

**Results:** Our study population comprised 73 patients. Patient ages ranged from 25 to 86 years, with a median age of 56.87 years. Twenty-eight subjects (38.4%) were between 56 and 70 years of age. Sixty patients (82.2%) were married, with 68 living with relatives. Regarding anamnestic data, organic comorbidity was found in all patients with diabetes in 67.1% and arterial hypertension in 50.7% of cases. The median duration of hemodialysis was 48 months. The frequency of hemodialysis sessions was 3 per week in 69 patients (94.5%).

Erectile dysfunction was diagnosed in 64 patients, corresponding to a prevalence of 87.7%. The dysfunction was mild in 24.7% of cases, moderate in 45.2% and severe in 17.8%.

Erectile dysfunction was significantly correlated with age over 55 with an adjusted OR = 2.43 and the presence of diabetes with an adjusted OR = 1.5.

**Conclusions:** The prevalence of erectile dysfunction is high in hemodialysis patients. A systematic sexological approach is needed to ensure early and appropriate management.

**Disclosure of Interest:** None Declared

## EPV1870

### Study on the Sexuality of Tunisian Women with Systemic Lupus Erythematosus

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**Introduction:** Systemic Lupus Erythematosus (SLE) is a systemic disease that can significantly impact women's lives. Female sexual function is one of the underestimated areas, and few studies have focused on sexual dysfunctions in women with SLE.

**Objectives:** To study the sexuality of patients with SLE, the factors associated with it, and the relationship with the disease activity stage.

**Methods:** A descriptive and analytical cross-sectional study was conducted with 38 patients with SLE followed in the internal medicine department at Hedi Chaker University Hospital, Sfax, over a period of 3 months from September to November 2023. We used: A socio-demographic and clinical data sheet, and the SLEDAI scale for assessing disease activity criteria.

The Female Sexual Function Index (FSFI) scale to study sexuality over the past 4 weeks.

**Results:** The average age of the patients was 46.63 ± 10.21 years. Among them, 36 were married, and 44.7% had medical-surgical history.

The average age at SLE diagnosis was 37.11, with an average disease duration of 8.95 years. The mean SLEDAI score was 3.63. Absent to moderate activity was present in 92.1% of cases, and high activity in 7.9%.

Photosensitivity was noted in 36.8%, joint involvement in 63.2%, and anemia in 52.6%. Among the patients, 86.8% were on corticosteroids and 26.3% on immunosuppressants.

The average age of onset for sexual difficulties (SD) was 37.28 years, with an average delay of 3.05 years from disease onset.

According to FSFI: the mean score was 58.38 ± 23.412 [2 - 93]. A decrease in overall sexuality was noted in 44.7%, desire in 63.2%, satisfaction in 57.9%, arousal in 52.6%, and lubrication in 39.5%.

The factors correlated with different FSFI domains were: Desire: associated with medical-surgical history (P=0.001), photosensitivity (P=0.028), and anemia (P=0.003). Sexual satisfaction: associated with medical-surgical history (P=0.011), joint involvement (P=0.034). Arousal: associated with medical-surgical history (P=0.01) and anemia (P=0.004).

There were no statistically significant correlations between the disease activity stage and the different FSFI domains. However, the onset of SD was shortened if use of corticosteroid (P=0.005) or immunosuppressive treatment (P=0.038).

**Conclusions:** Our results indicate that SLE can impair sexuality in various domains, especially if associated pathologies are present. Therefore, special attention should be given to the sexual function of patients with lupus.

**Disclosure of Interest:** None Declared

## EPV1871

### Erectile Dysfunction in Tunisian Veterans: Clinical and Psychological Insights

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**Introduction:** Erectile dysfunction (ED) is a multifactorial condition affecting a significant proportion of men worldwide, impacting their mental well-being, life quality and interpersonal relationships. Often associated with various underlying factors, ED manifests differently in each individual, yet there is a limited understanding of the unique profiles of specific populations, such as military veterans, who may face distinct physical, psychological and social challenges contributing to the condition.

**Objectives:** This study aimed to explore the clinical profile, demographic factors, and associated comorbidities of Tunisian military veterans affected by ED.

**Methods:** A cross-sectional descriptive survey was conducted between September and November 2024 on Tunisian veterans seeking consult, using a data file and 2 self-report scales:

The Hospital Anxiety and Depression (HAD) scale, consisting of two subscales: Anxiety (A) and Depression (D), dividing patients into: normal[0-7], borderline case[8-10], an abnormal level of anxiety or depression[11-21].

The IIEF-5 (International Index of Erectile Function 5) to evaluate ED with six categories: [1-4]: uninterpretable, [5-7]: severe, [8-11]: moderate, [12-16]: mild to moderate, [17-21]: mild and [22-25]: no ED.

**Results:** The study enrolled 28 veterans diagnosed with ED, with an average age of 40 [25-61] years. Most (78.6%) were married while 17.9% were single and 3.6% were divorced.

Smoking was prevalent in 82.1% and 21.4% reported alcohol consumption, with 83.3% drinking occasionally and 16.6% drinking regularly. None reported using cannabis or other illicit drugs.

Regarding medical history, 39.3% had medical health conditions including varicocele, diabetes, combined arterial hypertension and diabetes, myocardial infarction and other health issues.

Psychiatric follow-up was reported by 85.7% of the individuals.

Anxiety symptoms were present in 89.3% of participants with 3.6% classified as borderline cases. Depressive symptoms were reported by 67.9% with 21.4% categorized as borderline symptoms.

Notably, 64.3% of the veterans experienced both anxiety and depressive symptoms and were taking antidepressants, while only one veteran exhibited neither. The remaining had either anxiety or depressive symptoms.

In terms of ED severity, 46.4% had mild to moderate ED, followed by 28.6% with mild ED, 17.9% with severe ED and 7.1% with moderate ED.

Only 14.3% reported using sexual enhancers.

**Conclusions:** This study provides valuable insights into the unique profile of ED among Tunisian veterans, revealing a high prevalence of psychological comorbidities, particularly anxiety and depression, alongside physical health issues. The interconnection of these factors highlights the importance of a holistic approach addressing both psychological and physical aspects of ED. These results call for further research into the specific challenges faced by veterans for a more personalized and effective interventions.

**Disclosure of Interest:** None Declared

## EPV1873

### Transition regret and detransition: what went wrong?

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**Introduction:** The phenomena of regret and detransition in individuals undergoing *gender-affirming treatments* raise significant medical and bioethical challenges for professionals working in this area.

**Objectives:** This work aimed to gather the most current evidence regarding the approach to the issues of regret and detransition, characterizing the main factors involved and reflecting on possible prevention strategies.

**Methods:** A literature review was conducted through research on PubMed, using the keywords “gender dysphoria,” “regret,” and “detransition”. Only articles in English were included. Additional bibliography was selected by consulting the references of the initially included articles.

**Results:** Regret and detransition are distinct concepts. In fact, there can be regret without detransition and detransition without regret, with the narratives and experiences of these individuals being very diverse. Detransition may be motivated by external or internal factors, depending on whether transgender identity is preserved or lost. Originally thought to be rare, it has been challenging to assess the actual prevalence of these phenomena, whose increase is expected in the future. In an effort to counter this trend, the literature emphasizes the importance of a multidisciplinary and comprehensive approach to individuals with gender dysphoria, based on effective and assertive communication, ensuring responsible and informed decision-making. Regular follow-up combined with psychosocial support throughout the entire transition process is also crucial. Therapeutic approach should be individualized and integrated into a continuing care plan, grounded in an empathetic and non-judgmental attitude.

**Conclusions:** Regret and detransition are not necessarily synonymous with medical error. Considering the complex spectrum of experiences involving these phenomena, a comprehensive approach that

allows for an integrated view of each person and their needs is essential. Further research and development of guidelines regarding the approach and support for this group of individuals are needed.

**Disclosure of Interest:** None Declared

## EPV1874

### Irreversible antidepressant-induced sexual dysfunction: what do we know so far?

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**Introduction:** Serotonergic antidepressants, particularly Selective Serotonin Reuptake Inhibitors (SSRIs), have been known to cause relevant sexual adverse effects, which were originally thought to disappear after treatment course. In later years, an emergent condition concerning the persistence of sexual impairment following SSRI discontinuation has gathered increasing social and scientific interest. Post-SSRI sexual dysfunction (PSSD) is still underrecognized and understudied.

**Objectives:** Our aim was to gather available evidence regarding the pathophysiological mechanisms and contributing factors to PSSD, as well as current management options.

**Methods:** A literature review was conducted using PubMed, through research of the following MESH terms: “Selective Serotonin Reuptake Inhibitors”, “Antidepressive Agents”, “Sexual Dysfunction, Physiological” and “Sexual Dysfunctions, Psychological”. Only papers published in English were included.

**Results:** PSSD has been described as an iatrogenic condition whose symptoms could persist indefinitely. Despite clinical heterogeneity and lack of robust literature surrounding PSSD, there is growing evidence of this concern. In order to diagnose PSSD, sexual dysfunction due to reemergence of depressive illness must be ruled out. Accurate incidence and prevalence rates of this condition are unknown, though it appears to be a rare phenomenon. Several potential etiological explanations for PSSD have been proposed. Some have highlighted a dysregulation in serotonergic activity induced by SSRIs, while others have tested the role of neuroregulatory agents and bioelectric circuits. Another theory involves a possible link between PSSD and other post-discontinuation syndromes. In contrast, some authors have theorized that sexual impairment induced by a long course of SSRIs could induce a negative conditioning effect towards sexual activity in some patients. Despite abovementioned hypotheses, sexual dysfunction is usually complex in nature and thus multifactorial. There is no established treatment to PSSD. Pharmacological and psychotherapeutic approaches have been tested and proposed to ameliorate symptoms of PSSD, but further investigation is warranted.

**Conclusions:** PSSD is a heterogenous and idiosyncratic syndrome that needs further characterization. It remains unclear why only certain individuals develop PSSD and treatment options are limited. Current evidence is still incipient and insufficient to justify adjusting current SSRI prescription patterns. However, clinicians must be aware of this condition and should monitor and address