

EPP0480

Sexual dysfunctions among men with paroxysmal or persistent atrial fibrillation - a two-center study in the Polish population

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doi: 10.1192/j.eurpsy.2022.724

Introduction: There are no comprehensive studies on sexual dysfunctions among people with paroxysmal and persistent atrial fibrillation after excluding concomitant somatic and mental disorders, even though their presence has a significant impact on observed changes in sexual activity and behaviour. Most of the available studies among males are focused on erectile dysfunction due to well established relationship of it with the occurrence of cardiovascular disorders in the future.

Objectives: The aim of the study was to assess the prevalence of sexual disorders among male patients treated for paroxysmal and persistent atrial fibrillation.

Methods: The study group included 54 men diagnosed with paroxysmal and persistent atrial fibrillation, qualified for electrical cardioversion and/or ablation of circumferential pulmonary vein, not burdened with additional somatic diseases. The control group consisted of 55 men matched in terms of sex, age and health condition. The study used standard CSFQ-14 sexuality assessment questionnaires, and the WHOQoL-BREF quality of life survey. Mental status examination was performed to exclude those with mental disorders, currently or in the past receiving psychiatric and/or addiction treatment.

Results: The analysis of the survey studies showed that among the surveyed men with paroxysmal and persistent atrial fibrillation, the prevalence of sexual problems is high (61.1% study group vs 47.3% control group). There were significant differences between the study group with lower sexual function scores in pleasure, desire/interest, arousal/erection, orgasm/ejaculation, and in the overall CSFQ-14's score. The desire/frequency ratio did not differ between the groups.

Conclusions: Comprehensive care requires the assessment of sexual satisfaction and the presence of possible dysfunctions using standardized tools.

Disclosure: No significant relationships.

Keywords: sexual dysfunction; atrial fibrillation; CSFQ-14

EPP0479

Sexuality in ADHD: empirical data concerning hypersexual and paraphilic fantasies and behaviors in adults with ADHD

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doi: 10.1192/j.eurpsy.2022.725

Introduction: ADHD is a neurodevelopmental disorder displaying inattention, hyperactivity, and impulsivity as core symptoms. It can affect several areas of life including sexual health. Clinicians have often made assumptions concerning the bound of specific ADHD symptoms affecting sexual desire by increasing its frequency and intensity. Yet, there is still a lack of knowledge about the comorbidity between ADHD, hypersexuality, and paraphilias. A recent literature review could show that some individuals who suffer from ADHD report about hypersexual and paraphilic fantasies and behaviors, but as far as we know, no clear empirical data has emerged supporting the idea that hypersexuality and paraphilias are more frequent in individuals with ADHD.

Objectives: The present investigation aimed to compare several sexuality related aspects between individuals with and without ADHD.

Methods: Therefore, we designed an extensive online survey based on established questionnaires, such as the Hypersexual Behavior Inventory (HBI). The survey was implemented in a outpatient sample, ADHD specific fora as well as other general online channels.

Results: In total, N = 238 individuals participated in the survey (n = 160 with ADHD). Thereby, individuals with ADHD reported significantly more often about a wide range of hypersexual fantasies and behaviors in comparison to individuals without ADHD. Furthermore, individuals with ADHD reported significantly more often about paraphilic fantasies and behaviors including fetishistic and sadistic sexual fantasies. No differences were found concerning other paraphilias. Further results regarding other facets of sexuality, such as sexual orientation, are to be presented and discussed.

Conclusions: The present study contributes to closing the knowledge gap regarding sexuality in individuals with an ADHD.

Disclosure: No significant relationships.

Keywords: ADHD; hypersexuality; paraphilia

EPP0480

Effects of paramedical counselling on anxio-depressive symptoms, perceived stress and self-esteem in male factor infertility

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doi: 10.1192/j.eurpsy.2022.726

Introduction: Elevated levels of anxio-depressive symptoms and perceived stress are widely researched in case of female factor infertility; however, there is scant information on their emergence in case of male factor infertility.

Objectives: The aim of the present study is to assess whether a 5-course paramedical counselling accompanying infertility treatment would have a decreasing impact on anxio-depressive symptom severity and perceived stress and would increase the level of self-esteem in infertile men.

Methods: 108 patients were divided into control (n = 51) and experimental (n = 57) groups, where the latter participated in the

forementioned paramedical counselling. Anxio-depressive symptom severity was measured with the Beck Depression Inventory and the Spielberger's State Anxiety Inventory; perceived stress was registered with the Perceived Stress Scale and Brief Stress and Coping Inventory, while self-esteem was evaluated by the Rosenberg Self-Esteem Scale.

Results: Participation in an infertility programme itself affected positively patients' self-esteem and decreased their levels of depressive symptom severity ($t(50) = 2.738, p = 0.009, 95\%CI = 0.167 - 1.088$), but an additional 5-session paramedical counselling resulted in a significant lowering of state anxiety symptoms ($t(106) = -2.093, p = 0.039, 95\%CI = -6.372 - 0.173$) contrasted with infertile men not receiving this additional counselling.

Conclusions: Conclusion: Screening for psychological factors is advisable in the course of an infertility treatment, and the implementation of an accompanying paramedical counselling focusing on the alleviation of concomitant psychopathological symptoms would be advisable among male infertile patients.

Disclosure: No significant relationships.

Keywords: male infertility; anxio-depressive symptoms; paramedical counselling

EPP0483

The Potential Relationship Between The Environmental Risk Factors And Social Cognition in Psychosis

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doi: 10.1192/j.eurpsy.2022.727

Introduction: In schizophrenia research, little is known about the relationship of environmental exposures with social cognition deficits.

Objectives: We aimed to investigate the relationship between social cognitive performance and well-defined environmental risk factors (childhood adversities, birth season, paternal age, obstetric complications, urban living i.e.) in schizophrenia.

Methods: 54 schizophrenia patients and 37 healthy controls (HCs) were included in our study. Participants in both groups were of similar age, gender, and educational level. Two theory of mind (ToM) tests (DEZIKÖ and RMET), and the Childhood Trauma Questionnaire (CTQ) were applied. ToM test scores among groups (patients with/ without risk factors, and HC) were compared using analysis of variance.

Results: Overall, the schizophrenia group scored higher on the CTQ and performed worse on ToM tests than the HCs. Patients were more likely to report obstetric complications, advanced paternal age, winter and rural birth. Both the patients having high and low CTQ scores performed poorer on the RMET and false belief test than HCs. However, there was no significant difference in DEZIKÖ-total scores of patients with low CTQ scores and HCs. Patients with advanced paternal age at birth achieved lower faux pas sub-scores. Urban birth and RMET scores were positively correlated in patients.

Conclusions: Our findings suggest the environmental factors such as childhood traumas, advanced paternal age, and rural birth seem to negatively affect the social cognitive performance of schizophrenia patients.

Disclosure: No significant relationships.

Keywords: social cognition; Psychosis; environmental risk factors

EPP0484

Alternative initiation regimen of paliperidone palmitate long-acting injectable

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doi: 10.1192/j.eurpsy.2022.728

Introduction: Long-acting injectable antipsychotics (LAIs) hold an important place in the treatment of psychosis. Knowledge of the best way to administer LAIs is important to maximize the efficacy and minimize the side-effects

Objectives: To assess the effectiveness of flexible doses of palmitate paliperidone long-acting injectable (PPLAI) against standard doses in initiation regimen in the subset of acutely hospitalized patients with schizophrenia and other psychosis

Methods: Retrospective, noninterventional study. Group of initiation regimen: A) "Standard-doses" (recommended PPLAI initiation regimen: 150mg-Day-1 and 100mg-Day-8±4days), B) "Low-doses" (any dosage lower than the Standard-dose) C) "High-doses" (150mg-Day-1 and 150mg-Day-8±4days) Effectiveness was measured with the number of psychiatric hospital admission and psychiatric emergency visit 6-months post-discharge. Length of stay of the index hospitalization, adherence to treatment and adverse events was confirmed in the medical record. Concomitant use of biperiden was recorded.

Results: 51 patients were included. We found no statistically differences in study variables between groups (Table-1). Table-1.

	Standard doses(n=31)	Low-doses (n=13)	High-doses (n=7)
Length of stay mean±sd	17.23±13.09	13.77±9.02	17±10.55
No psychiatric hospitalizations 6-month post-discharge, %patients(n)	71%(n=22)	84.6%(n=11)	85.7%(n=6)
No psychiatric emergency visits 6-month post-discharge, %patients(n)	61.3%(n=19)	69.2%(n=9)	85.7%(n=6)
Prescription of biperiden 6-month post-discharge, %patients(n)	13.3%(n=4)	0%(n=0)	14.3%(n=1)
Adherence to treatment 6-month post-discharge, %patients(n)	80.6%(n=25)	84.61%(n=11)	57.1%(n=4)

Conclusions: No differences were found in the effectiveness of flexible-doses in PPLAI initiation regimen. The use of low doses of PPLAI could keep the efficacy of the standard dose with a better