pathology by 27.9% of the participants. GD was mentioned as a risk factor for suicide by 84.7% of the participants.
Conclusions: Our study revealed a low prevalence of GD among young medical trainees, similar to that observed in the general population, which could be explained by reluctance and fear of stigma in our society where sexuality remains a taboo subject. The knowledge of young doctors about this issue, still insufficient, could be improved through sexuality training dedicated to specialists, as well as through the teaching of sexology during the medical education.

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EPV1896

« Transsexualism » or « gender dysphoria » : what impact on psychological well-being ?

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Introduction: Gender dysphoria is the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics. Individuals with gender dysphoria frequently face social as well as psychoaffective difficulties that can impede their well-being and quality of life.
Objectives: The aim of this study were to assess the impact of gender dysphoria among young medical trainees on their psychological health in terms of stress, anxiety and depression.
Methods: A cross-sectional, descriptive, and analytical study was conducted with a Tunisian population of young medical trainees, during the period of time from October 1, 2023, to January 31, 2024. Data were collected using a questionnaire created with GOOGLE FORMS including an information sheet and two psychometric assessment tools : the Depression, Anxiety, and Stress Scale (DASS-21) and the gender identity/gender dysphoria questionnaire for adolescents and adults (GIDYQ-AA) asssessing subjective, somatic, social, and sociolegal aspects.
Results: A total of 111 participants took part in this study. Their median age was 28 years. They were single in 56.6% of cases, with a male-to-female ratio of 0.56.
The prevalence of depression, anxiety, and stress was 53.2%, 59.5%, and 34.2%, respectively.
Median scores of depresssion, anxiety and stress were 10 (IQR = [2–18]), 8 (IQR =[4–14]) and 10 (IQR =[6–20]), respectively.
The overall median score on the GIDYQ-AA scale was 4.85 (IQR = [4.77–5.0]). The social dimension had the lowest median score at 4.88 (IQR=[4.55–5.0]) while the median score of the subjective dimension was 4.92 (IQR=[4.69-5.0]). Somatic and socio-legal median scores were 5.0 (IQR=[5.0–5.0]).
The score for the subjective dimension of the GIDYQ-AA was negatively correlated with anxiety (p=0.04) and stress (p=0.04) scores.
Conclusions: The psychological vulnerability of young medical trainees may be exacerbated by intrapsychic conflicts which may be related to their gender identity. It is essential to identify and consider the psychological factors associated with gender dysphoria in the care pathway of these individuals, through appropriate psychiatric evaluation and support in order to better guide therapeutic decisions regarding sex reassignment.

Disclosure of Interest: None Declared

EPV1897

Persistent sexual arousal syndrome and schizoaffective disorder: a case report

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Introduction: Persistent sexual arousal syndrome (PSAS) is characterized by unwanted and distressing genital sensations that persist for long time periods without concurrent sexual desire or fantasies. The aetiology of this remains largely enigmatic although it is likely that the condition has a diverse set of neurological, vascular, pharmacological, and psychological precipitants.
Objectives: To analyze the case of a woman with schizoaffective disorder (severe depressive decompensation) and a comorbid PSAS.
Methods: We study the clinical case of a 47-year-old patient who was admitted to the acute care unit due to a major depressive condition with psychotic symptoms in the context of a schizoaffective disorder after partial abandonment and erratic taking of the medication she was previously taking.
Before the admission, the patient was hypomimic, perplexed, with psychomotor inhibition, bradypsychia, thought blockages, sadness, emotional lability, apathy, anhedonia, paranoidism, phenomena of reading and thought control, self-referentiality, delusional ideas of harm and auditory pseudohallucinations in the form of voices that urge her to harm herself. In addition, the patient presented several "sexual" crises that appeared paroxysmal throughout the day, consisting of episodes of sexual hyperarousal in the absence of desire, experienced with intense guilt. Initially, a differential diagnosis was made through an extensive history and organic screening, and she was finally diagnosed with a comorbid PSAS.
Results: Complementary tests (complete blood, urine and imaging tests) were normal.
At the pharmacological level, several strategies were used that were ineffective: paliperidone up to 18mg/day that had to be withdrawn due to intolerable extrapyramidal effects, olanzapine up to 15mg/day with high sleepiness and finally caripracin up to 12mg/day with good tolerance and efficacy. Stabilizing treatment (valproic acid 1000mg/day with optimal blood levels (99.3 microgr/mL)) were added. However, after a month and a half of admission and given the little improvement of the depressive symptoms, even having added an SSRI for 2 weeks at full doses, it was decided together with the patient and her family to start Electroconvulsive Therapy (ECT) sessions. The patient received 12 sessions of bitemporal ECT with onset of response from the 6th session, with a complete remission of the sexual crisis and depressive symptoms.
Conclusions: To our knowledge, Yero et al., reported the first two cases of patients with concomitant PSAS and bipolar disorder treated with ECT. It is important to understand how sexual symptoms differ in PSAS and bipolar disorder. Remission of the mood

episode could have been accompanied by resolution of the sexual symptoms. Although ECT was successful, the mechanism of action in treating PSAS is unknown, and it is premature to suggest that it should be recommended as a first line treatment of PSAS.

Disclosure of Interest: None Declared

EPV1898

Strong Bodies, Stronger Bonds: The Intersection of Strength Training Intensity and Sexual Pleasure

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Introduction: Strength training has long been linked to several physical and mental health advantages, ranging from increased muscle strength and endurance to higher mood and self-esteem. However, the potential link between strength training intensity and sexual satisfaction is a relatively unexplored area of research.
Objectives: This study's objective is to evaluate the potential relationship between the intensity of strength training and an individual's degree of sexual satisfaction among people who exercise at the gym in Tunisia.
Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic data and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale)
Sexual satisfaction was measured using the Sexual Satisfaction Index (SSI), validated psychometric tool developed by Leth-Nissen et al. in 2021. The sum score of the SSI can range from 0 to 36. A higher sum score indicates a higher level of sexual satisfaction.
Results: The total number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6% (n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.
Analysis of the Sexual Satisfaction Index scores revealed a mean score of 23.6 (SD = 6.2), indicating that individuals had moderate to high sexual satisfaction. A significant association was found between strength training intensity and sexual satisfaction scores ($r = 0.42$, $p < 0.01$), indicating that higher intensity exercises are associated with higher sexual satisfaction.
Conclusions: Our findings aim to shed light on the link between fitness habits and sexual well-being, emphasising the potential value of including exercise interventions in talks about sexual health and satisfaction. The findings could indicate that the benefits of strength training go beyond physical fitness, potentially contributing to improved overall well-being. More research is needed to delve deeper into the underlying mechanisms causing this link and to investigate its broader implications for overall health and quality of life.

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EPV1899

The Impact of Metacognitive Beliefs on Sexual Functions and Satisfaction in Vaginismus

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Introduction: Vaginismus is characterized by phobic avoidance, involuntary pelvic muscle contraction, anticipation, fear, and experience of pain during vaginal penetration. In addition to anxiety and fear, vaginismus-specific cognitive and metacognitive beliefs are thought to play a role in the etiology of vaginismus. Impaired sexual functions and decreased sexual satisfaction in women with vaginismus are claimed to be associated with anxiety and depressive symptoms. However, in clinical practice, it is observed that women who do not exhibit anxiety and depressive symptoms also experience sexual dysfunction and reduced sexual satisfaction, but it is noteworthy that the causes of this deterioration have not been sufficiently investigated.
Objectives: The purpose of this study is to assess the impact of metacognitive beliefs on sexual functions and satisfaction in women with vaginismus.
Methods: A total of 64 women with vaginismus and 30 healthy controls were examined through Sociodemographic Data Form (including age, education status, duration of marriage, etc), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Arizona Sexual Experiences Scale (ASEX), Golombok-Rust Inventory of Sexual Satisfaction (GRISS), and Metacognition Questionnaire-30 (MCQ-30).
Results: The mean ASEX, GRISS, and MCQ-30 scores were significantly higher in the vaginismus group than the healthy controls. No significant difference were found between groups in terms of BDI and BAI scores. Hierarchical Regression Analysis revealed that 13% of ASEX total scores in the vaginismus group were predicted by BDI and BAI scores ($F=4.59$, $p< 0.05$), and the predictability increased significantly to 32% by the addition of MCQ-30 scores to the model ($F=3.79$, $p<0.01$). However, GRISS-Total scores were not statistically significantly predicted by BDI and BAI scores ($F=1.76$, $p>0.05$), but the predictability of variance increased significantly to %26 ($F=2.87$, $p<0.05$) with the addition of MCQ-30 scores to the model. Moreover, the metacognitive dimension of uncontrollability and danger of thoughts, and cognitive self-consciousness were found to be significant factors in predicting both ASEX ($b=0.52$, $p=0.004$ and $b=-0.49$, $p=0.003$, respectively) and GRISS ($b=0.58$, $p=0.002$ and $b=-0.40$, $p=0.017$, respectively) scores in vaginismus.
Conclusions: The current findings of the study indicate that metacognitive beliefs, especially dimensions of uncontrollability and danger of thoughts and cognitive self-consciousness, predict sexual