy sessions and pharmacotherapy, she improved significantly. Family based interventions for comprehensive improvement were carried out and the patient was discharged with significant improvement.

Results: Discussion: Lot of communities still has immense stigma against homosexual orientation, at times upto extent to consider it to be some mental illness or supernatural interference. This leads to severe psychological trauma to the person and gives rise to inner conflicts in accepting the true self. This emphasizes a need to develop awareness amongst the communities.

Conclusions: This was an interesting rare case highlighting the need for community based interventions to normalize issues related to human sexuality. There is a need to bring awareness and involvement of community to improve mental health of individual as well as community.

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Sleep Disorders and Stress

EPV1045

Consider Early ECT Treatment for Chronic Insomnia-Induced Suicidal Ideation

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Introduction: Insomnia is a prevalent global health problem that affects 11.7% - 36% of the population (Grewal *et al.* Clinical Handbook of Insomnia Int 2017; 13 - 25). It is a risk factor for depression, poor quality of life, and accidents. Increasingly, insomnia has been identified as a suicide risk factor (Lin *et al.* BMC Psychiatry 2018; 18; 117) We present a case report of a 43-year-old male patient with insomnia-induced suicidal ideation (SI).

Objectives:

1. Learn the mechanism of insomnia-induced SI
2. Understand the current insomnia treatments
3. Discuss the possible mechanism of ECT treating insomnia-induced SI

Methods: A 43-year-old single male with past psychiatric diagnoses of social anxiety, borderline personality disorder, chronic SI, and severe recurrent depression was admitted to inpatient due to intractable SI from insomnia. He failed trials on SSRIs/SNRIs, bupropion, trazodone, lithium, vortioxetine, quetiapine, zolpidem, and ketamine. The patient was initiated on electroconvulsive therapy (ECT) three times a week with 20mg vortioxetine and 100mg quetiapine for sleep initiation.

Results: After 6-sessions, the patient's mood, affect and sleep had improved considerably, and his suicidal ideations resolved. The patient was discharged with outpatient follow-up and ECT as rescue therapy. His sleep gradually improved to 4-6hrs/night and his mood was back at baseline.

Conclusions: ECT is an effective treatment for refractory insomnia-induced SI, likely due to persistent REM suppression and reduced dendritic arborization and excitatory synapses in the amygdala (Doghramji *et al.* Sleep 2000; 23 - S16 - S20; Lahmeyer *et al.* Sleep Respiratory 1989; 18 346). Possible mechanisms for insomnia-induced SI include impaired decision-making, abnormalities in 5-HT function, or HPA dysfunction leading to a hyperarousal state and cortisol release (Chatzittofis *et al.* Euro Neuropsychopharmacology 2013; Elmenhorst *et al.* Sleep 2012; 35 1615 - 1623; Keilp *et al.* Psychol Medicine 2013; 43 539-551; Novati *et al.* 2008 Sleep; 31 1579 - 1585). Current insomnia treatments address underlying medical/psychological problems and non-pharmacologic and pharmacologic strategies. The predominant non-pharmacologic approach is Cognitive Behavioral Therapy Insomnia (CBT-I), such as relaxation techniques, sleep hygiene education, cognitive structuring, and sleep restriction (Rossman *et al.* American Journal of Lifestyle Medicine 2019; 13 544 - 547). Pharmacologic options include benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, trazodone, and antihistamines (Saddichha *et al.* Annals of Indian Academy of Neurology 2010; 13 94-102). ECT should be strongly considered for the treatment of refractory insomnia-induced SI, and its early application may avoid rapid deterioration improving the quality of life.

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