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Pedophilic Disorder and Suicide Risk: Understanding the Intersection

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doi: 10.1192/j.eurpsy.2025.2299

Introduction: Pedophilic disorder is characterised by a sustained, focused, and intense pattern of sexual arousal involving pre-pubertal children. In addition, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them (ICD - 11).

Beyond its obvious ethical and legal implications, this disorder is often associated with substantial mental health comorbidities, including depression, anxiety, and substance abuse. One particularly alarming yet understudied aspect is the elevated risk of suicidal ideation and behavior among individuals diagnosed with pedophilic disorder. The intersection between pedophilic disorder and suicide risk is critical to understand, as it can inform the development of more effective intervention strategies and support systems.

Objectives: The present review aims to explore the intersection between pedophilic disorder and suicide risk, shedding light on the psychological factors that contribute to suicidal ideation and behavior among individuals with this disorder, including those who have never sexually engaged with children.

Methods: PubMed, Web of Science and Google Scholar were searched using the following keywords “pedophilic disorder”, “suicide risk”, “suicidal ideation”, and “stigma”. Articles published within the last decade were included.

Results: The review showed several risk factors, perhaps the most significant being the psychosocial effects of the intense stigma, social isolation, and internalized shame. Other risk factors are prior mental health treatment, weaker attraction to adult women, history of sexual abuse, young age, less education, and additionally, the lack of access to appropriate mental health services.

The relationship between these individuals’ emotional distress and their likelihood of sexually engaging with a child is not known, but there is evidence that impulse control is compromised by negative affect. Moreover, literature posits that stigma raises the risk of sexual activity with children via disturbances in emotional, social, cognitive, and health service utilization domains.

Conclusions: It is evident that this population faces unique challenges that require specialized attention and addressing this intersection necessitates a comprehensive approach.

Strategies aimed at reducing stigma, promoting social support, enhancing access to mental health services and fostering supportive environments have the potential to mitigate suicidal risk factors and enhance overall well-being. Furthermore, efforts to destigmatize help-seeking behaviors and improve access to confidential and non-judgmental support services are crucial in reducing the incidence of suicide and promote mental health among this population.

Disclosure of Interest: None Declared

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Experiencing sexuality in the perinatal period: what are the challenges?

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doi: 10.1192/j.eurpsy.2025.2300

Introduction: The perinatal period, encompassing pregnancy and the first postpartum year, is a transformative phase in a woman’s life. It involves profound physical, psychological, social, and emotional changes that can significantly impact sexual experiences.

Objectives: The purpose of this work is to address the challenges of experiencing sexuality during the perinatal period.

Methods: Evidence-based review, through research conducted on PubMed and selection of the most relevant studies, published in the last decade, using the keywords: “Sexuality” and “Perinatal period”.

Results: Hormonal fluctuations, physical discomfort, and body image changes during pregnancy can significantly affect sexual desire and satisfaction. By the third trimester, between 83 to 100% of first-time mothers report a decrease in sexual activity. Recent studies indicate that this trend continues into the first postpartum year, with over 60% reporting decreased sexual activity. Postpartum challenges, such as physical recovery, breastfeeding, and fatigue further complicate sexual intimacy. The anticipation of parenthood and shifts in relationship dynamics also play a significant role. Societal pressures and cultural norms regarding sexuality in the perinatal period can influence personal experiences and expectations, and contribute to communication barriers between partners regarding sexual needs and concerns.

Conclusions: The perinatal period presents unique challenges to sexual health and intimacy. A holistic perinatal care, incorporating comprehensive sexual health education and promoting open communication between partners are crucial for addressing these challenges effectively.

Disclosure of Interest: None Declared

EPV1880

The unspoken aspect of dementia care: sexuality

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doi: 10.1192/j.eurpsy.2025.2301

Introduction: Sexuality, although an essential component of human health, remains a controversial topic, shrouded in stigma, particularly in the context of dementia, where the expression of sexuality presents unique challenges.

Objectives: The main objective of this work is to address the complexity of the biopsychosocial components of sexuality in patients with dementia, promoting a change in medical perspective and social attitudes.

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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doi: 10.1192/j.eurpsy.2025.2302

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.

Disclosure of Interest: None Declared

EPV1882

Patient with Undifferentiated Schizophrenia and Gender Incongruence, a Case Report

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doi: 10.1192/j.eurpsy.2025.2303

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