

Results: The total sample consisted of 152 patients (75 males and 77 females with 47.3 ± 14.4 age at admission, 74 inpatients and 78 outpatients). Patients with lower level of Vitamin D are more likely to present higher number of relapses ($p < 0.05$) and to be inpatients (< 0.01). Finally, serum levels of Vitamin D were negatively correlated with all the BPRS subscales ($p < 0.01$).

Conclusions: Lower levels of Vitamin D correlate with a worse clinical outcome of patients with different psychiatric diagnosis. Our results highlight the importance to routinely assess PTH, Vit D and calcium levels, especially in inpatients. Moreover, Vitamin D may represent a valid add-on treatment for these patients.

Disclosure: No significant relationships.

Keywords: Vitamin D; Clinical severity; Calcium homeostasis; Psychiatric patients

EPP0467

Evaluation of Smoking Cessation Advice in a Maltese Mental Health Community Clinic

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Introduction: Tobacco smoking is one of the leading causes of preventable morbidity and mortality worldwide (WHO, 2020). Smoking cessation campaigns have been effective at reducing smoking in the general population, but not in individuals with mental illness (Lê Cook et al., 2014). A downward trend in smoking has been noted in EU countries but smoking rates have remained stable in Malta (Country Health Profile, 2019).

Objectives: This audit aims to assess smoking status, provision of smoking cessation advice and psychotropic dose adjustment depending on smoking status by the Bormla Mental Health Team. **Methods:** Patient health records were reviewed for patient demographics, psychiatric diagnosis, medical co-morbidities, smoking status and cessation advice and changes in psychiatric medication according to smoking status.

Results: Of the 171 patients studied, 35% ($n=61$) were smokers, 33% ($n=58$) were non-smokers while in 30% ($n=52$) the smoking status was undocumented. Smokers had a mean age of 50 years with an almost equal gender distribution (49% ($n=30$) male and 51% ($n=31$) female). The most common documented psychiatric diagnoses were depression (52.5% ($n=32$)) and anxiety (34.5% ($n=21$)), while 59% ($n=36$) had documented medical co-morbidities. Only 14% ($n=9$) were given smoking cessation advice and one patient was referred to the smoking cessation clinic. One third of smokers ($n=20$) were prescribed psychotropic medications which are affected by smoking status but only two patients had their doses adjusted.

Conclusions: Improved smoking cessation advice, referral to services, consideration of smoking cessation while prescribing and documentation are need to better patient care.

Disclosure: No significant relationships.

Keywords: Cessation; Advice; smoking

Sexual Medicine and Mental Health

EPP0468

Effect of increased prolactin and psychosocial stress on erectile function

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Introduction: Sexual dysfunctions in men are complex disorders that consist of organic and psychogenic components. The most common sexual dysfunction is erectile dysfunction. It is the inability to achieve or maintain an erection for satisfactory sexual performance. This disorder can be caused by high blood pressure, heart disease, vascular problems, psychological and hormonal factors such as problems with testosterone and prolactin levels.

Objectives: The most common sexual dysfunction is erectile dysfunction. It usually affects men over the age of 40. The causes of erectile dysfunction can be organic, psychogenic or a combination of both. The most common organic causes of erectile dysfunction may be high blood pressure, diabetes mellitus, obesity or hormonal disorders. Psychogenic reasons are usually related to psychosocial stress. In this study, we tested the relationship between erectile dysfunction, hyperprolactinemia, and psychosocial stress.

Methods: Clinical examinations of 60 patients with erectile dysfunction, which also included psychosocial stress, focused on patient history, comprehensive sexological examination, biochemical analyzes of serum prolactin, total testosterone, thyroid stimulating hormone with psychometric evaluation of erectile function and a checklist of trauma symptoms (TSC-40)

Results: The results show significant Spearman correlations of psychometric evaluation of erectile function with prolactin ($R = 0.50$) and results of the trauma checklist score ($R = 0.55$) as well as significant Spearman correlations between TSC-40 and prolactin ($R = 0.52$). This result indicates a significant relationship between erectile dysfunction, hyperprolactinemia and stress symptoms in men.

Conclusions: Our result indicates a significant relationship between erectile dysfunction, hyperprolactinemia and stress symptoms in men.

Disclosure: No significant relationships.

Keywords: erectile dysfunction; Hyperprolactinemia; psychosocial stress

EPP0469

Impact of serotonin transporter (SERT) binding affinity on the risk of libido disorders related to antidepressants

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Introduction: Sexual dysfunction is a frequent adverse drug reaction (ADR) of antidepressants that considerably affects quality of life and adherence to therapy. We previously investigated the potential underlying neurofunctional mechanisms by neuroimaging methods and revealed a dampening of the dopaminergic mesolimbic-mesocortical reward system along with decreased sexual functioning under serotonergic antidepressants compared to placebo.

Objectives: Within a combined pharmacoepidemiologic and pharmacodynamic approach, we examined the association between serotonin transporter (SERT) affinity of various antidepressants and corresponding alterations in sexual desire as ADR.

Methods: Using disproportionality analyses, reporting odds ratios (RORs) were calculated for reports indicating decreased sexual desire as ADR under the antidepressants. The data were extracted from the WHO global database of individual case safety reports Vigibase and several MedDRA terms were grouped for "Sexual Desire Disorders". For the pharmacodynamic assessment, we calculated Pearson correlation coefficients between SERT affinity and corresponding RORs

Results: 16 signals were detected for "Sexual Desire Disorders". We observed a statistically significant ($r(20) = .65$, $p = 0.001$) association between SERT affinity and decreased sexual desire. Higher SERT affinity was associated with higher risk of sexual desire.

Conclusions: While sexual dysfunctions under serotonergic medication were previously described, we now elaborated that in particular attenuated sexual desire as ADR is associated with SERT affinity of the antidepressant. These results strengthen our previously described neurofunctional model regarding sexual dysfunction under antidepressant medication and indicate that the specific SERT affinity of the antidepressant drug should be considered in clinical practice to minimize the risk of this ADR.

Disclosure: No significant relationships.

Keywords: sexual disorder; libido disorder; adverse drug reaction; pharmacovigilance

EPP0470

Interpersonal autonomic synchrony and sexual satisfaction: A preliminary examination

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Introduction: A growing body of literature has increased our understanding of interpersonal autonomic synchrony (IAS), or exchanges across biological systems resulting in physiological covariation. While research suggests that IAS is more likely in relationships characterized by emotional intimacy, no research to date has examined the connection between IAS and the quality of sexual relationships.

Objectives: The current study seeks to elucidate the relationship between IAS and sexual satisfaction (SS) using tasks that have previously been used to assess synchrony (i.e., gazing, mirroring), as well as several conversation-based tasks (i.e., neutral and sex-related conversation tasks).

Methods: Couples ($n=28$) completed procedures in a laboratory-based setting where they completed survey measures of SS before connecting to an electrocardiogram. Subsequently, heart rate (HR) data for each dyad were analyzed using a moderated multi-level modeling approach.

Results: IAS was detected, with men reliably predicting the HR of female partners, and women reliably predicting the HR of male partners (respectively, $\beta=0.383$, $p<0.001$; $\beta=0.222$, $p<0.001$). AIC values indicate a better fitting model for men predicting female HR. As such, moderation analyses were conducted for that model by study task, finding a significant interaction between SS and observed IAS during the mirroring task ($\beta=0.004$, $p=0.009$) and neutral-conversation task ($\beta=0.016$, $p=0.009$).

Conclusions: These findings reflect evidence that IAS may be relevant to SS at the couple-level. The ability of couples to coregulate while attempting to synchronize (as in the mirroring task) or exchange information (as in the neutral-conversation task) may meaningfully change how they experience their sexual relationship.

Disclosure: No significant relationships.

Keywords: physiological synchrony; psychophysiology; Sexual Satisfaction

EPP0471

Beyond pain: a study on the variance of pain thresholds within BDSM interactions in dominants and submissives

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Introduction: BDSM is an acronym describing bondage & discipline, dominance & submission and sadism & masochism. Afflicting or receiving pain is usually an important part of the BDSM interaction.

Objectives: This research focuses on better understanding the aspect of pain within a BDSM interaction by investigating the differences in 1) baseline pain thresholds, 2) the impact of a BDSM interaction on those thresholds and 3) threshold moderating factors like pain cognition between submissive and dominant BDSM participants and control individuals.

Methods: Submissive and dominant counterparts of 35 couples were recruited to participate in a BDSM interaction, of which 34 dominants and 33 submissives were included in analyses. A non-BDSM interested control group ($n=27$) was included to control for social interaction, of which 24 were included in analyses. Pain threshold measurements were measured at three points in time and pain cognitions scales were taken.

Results: BDSM practitioners have a higher pain threshold overall and a BDSM interaction will result in a temporary elevation of pain