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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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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.

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Sexual Medicine and Mental Health

EPP343

A look at Hypoactive Sexual Desire Disorder in Women

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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