

support at workplace. Bullying behavior of colleagues of an employee might also add up to the social stress (Øverli & Sørensen, 2016). Job stress factors also involves harassment on the hand of boss that is most often described as yelling, shouting, insulting and behaving oddly in front of other colleagues. All these factors can be quite stressful for an employee and also comes under the umbrella of social stress. This type of stress, if prolonged and adds other factors can also cause increased risk of psychoses.

Objectives: Following study has certain clear objectives mentioned subsequently:

1. To investigate the prevalence of stressful work environment in association with prodromal psychosis for public and private sector employees
2. To investigate the difference between male and female employees for association of work stress with prodromal psychosis.

Methods: In this Study cross sectional method will be used. The following two scales The Brief Work Stress Questionnaire to measure work stress and Prodromal Questionnaire, Brief Version (PQ-B) for measurement of prodromal psychosis will be used.

For this study a sample of 300 consisting of doctors, teachers and banking officials (100 each) will be included using convenient sampling technique. The data will be collected from different work occupations like government and private sector. Male and female sample will be collected equally.

Results: The objective of the present study is therefore to inspect the symptoms of prodromal psychosis among employees belonging to different occupations. Further to explore its relationship with work stress and other social and clinical demographics. Reliability analysis was done using Cronbach's Alpha. Internal consistency of instruments was measured by Cronbach's Alpha. Descriptive statistics and Pearson Product Moment was also used to analyze frequencies, demographic variables percentage. Independent Sample T-test was also used for assessment of gender difference.

Conclusions: This research was conducted to check the prevalence of job stress and its relation to prodromal psychosis in private and government employees in different job occupations. Other objective of this study was to explore the gender differences of job stress and prodromal psychosis among different genders as well as in different civil and private job occupations.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPV1031

Assessing the impact of Tadalafil on the sexuality and quality of life after acute urinary retention: a randomized controlled Trial

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Introduction: Acute urinary retention (AUR) is known to have major impact on the quality of life and sexuality of patients with

benign prostatic hyperplasia (BPH). However, little is known about specific approaches that could reduce this impact. Tadalafil, an efficient medication in uncomplicated BPH, may be also useful in serious complications, especially the AUR.

Objectives: The aim of this study is to assess the impact of Tadalafil on sexuality and quality of life in patients AUR related to BPH.

Methods: This is a randomized, double-blind clinical trial conducted in the Urology and Emergency Departments of Sahloul Teaching Hospital, between June 2020 and January 2022. Consenting men over the age of 45 who had an AUR complicating a BPH were included. Fifty three patients were enrolled and randomized into two groups: intervention group (n=29) in which patients received 5 mg/day of Tadalafil, and control group (n=24) in which patients received a comparable tablet of placebo. The evaluation focused on sexuality and quality of life. For theses purposes we used SF-36 short form and IIEF 15.

Results: Socio-demographic characteristics were comparable between both groups. Sexuality assessed by IIEF 15 was significantly better in the intervention group (p=0.02). The four SF-36 domains were also significantly improved by Tadalafil: "Physical Function" (p=0.046), "Pain" (p=0.01), "General Health" (p=0.029) and "Health change" (p=0.02).

Conclusions: Sexuality and quality of life could be improved by Tadalafil in complicated BPH.

Disclosure of Interest: None Declared

EPV1032

Assessing sexuality of patients on dialysis and renal transplant: A Tunisian study

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Introduction: Chronic renal failure is a public health issue. It leads to a degradation of physical integrity, hormonal disorders and a great psychological impact, which can lead to sexual disorders.

Objectives: The aim of this study was to identify risk factors of sexual dysfunction in patients on dialysis and renal transplant patients.

Methods: This is a cross-sectional survey conducted in nephrology department of Sahloul teaching hospital (Sousse) and Fattouma Bourguiba teaching hospital (Monastir) over two-month period. Patients on dialysis and renal transplant patients were included. Sexuality was assessed by FSFI and IIEF 15

Results: This study enrolled 137 patients (99 patients with chronic renal failure and 38 renal transplant patients). The incidence of erectile dysfunction of men on dialysis was 57% and was associated to a decrease in testosterone level (11%) and an increase in LH level (50%). Its main risk factors were age (p=0.000), the duration (p=0.009), the cardiovascular diseases (p=0.03), the anxiety (p=0.000), the depression (p=0.000) and the different aspects of erectile dysfunction (p=0.000). In women on dialysis, the most

common sexual disorder noticed was sexual arousal disorder (78.8%).

In the transplant, erectile dysfunction was found in 18.2% of transplant men and was associated to age was a predictive factor ($p=0.03$). In women, orgasm and desire disorders were the most common (69%).

Renal transplantation improved erectile dysfunction in men with IIEF score rising from 14 to 27 ($p=0.021$). It also improved sexual life in women: increase of desire ($p=0.042$) and orgasm scores ($p=0.034$).

Conclusions: Sexual disorders remain common in patients on dialysis and with renal transplant. Their management requires a systematic screening to improve patients' outcome

Disclosure of Interest: None Declared

EPV1033

Assessment of sexual function and quality of life of patients with spinal cord injury

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Introduction: Spinal cord injuries are known to have physical damage. They are often accompanied by urinary and fecal incontinence, disorders of tenderness, neuropathic pain and motor deficits. Therefore they have a serious impact on physical, mental and social health.

Objectives: The objective of our work was to assess sexual function and quality of life in men with spinal cord injuries.

Methods: This is a cross-sectional study enrolling patients with spinal cord injuries followed at the physical medicine consultation and/or urology department of Sahloul teaching Hospital during the period from January 2016 to January 2018.

Results: This study enrolled 21 patients. Mean age was 45.62 ± 15.79 years. Thirteen patients were married, and nine had a primary school level of education. Thirteen patients worked as building workers. The cause of the spinal cord injury was traffic accident in 12 cases. The overall IIEF 15 was 15.57 ± 7.46 . Thirteen patients had erectile dysfunction which was rated severe in five patients. The average MSQ was 27.52 ± 26.32 with 10 patients very dissatisfied. The overall SF-36 score was 31.71 ± 26.16 . We found a statistical correlation between quality of life impairment and sexuality impairment in almost all dimensions and especially impairment of physical activity ($r^2=+0.783$ $p<0.001$) and impairment of perceived health.

Conclusions: The impairment of sexual function is a serious health problem in patients with spinal cord injury. It has a serious impact in the quality of life that justify specific interventions.

Disclosure of Interest: None Declared

EPV1034

Sexual dysfunction and motor disability in Parkinson's disease: any link?

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Introduction: Parkinson's disease (PD) is a chronic, neurodegenerative disorder leading to dopamine deficiency. Phenotypically, there is a wide spectrum of motor and non-motor symptoms (NMS). Among NMS, sexual dysfunction (SD) is one of the most disabling and crippling symptom. However, SD are usually neglected and underdiagnosed in PD patients.

Objectives: Our study aimed to estimate the effect of motor disability and the disease course on sexual dysfunction in PD patients.

Methods: This retrospective study included 42 patients (18 males and 24 females) from the department of neurology of the National Institute of Neurology Mongi Ben Hmida in Tunis, Tunisia, diagnosed with PD between 1999 and 2022. The diagnosis of PD was confirmed according to the Movement Disorder Society (MDS) diagnostic criteria of PD. The MDS Unified Parkinson's Disease Rating Scale (MDS-UPDRS) motor was used to estimate motor disability and Hoehn and Yahr (H&Y) stage was used to rate disease severity. The SD of PD patients was measured by applying the sexual items of Scales for Outcomes in Parkinson's Disease - Autonomic Dysfunction (SCOPA-AUT).

Results: SD was observed in only 11 patients (26.2%) with a sex-ratio of M/F = 1.2 and a mean age of 52 (between 40 and 72). The mean age of PD onset was 47. According to the MDS-UPDRS part III, 1 patient had a severe motor disorder (MDS-UPDRS > 59), and according to the H&Y scale, no patient had a severe stage of the disease. Nine patients had motor complications such as motor fluctuations and L-Dopa induced dyskinesia.

The SD described by our patients were: women reported Vaginal Dryness (4 patients), with difficulties reaching an orgasm (3 patients); men reported erectile dysfunction (6 patients), and difficulties in reaching an orgasm (6 patients). Among these patients, 3 were treated for SD with Tadalafil (all males).

In our study, no significant gender-related differences were found in scores related to SD in patients with PD. Neither the disease severity nor the motor disability was significantly associated to sexual disorders (respectively $p=0.26$ and $p=0.12$). Also, Motor complications induced by L-Dopa medication, assessed by the part IV of MDS-UPDRS scale, had no significant effect in the occurrence of SD in PD ($p=0.78$).

Conclusions: Sexual behavior has neuronal and hormonal modulation. Lack of dopamine seems to have an important role in the development of SD. However, it occurs independently of the disease severity and the motor disability. Thus, clinicians should be aware of the importance of assessing and treating such symptoms since the beginning of the disease.

Disclosure of Interest: None Declared