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doi: 10.1192/j.eurpsy.2025.631

Introduction: Recent research suggests that psychological and personality factors, specifically affective temperaments, may influence adherence to prescribed pharmacotherapeutic interventions. However, this relationship has not yet been investigated in the context of infertility treatments.
Objectives: Our prospective longitudinal study aimed to assess the impact of affective temperaments on medication adherence during infertility treatments.
Methods: Among women presenting for infertility treatment at the Semmelweis University Assisted Reproduction Centre, we administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego (TEMPS-A) questionnaire before treatment to assess their affective temperament and the Morisky Medication Adherence Scale (MMAS) questionnaire six months after treatment initiation to measure their medication adherence during treatment. The effect of affective temperaments on medication adherence was analyzed using linear regression models. All statistical analyses were performed using R statistical software version v4.4.1.
Results: In this paper, we present preliminary partial results. In our cohort of 121 women undergoing infertility treatment, higher hyperthymic affective temperament score predicted significantly higher adherence to pharmacotherapy recommendations ($\beta = 0.11$, $p = 0.042$), while the other four dominant affective temperaments predicted significantly poorer medication adherence (cyclothymic: $\beta = -0.15$, $p<0.001$, depressive: $\beta = -0.21$, $p=0.001$, irritable: $\beta = -0.14$, $p=0.004$, anxious: $\beta = -0.09$, $p=0.011$).
Conclusions: The results suggest that affective temperaments may affect adherence to prescribed pharmacotherapeutic interventions among women undergoing infertility treatment, which may thereby influence the outcome of infertility treatment administered. By screening for affective temperament profiles, it would be possible to identify patient groups at high risk of drug non-adherence and then to aid adherence by applying patient-tailored treatment, including psychological interventions, which could increase the chances of successful pregnancy among women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP341

Neuropsychiatric Manifestations in Thyroid and Sex Hormone Disorders: A Comprehensive Review

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doi: 10.1192/j.eurpsy.2025.632

Introduction: Thyroid and sex hormones play pivotal roles in the regulation of various physiological processes, including brain function. Dysregulation of these hormones has been increasingly associated with a range of neuropsychiatric disorders, including depression, anxiety, cognitive impairment, and mood disorders.
Objectives: This review aims to systematically examine the correlation between thyroid and sex hormones disorders and the spectrum of emerging neuropsychiatric manifestations, enlightening the pathophysiological mechanisms.
Methods: A literature search was performed in many databases including PubMed, Web of Science, and Google Scholar for studies published in recent years. Eligible randomized controlled trials, observational studies, and systematic reviews examining neuropsychiatric outcomes in patients with thyroid or sex hormone disorders were included. Findings were synthesized both quantitatively, with meta-analyses where possible, and qualitatively, with thematic analysis for heterogeneous data.
Results: The review identified a strong association between thyroid dysfunctions and neuropsychiatric disorders such as depression, anxiety, and cognitive decline. Hypothyroidism was consistently linked with depressive symptoms likely due to impaired serotonergic and dopaminergic neurotransmission, along with decreased hippocampal neurogenesis. Conversely, hyperthyroidism, characterized by elevated thyroid hormone levels, was associated with heightened anxiety, irritability, and emotional lability, possibly through dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and increased sympathetic nervous system activity.
In the context of sex hormone disorders, estrogen deficiency during menopause was correlated with a significant increase in behavioral and cognitive impairments, potentially mediated by reduced modulation of serotonin receptors, diminished synaptic plasticity, and increased neuroinflammatory responses. Similarly, testosterone decline in aging men was linked to mood and cognitive disorders, with evidence pointing to disruptions in androgen receptor signaling and alterations in γ-aminobutyric acid (GABA)ergic and glutamatergic pathways.
Conclusions: This review underscores the significant link between thyroid dysfunctions, particularly hypothyroidism and hyperthyroidism and mood disorders such as depression and anxiety, while also indicates that estrogen deficiency and testosterone decline contribute to cognitive impairments and emotional disturbances. These findings help the healthcare providers to recognize neuropsychiatric symptoms as potential indicators of underlying endocrine disorders.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP343

A look at Hypoactive Sexual Desire Disorder in Women

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doi: 10.1192/j.eurpsy.2025.634

Introduction: Hypoactive sexual desire disorder (HSDD) is an underdiagnosed and poorly treated condition that is highly prevalent among women. Characterised by a persistent or recurrent deficiency of sexual desire, HSDD leads to significant personal distress and

interpersonal difficulties, and can adversely affect emotional well-being and intimate relationships.
Objectives: The aim of this review is to discuss the aetiology, diagnosis, and treatment of HSDD.
Methods: A comprehensive literature search was conducted using the electronic database PubMed. The keywords used for the search included "Hypoactive Sexual Desire Disorder", "treatment", and "aetiology and diagnosis".
Results: The search yielded a total of five systematic reviews. These studies concluded that the aetiology of HSDD involves a complex interaction of biological, psychological, and sociocultural factors. The diagnosis of this disorder should include a comprehensive sexual and medical history to rule out other causes. Treatment options for HSDD are multifaceted, incorporating both pharmacological and non-pharmacological approaches.
Conclusions: HSDD may be caused by biological factors such as a reduction in sexual excitation signals, an increase in sexual inhibition signals, or a combination of both. Testosterone plays a crucial role in initiating sexual activity, desire, and behaviour, through its influence on vaginal lubrication, sensation, and clitoral engorgement. Low oestrogen levels are associated with dyspareunia and changes in the vulvovaginal mucosa. Progesterone, serotonin, dopamine, and noradrenaline also play a role in the physiology of sexual desire. Psychological factors, particularly a lack of emotional intimacy, communication difficulties, negative body image perceptions and low self-esteem, can also reduce sexual desire. Depressive and anxiety disorders can significantly affect sexual desire. Sociocultural factors, such as religious beliefs and traditional values, can have a negative impact on sexuality. The diagnosis is made through a detailed clinical history, which may be supported by a screening tool, the Decreased Sexual Desire Screener (DSDS), as well as laboratory and imaging investigations. Identified modifiable factors, such as illicit substance abuse, sleep problems, medication use, and various medical and psychological factors, should be addressed first. For women without remaining modifiable factors who need psychological support, sex therapy, cognitive-behavioural therapy, and couples therapy are recommended. In premenopausal women, pharmacological treatment with flibanserin or bremelanotide may be considered. In postmenopausal women, hormonal therapy with testosterone may be considered off-label. The combination of psychological and pharmacological interventions is the most effective approach for HSDD. However, further studies are needed to better understand the pathological mechanisms of HSDD and to develop new therapeutic options.

Disclosure of Interest: None Declared

Addictive Disorders

EPP346

Exploring the effects of theta burst stimulation on craving severity and biomarkers in patients with gambling disorder

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doi: 10.1192/j.eurpsy.2025.635

Introduction: Gambling disorder, previously known as pathological gambling, is a behavior that significantly impairs functioning in personal, social, and occupational domains. Currently, there is no pharmacological treatment for gambling disorder, emphasizing the need for innovative treatment modalities. Imaging studies have identified a connection between prefrontal circuit dysfunction and behavioral disinhibition, supporting the potential use of non-invasive brain stimulation in treating gambling disorder.
Objectives: The purpose of this study is to investigate the effect of theta-burst stimulation (TBS) on gambling disorder.
Methods: The study duration is 2 weeks, with 10 sessions of TBS intervention. The intervention group will receive 1800 pulses of intermittent TBS at the left dorsolateral prefrontal cortex and 1200 pulses of continuous TBS at the pre-supplementary motor area during each session, while the control group will receive sham stimulation. Primary outcomes, including the Gambling Symptom Assessment Scale (G-SAS) and the Visual Analogue Scale (VAS) for craving, were administered at weeks 0, 2, 4, and 8, and the changes between the two groups were compared using generalized estimating equations. Secondary outcomes, including Beck Anxiety Inventory and Beck Depression Inventory, and serum brain-derived neurotrophic factor (BDNF), cortisol, and hsCRP, were measured at weeks 0, 4, and the changes between the two groups were compared using repeated measures ANOVA.
Results: A total of 33 patients with gambling disorder were randomly assigned in a 2:1 ratio to the intervention group (21 patients) and the control group (12 patients) on a double-blind basis. They were included in the preliminary analysis on an intention-to-treat basis. The VAS scores of the active group decreased more than those of the sham group (active group: 53.3 to 17.9, sham group: 37.5 to 15.3), but the difference did not reach statistical significance ($p = 0.13$). Compared to the sham group, the active group showed a decreasing trend in hsCRP ($p = 0.54$) and an increasing trend in free BDNF ($p = 0.34$), but neither reached a statistically significant difference.
Conclusions: Drawing definitive conclusions is limited by small sample size. Nevertheless, the initial results from this study suggest that the alterations in levels of gambling craving, hsCRP, and serum BDNF align with our hypothesis.

Disclosure of Interest: None Declared

EPP348

Cluster analysis of relapse risk factors in alcohol use disorder

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doi: 10.1192/j.eurpsy.2025.636

Introduction: The chronic relapsing nature of alcohol use disorder (AUD) makes treatment and recovery especially difficult. One of the most prevalent factors contributing to relapse is craving, which is a strong urge to drink alcohol. Moreover, alcohol withdrawal symptoms experienced during abstinence can trigger the urge to