

**Methods:** Thirty-nine patients with ASD were randomly assigned to two groups: one group received intranasal oxytocin and the other group received a placebo, with 24 units administered every 12 hours for 8 weeks. The patients were evaluated using the Autism Quotient (AQ), Ritvo Autism Asperger Diagnostic Scale – Revised (RAADS-R), Social Responsiveness Scale (SRS), Clinical Global Impression (CGI), and World Health Organization Quality of Life-BREF (WHOQL-BREF) questionnaires at weeks 0, 4, and 8.

**Results:** The intervention group showed clinical improvements in RAADS-R ( $P=0.010$ ), social communication subscale of SRS ( $P=0.002$ ), CGI ( $P=0.000$ ), physical ( $P=0.004$ ), psychological ( $P=0.006$ ), and social relationships ( $P=0.046$ ) domains of WHOQL-BREF. Improvements reached their maximum at week 4 and were maintained until week 8 (Table 1).

**Table 1.** Effect of group, time time-group interaction and the effect size

|                                         | Time  |              |                                   | Group |         |                                   | Time-Group Interaction |              |                                   |
|-----------------------------------------|-------|--------------|-----------------------------------|-------|---------|-----------------------------------|------------------------|--------------|-----------------------------------|
|                                         | F     | P-Value      | Effect Size (Partial Eta Squared) | F     | P-Value | Effect Size (Partial Eta Squared) | F                      | P-Value      | Effect Size (Partial Eta Squared) |
| <b>AQ</b>                               | 19.44 | <b>0.000</b> | 0.344                             | 0.391 | 0.536   | 0.01                              | 2.63                   | 0.079        | 0.066                             |
| <b>RAADS-R</b>                          | 12.68 | <b>0.000</b> | 0.255                             | 0.944 | 0.338   | 0.025                             | 7.250                  | <b>0.001</b> | <b>0.164</b>                      |
| <b>SRS</b>                              | 23.63 | <b>0.000</b> | 0.390                             | 0.050 | 0.823   | 0.001                             | 7.82                   | <b>0.001</b> | <b>0.175</b>                      |
| <b>WHOQL-BREF -Physical Health</b>      | 6.34  | <b>0.003</b> | 0.146                             | 0.115 | 0.737   | 0.003                             | 5.7                    | <b>0.005</b> | <b>0.134</b>                      |
| <b>WHOQL-BREF -Psychological Health</b> | 8.31  | <b>0.001</b> | 0.183                             | 0.048 | 0.828   | 0.001                             | 6.14                   | <b>0.003</b> | <b>0.142</b>                      |
| <b>WHOQL-BREF -Social Relationships</b> | 7.72  | <b>0.001</b> | 0.173                             | 1.052 | 0.312   | 0.028                             | 3.64                   | <b>0.031</b> | 0.090                             |
| <b>WHOQL-BREF -Environmental Health</b> | 4.87  | <b>0.010</b> | 0.116                             | 0.162 | 0.690   | 0.004                             | 2.69                   | 0.074        | 0.068                             |
| <b>CGI</b>                              | 22.08 | <b>0.000</b> | 0.374                             | 2.28  | 0.139   | 0.058                             | 9.42                   | <b>0.004</b> | 0.203                             |

AQ : Autism Spectrum Quotient, SRS : Social Responsiveness Scale, SCI : Social Communication Interaction, RRB : Restricted interest and repetitive behavior, WHOQL-BREF : World Health Organization Quality of life-BREF, CGI : Clinical Global Impression

**Conclusions:** The findings of this study suggest that nasal oxytocin therapy can significantly improve social skills and quality of life in individuals with ASD. Further research is needed to determine the timing and scope of oxytocin's effects across the lifespan.

**Disclosure of Interest:** None Declared

## Sexual Medicine and Mental Health

O0017

### Challenges of Sexuality Expression in Individuals with Autism Spectrum Disorder

M. M. Figueiredo<sup>1\*</sup>, P. Afonso<sup>2</sup> and V. Vila Nova<sup>2</sup>

<sup>1</sup>Psiquiatria and <sup>2</sup>Centro Hospitalar Setúbal, Setúbal, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.152

**Introduction:** Sexuality, although an essential component of human health, remains a controversial topic shrouded in stigma, particularly in the context of neurodiversity, which includes autism

spectrum disorder (ASD), where the expression of sexuality presents unique challenges. Autism and sexuality is a complex and multifaceted topic that involves understanding the unique ways in which individuals on the autism spectrum experience and express their sexuality.

**Objectives:** The purpose of this work is to address the complexity of the biopsychosocial sexuality components of people with autism, promoting a shift in the medical perspective, societal attitudes, and supporting greater inclusion of these individuals in current discussions regarding this area of human behavior and experience.

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

**Results:** Sexuality in autism is now recognized as a normative and integral aspect of development and functioning. Existing research suggests that most individuals with ASD display a clear interest in sexuality and relationships, with a study revealing that 96% of the ASD sample expressed an interest in sexuality. Individuals with high autistic traits tended to identify themselves more times as bisexual or presented a sexuality not definable within the categories of heterosexual. The relationship between autism and gender dysphoria is an area of ongoing research and discussion. Studies have suggested a higher prevalence of gender diverse identities and experiences within the autism community compared to the general population. Various hypotheses have been proposed to explain the increased gender and sexual diversity among individuals with autism. People with ASD may face unique challenges when it comes to their sexuality. The impairments in social skills and communication central to ASD potentially impact an autistic individual's expression and experience of sexuality by affecting their abilities to understand and interpret social cues, emotions, and nonverbal behaviors of others. Importantly, such individuals may be more vulnerable, as they may have different or even limited understanding of boundaries and consent. To address these challenges, it is important to acknowledge and respect the diversity of sexual experiences and desires among individuals with neuro(bio)logical differences. This can be done by providing accurate and inclusive sex education, creating safe spaces for such individuals to explore and express their sexuality, and working to address discrimination and abuse in intimate contexts.

**Conclusions:** Recognizing and respecting this diversity and fostering inclusive and accepting environments, we can help individuals with neurological differences to fully express and explore their sexuality and have satisfying sexual lives.

**Disclosure of Interest:** None Declared

O0018

### Associations of sexual dysfunction with problematic pornography use and attachment styles: a cross-sectional study of Hungarian-Spanish samples.

S. Kató<sup>1\*</sup>, Z. G. Pintér-Eszenyei<sup>1</sup>, M. A. Rando Hurtado<sup>2</sup>, A. K. Csinády<sup>1</sup> and A. Szemán-Nagy<sup>1</sup>

<sup>1</sup>Faculty of Humanities, Institute of Psychology, University of Debrecen, Debrecen, Hungary and <sup>2</sup>Faculty of Psychology and Speech Therapy, University of Málaga, Málaga, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.153

**Introduction:** In the last decades, growing evidence suggests, that young adults and even adolescents consume more and more pornographic content, which might lead to behavioural addictions. Excessive pornography use was found to be associated with higher rates of sexual dysfunctions, such as genital dysfunction or disorders related to desire, arousal, orgasm and pain. The role of attachment style on sexual function has still rarely been investigated.

**Objectives:** To examine associations between sexual dysfunction, problematic pornography use and attachment styles in a Spanish-Hungarian sample.

**Methods:** A cross-sectional comparative study was carried out in 2023 which included a Hungarian (N=447; 63% female; age: 30,5 ±9,8) and a Spanish sample (N=201; 72% female; age: 40,7±14) from the general population. In the online survey, we used the Arizona Sexual Experiences Scale (ASEX) to measure sexual dysfunction, the Problematic Pornography Use Scale (PPCS) to assess pornographic content consumption within the theoretical framework of addiction and the Relationships Questionnaire to explore the attachment styles of the subjects.

**Results:** 13% of the Hungarian sample and 19% of the Spanish sample reported severe sexual dysfunction (ASEXTot >19). The Hungarian sample reported more problems related to orgasm (climax and satisfaction). Overall, 7% of the Hungarian sample and 1% of the Spanish sample reported very severe problems (PPCSTot >76) with pornography use. We found significant differences in every subscale and the Hungarian sample reportedly showed more difficulties in every aspect, especially in salience and mood change. Regarding attachment styles, the samples also showed significant differences (Hungarian: 31% secure, 26% anxious-ambivalent, 20% avoidant, 23% disorganized; Spanish: 53% secure, 11% anxious-ambivalent, 23% avoidant, 13% disorganized). In the combined sample, secure attachment style was associated with the least difficulties in sexual functioning, whereas subjects with anxious-ambivalent style reported more problems in sexual drive, arousal and erection. Disorganized attachment style was associated with the most severe dysfunction in orgasm (climax and satisfaction). The association between problematic pornography use and attachment styles was more consistent. Secure attachment style showed the least of problems, whereas subjects with anxious-ambivalent and disorganized attachment styles reported the most, especially in salience and mood change.

**Conclusions:** Our findings showed significant intercultural differences between the two samples and highlighted the potential role of attachment styles in sexual functioning and problematic pornography use. A more profound understanding of the relationship between attachment and sexual functioning could facilitate potential treatment of sexual dysfunctions by addressing attachment issues in psychotherapy.

**Disclosure of Interest:** None Declared

## Psychotherapy

O0019

### Mindfulness possibilities in the treatment of chronic headaches

D. Perczel-Forintos\* and D. Sal

Clinical Psychology, Semmelweis University, Budapest, Hungary

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.154

**Introduction:** Headache is a very common health problem worldwide and in our country due to the increasing environmental damage and daily stress. The proportion of patients with headache in general practice is 4-5%, in neurology up to 30%. Chronic headache as a persistent stressor exhausts the body through central sensitisation, which can lead to the consolidation of maladaptive coping strategies such as avoidance, feelings of loss of control, catastrophising pain. This can lead to a deterioration in quality of life and depression also. The effectiveness of pharmacotherapy in coping with chronic pain is limited, so attention should be paid to modifying maladaptive pain behaviour, as recommended by the NICE guidelines. The international literature shows that mindfulness-based cognitive therapy (MBCT) has been shown to be effective in the management of chronic headache, primarily in improving quality of life, increasing self-efficacy and reducing pain catastrophisation and depression (Hunt et al., 2022).

**Objectives:** Our first objective was to introduce mindfulness-based cognitive therapy in Hungary to patients suffering from chronic headache. Secondly, we wanted to measure the impact of the method on quality of life, coping with pain and depression.

**Methods:** N=28 patients, suffering from chronic headaches (tension headache and migraine) participated in the study at the Department of Clinical Psychology, Semmelweis University (BNO: G430, G431, G442). Selection criteria were: referral from a neurologist, age 18-65. The intervention was an 8-session mindfulness-based cognitive therapy for pain (Day, 2017) led by an MBCT teacher and a clinical psychology resident. Before the intervention, all patients had an individual first interview and filled in the questionnaires. *Measures:* Beck Depression Questionnaire, Pain Catastrophizing Scale, Comprehensive Headache-related Quality of life Questionnaire, Five Facet Mindfulness Questionnaire, Cognitive Emotion Regulation Questionnaire.

**Results:** After the intervention, there was a significant reduction in the negative impact of pain on quality of life ( $p < 0.05$ , Cohen's  $d = 0.6$ ), pain catastrophization ( $p < 0.01$ , Cohen's  $d = 0.74$ ), and depression ( $p < 0.001$ , Cohen's  $d = 0.84$ ). In addition, several sub-factors of mindfulness increased, including non-reactivity and being non-judgemental ( $p < 0.05$ , Cohen's  $d = 0.57$ ), as well as adaptive cognitive emotion regulation strategies ( $p < 0.05$ , Cohen's  $d = 0.49$ ).

**Conclusions:** We can conclude, that in line with international findings, MBCT has been shown to be effective in reducing the negative impact of depressive symptoms, pain catastrophisation and headache on quality of life, and in helping people to cope with pain more adaptively, primarily through the acquisition of mindfulness skills.

**Disclosure of Interest:** None Declared

O0020

### Psychotherapies for generalized anxiety disorder in adults: systematic review and network meta-analysis of randomized-controlled trials

D. Papola<sup>1,2\*</sup>, C. Miguel Sanz<sup>3</sup>, M. Mazzaglia<sup>2</sup>, P. Franco<sup>4</sup>, F. Tedeschi<sup>2</sup>, S. A. Romero<sup>1</sup>, A. R. Patel<sup>1</sup>, G. Ostuzzi<sup>2</sup>, C. Gastaldon<sup>2</sup>, E. Karyotaki<sup>3</sup>, M. Harrer<sup>5</sup>, M. Purgato<sup>2</sup>, M. Sijbrandij<sup>3</sup>, V. Patel<sup>1</sup>, T. A. Furukawa<sup>6</sup>, P. Cuijpers<sup>3</sup> and C. Barbui<sup>2</sup>