

perception of physical condition among women. The analysis also proved the relationship between subjective rating of one's knowledge in the field of sexuality and rating of one's sexual attractiveness and perception of these parts of body that can be changed through physical exercises or dieting. Additionally, the research showed a statistically significant relationship between rating of one's knowledge in the field of sexuality and general estimation of one's body.

Conclusions: By leading reliable sexual education one may affect better attitude to bodies among young adults, who are in a sensitive phase for building stable relationships with other people. Simultaneously one may improve their mental, physical and social well-being.

Disclosure of Interest: None Declared

EPP1071

Characterization of a population of transgender individuals and their perceived negative mental health and life experiences

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Introduction: Gender dysphoria (GD) is characterized by a marked incongruence between one's experienced/expressed gender and gender assigned at birth, associated with clinically significant distress or impairment in important areas of functioning. Persons with GD are a population with specific healthcare needs. In our hospital, psychiatric assessment of these individuals started in 2008.

Objectives: Characterization of a population of transgender individuals and their perceived negative mental health and life experiences.

Methods: Since the beginning of evaluations of transgender individuals in our hospital, from 2008 to 2022, they were asked to freely elaborate their "life story": a report of the most relevant events in their lives, related to their condition. We retrospectively analyzed the content of the reports that were sent and associated with the clinical files.

Results: We collected the data of 104 individuals. The gender attributed at birth consisted of 74 (71.2%) females and 30 (28.8%) males. As for the gender identity, the sample consisted of 73 (70.2%) males, 28 (26.9%) females, 2 (1.9%) nonbinary and 1 (1%) person didn't identify with any of the existent denominations. The medium age in October of 2022 was 27.4 (minimum 18, maximum 60, SD 7.3). The age at first evaluation at consult was 23.6 (minimum 15, maximum 56, SD 7.2). 99 (95.2%) individuals mentioned symptoms of gender non-conformity beginning in childhood, and of those who mentioned their adolescence (n=43, 41.3%), all expressed feelings of anguish relating to their changing bodies. The medium age of recognition of their condition was 17.2 (minimum 11, maximum 30, SD 4.3). Of those who recall their first contact with health practitioners regarding their symptoms (n=31, 29.8%), 32.3% admitted they didn't feel they were helped. Of those who mentioned early relationships with family and carers (n=65, 62.5%), 35.4% reveal dysfunctional relationships and 79% mention gender expectations from their families. Similarly, 42 (40.4%)

individuals reveal experiences of victimization and bullying because of their gender nonconformity. 53 (60.2%) described symptoms of a likely comorbid psychiatric illness throughout their life, particularly depressive symptoms, anxious symptoms, suicide attempts and non-suicidal self-injury.

Conclusions: GD has gained more attention in the recent years, and the scientific community has now developed a more accurate set of criteria for the recognition of this condition. The findings in our study are in accordance with these criteria. Unfortunately, much of the suffering this condition entails is also associated with distress related to stigma and societal gender expectations, and that was evident in this investigation.

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EPP1072

Psychological hallmarks of endometriosis with emphasis on sexual dysfunction, stress, anxiety and depression

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Introduction: More than 50% of women with endometriosis report that they suffer from sexual dysfunctions, the most significant of which is pain, which can subsequently be associated with stress, anxiety, depression. The aim of this study was to evaluate the relationship between sexual function, stress, anxiety and depression together with the values of stress hormones such as cortisol and prolactin in women with endometriosis.

Objectives: Endometriosis can occur in up to 15% of women. A characteristic feature is the presence of tissue resembling the endometrium outside the uterine cavity. Endometriosis is an estrogen-dependent disease that is associated with fertility disorders (incidence up to 40%) and sexual dysfunction (up to 50% of patients). Endocrine and immune changes may be associated with chronic stress, anxiety and even depression.

Methods: A total of 92 patients with endometriosis were included in the study. Clinical examinations were focused on biochemical analysis of cortisol and prolactin. At the same time, sexual function, symptoms of stress, anxiety and depression were psychometrically evaluated in these patients.

Results: In the mutual statistical assessment, positive correlations were found between the results of the Beck scale questionnaire for assessing the severity of depression (BDI-II) and PRL (R = 0.39), then confirmed by Mann-Whitney test (z-score is 5.98019, p value is <0.00001, result is significant at p <0.05). Furthermore, the correlation between BDI-II and HAM-A (R = 0.33), confirmed by the Mann-Whitney test (z-score is -8.55827, p value is <0.00001, the result is significant at p <0.05) (Fig.). Positive correlations were found between TSC-40 and FSDS-R (R = 0.30), confirmed by Mann-Whitney test (z-score is 3.89503, the value of p is 0., 0001, the result is significant at p <0.05). We also found a high correlation between PRL and HAM-A (R = 0.86). Cortisol levels did not show any positive correlation.