

**Methods:** Evidence-based review, through research conducted on PubMed and selection of the most relevant studies on this topic, published in the last decade, using the keywords: "Sexuality" and "Dementia".

**Results:** Cognitive impairment can affect the frequency and satisfaction with sexual activity. Most studies focus exclusively on the biological (and dysfunctional) component of sexuality, devaluing the challenges and barriers to the expression of this sexuality. The deterioration of cognitive processes, with emphasis on the involvement of the prefrontal cortex, can influence the ability to make decisions, setting boundaries and providing consent. Inappropriate sexual behaviors, such as disinhibition and hypersexuality, have an incidence of 7-25% in patients with dementia, and may require intervention psychopharmacological. These vulnerabilities result in an enormous challenge in terms of establishing a balance between autonomy and safety of these patients, sometimes resulting in neglect of sexual health in treatment environments.

**Conclusions:** A comprehensive understanding of the sexuality of older adults with dementia is essential to improve the quality of life and clinical care of this population, highlighting the importance of accurate education and inclusive sexual orientation, creating safe spaces for dementia patients to explore and express their sexuality.

**Disclosure of Interest:** None Declared

## EPV1881

### Paraphilic disorders: from the past to the current perspective – a review of the state of the art

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**Introduction:** Sexuality is a central aspect of human life, encompassing its complexities and diversities. In the field of Psychiatry, Paraphilic Disorders remain a subject of ongoing controversy, including debates over the definition of paraphilia itself.

**Objectives:** The present work aims to present a review of the current state of the art regarding the evolution of Paraphilic Disorders, analyzing the evidence that supports this diagnosis, and promote the importance of evolution, understanding and non-stigmatization of sexualities.

**Methods:** Evidence-based review, using a PubMed research and selection of the most relevant studies on this topic, published in the last decade.

**Results:** An evolution was evident in the classification systems, where initially a pathologization of non-normative sexual practices predominated. Homosexuality and masturbation were understood as diseases, and as such susceptible medical and social control.

In DSM III, the concept of paraphilia, sexual arousal outside normal activity patterns, was introduced in an attempt to reduce stigmatization. But only in DSM V was the distinction made between Paraphilia and Paraphilic Disorder, the latter as causing suffering or dysfunction to the individual or others. This distinction marked a change in paradigm.

**Conclusions:** The definition and categorization of Paraphilic Disorders in the main classification systems has been influenced by changes in sexual and social norms over time, highlighting their influence on the recognition and treatment of paraphilias.

The view of human sexuality continues to be deeply marked by heteronormativity and reproduction as a social and cultural model, causing sexual practices outside this standard to be labeled as pathological. These diagnoses tend to focus on specific behaviors rather than considering the complexity of each person's sexual experiences, and to be based on prejudices and stereotypes rather than robust scientific evidence.

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## EPV1882

### Patient with Undifferentiated Schizophrenia and Gender Incongruence, a Case Report

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**Introduction:** We represent a case report of a female patient with schizophrenia and gender identity disorder, shedding light on the complexity of her medical condition. The patient gave the informed consent for anonymous presentation of her case.

**Objectives:** We want to highlight the unique vulnerability of schizophrenia patients with comorbid gender identity issues. The diagnostic and treatment processes of these patients should be insightful, careful and interdisciplinary.

**Methods:** Descriptive report of a case report based on the regular examination of the patient, review of patients clinical file and a non-systematic literature review.

**Results:** The 23-year-old female patient, diagnosed with undifferentiated schizophrenia at the age of 18, has been receiving regular one-monthly therapy with aripiprazole long-acting injection since 2019. The psychosis has been in stable remission since 2019. Due to comorbid mixed anxiety and depressive disorder, she was receiving sertraline. In 2021, the patient identified as a transgender male. He was admitted to outpatient clinic for sexual health, where he was diagnosed with gender identity disorder. In February 2023, the patient started receiving testosterone transdermal gel due to the recommendation letter of the Slovenian interdisciplinary team for gender identity confirmation. Three months later, he reported insomnia and strong intrapsychic tension; intense hands tremor was also observed. He was voluntarily admitted to the psychiatric clinic due to suspected psychotic symptoms.

**Conclusions:** Before prescribing hormone therapy to the patient in our case, the psychotic background of his desire for gender reassignment was excluded by multidisciplinary team. Due to suspected relaps of schizophrenia, which appeared three months after the patient had started receiving testosterone treatment, the Slovenian interdisciplinary team for gender identity confirmation reconsidered the patient's case and decided to temporarily discontinue his testosterone hormone therapy. The patient continues with his psychiatric treatment.

It is important to notice that exacerbation of psychotic symptoms in the course of schizophrenia may prevent implementation of various stages of treatment of gender dysphoria. Hormonal pharmacotherapy can affect the patients emotional state. The use of pharmacological and surgical methods used for gender reassignment should be precluded in the case of current psychotic process. Treatment of

gender dysphoria should be conducted in accordance with current version of the World Professional Association of Transgender Health standards.

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## EPV1884

### Assessment of Women's Sexual Function and Contributing Factors in Tunisia

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**Introduction:** Sexual function is essential to women's health, impacting psychological well-being and relationships. In Tunisia, cultural norms may influence how sexual dysfunction is reported and perceived. This study examines the prevalence of sexual dysfunction and its psychological consequences.

**Objectives:** To evaluate sexual function in Tunisian women and assess its correlation with psychological distress.

**Methods:** This cross-sectional descriptive study was conducted in March 2023 with 80 Tunisian women, aged 24-50, using a self-administered online questionnaire. Data collection involved the Female Sexual Function Index (FSFI) to assess sexual dysfunction and the Depression Anxiety and Stress Scale (DASS-21) for psychological well-being. Key sociodemographic variables, including marital status, number of children, and socio environmental context were also collected.

**Results:** We gathered data from 80 women out of 500 distributed questionnaires (16%).

Participants had a mean age of 33.35 years. A majority (63.7%) had children, and 93.8% resided in urban areas. Notably, the majority of women who responded to the questionnaire (74%) were married. Among the study population, the median FSFI score was 23.65, with 61.3% scoring below the threshold of 26.55, indicating sexual dysfunction. For married women (n=59), the mean FSFI score was  $23.7 \pm 7.9$ . The detailed FSFI scores for the entire population and married women are presented in Table I, indicating that the most affected domains of sexual function were excitation and desire. Severe depression, anxiety, and stress were reported by 6.3%, 12.5%, and 6.3% of participants, respectively.

Sexual dysfunction was significantly associated with depression ( $p=0.02$ ). However, no statistically significant associations were found between anxiety, stress, and sexual dysfunction.

**Table I: FSFI Scores among the Study Population**

FSFI Domain	Overall Score Mean $\pm$ SD	Married Women Score Mean $\pm$ SD
Desire	<b>3.5 <math>\pm</math> 1.31</b>	<b>3.7 <math>\pm</math> 1.10</b>
Excitation	<b>3.8 <math>\pm</math> 2.10</b>	<b>4.1 <math>\pm</math> 1.56</b>
Lubrication	<b>3.6 <math>\pm</math> 2.12</b>	<b>4.4 <math>\pm</math> 1.48</b>
Orgasm	<b>3.38 <math>\pm</math> 2.12</b>	<b>4.2 <math>\pm</math> 1.80</b>
Satisfaction	<b>3.38 <math>\pm</math> 2.26</b>	<b>4.2 <math>\pm</math> 1.80</b>
Pain	<b>2.5 <math>\pm</math> 1.51</b>	<b>3.0 <math>\pm</math> 1.10</b>
Total FSFI	<b>19.79 <math>\pm</math> 10.66</b>	<b>23.7 <math>\pm</math> 7.9</b>

**Conclusions:** The study shows a high prevalence of sexual dysfunction among Tunisian women, tied to psychological distress, mainly depression. Enhancing sexual health and mental well-being is key to improving overall quality of life and addressing marital issues. Future research should explore culturally sensitive interventions to enhance sexual health and support women's mental well-being.

**Disclosure of Interest:** None Declared

## EPV1885

### Sexual Life in the Postpartum Period of Tunisian Women Following Episiotomy

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**Introduction:** The postpartum period can significantly affect sexual life, particularly for women who have undergone an episiotomy. This study examines the impact of episiotomy on sexual activity during the postpartum period.

**Objectives:** To evaluate the sexual life of Tunisian women following episiotomy in the postpartum period.

**Methods:** We conducted a prospective cohort study at the Gynecology and Obstetrics Department of Farhat Hached University Hospital in Sousse. The study included women who delivered vaginally with an episiotomy in 2020. Data were collected from medical records and delivery reports. Nine months postpartum, participants were contacted by phone to complete a questionnaire assessing their experiences with episiotomy and sexual satisfaction.

**Results:** The final sample comprised 66 women with a mean age of  $27 \pm 2.8$  years (range: 20-34 years).

Regarding sexual function, 84% of women were very or moderately satisfied with their sexual life before pregnancy, and 74% were satisfied during pregnancy. Most women resumed sexual activity between 7 and 8 weeks postpartum (78%), with 22% resuming before 8 weeks. Compared to pre-birth satisfaction, 54% of women reported no change in sexual satisfaction after childbirth, while 29% reported a decrease and 17% an increase.

Sexual satisfaction was statistically related to the mode of delivery, with 55% of women who had forceps delivery being dissatisfied or equally satisfied as dissatisfied ( $p=0.01$ ).

Factors affecting postpartum sexual activity included fear of pain (32%), fear of another pregnancy (13%), perceived loss of body desirability (37%), body changes (31%), and excessive fatigue (24%).

**Conclusions:** This study demonstrates that episiotomy can have a notable impact on postpartum sexual life. Several factors, including the type of suture used during delivery and the mode of delivery, influence women's sexual satisfaction. These findings underline the importance of considering both physical and emotional aspects of postpartum recovery to improve the overall sexual health and well-being of women after childbirth.

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