

EPV1037

Sexual dysfunction induced by psychotropic drugs: a narrative review.

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Introduction: One fairly common side effect of psychopharmaceuticals is sexual dysfunction. They can influence various aspects of sexual function, including lubrication, desire, ejaculation, and orgasmic intensity... This may worsen mental health conditions and make it challenging for patients to adhere to the Treatment. We'll examine how these drugs affect the area of sexual activity.

Objectives: To emphasise how different antipsychotics and antidepressants may affect sexual function.

Methods: We conducted a narrative review about the available literature on the subject. Articles were selected based on their clinical relevance.

Results: All SSRI antidepressants carry a considerable risk of sexual dysfunction. According to some research, escitalopram and paroxetine may pose the greatest risk among this group. Similar risks of sexual issues exist with SNRIs. Bupropion, on the other hand, has a lot of evidence demonstrating low or no risk. Agomelatine, mirtazapine, and moclobemide also have a minor impact on sexual performance.

Hyperprolactinemia has been specifically linked to sexual impairment in antipsychotic medication, hence antipsychotics that cause hyperprolactinemia such as haloperidol, risperidone, paliperidone, and amisulpride are more likely to induce sexual disturbances. Aripiprazole, quetiapine, and ziprasidone have been demonstrated to be less or not connected to sexual dysfunction.

Conclusions: Although sexual dysfunction is not an unusual side effect of psychiatric medications, it is frequently underdiagnosed. Sexuality needs to be explored by therapists because it may affect patient's treatment compliance and well-being. It's critical to understand how each psychotropic drugs can impair sexual function in order to select the best option based on the individual traits of each person.

Disclosure of Interest: None Declared

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Antipsychotic-induced priapism: case report and review of the literature.

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Introduction: Priapism is a painful and prolonged penile erection in the absence of sexual stimulation. It is a urology emergency that, if not treated, may cause erectile dysfunction. Pharmacologically induced priapism is the most common form of priapism and almost half of all cases are caused by antipsychotic (AP) drugs. Considering

priapism is a rare but important side effect, it is of major importance that psychiatrists be aware of it. Thus, we herein report the case of a 46-year-old man that developed priapism upon receiving intramuscular APs in a psychiatric emergency setting.

Objectives: To alert for the importance of priapism as a potential side effect of AP drugs and to understand the physiological mechanisms involved in antipsychotic-induced priapism.

Methods: A non-systematic review of the literature was carried out on PubMed. We looked for reviews and case reports published in the last 10 years containing the terms "priapism", "antipsychotics" and "psychopharmacology priapism". We also present a clinical case of antipsychotics-induced priapism.

Results: We report the case of a 46-year-old man that was brought to the Psychiatric ER by police authorities due to disruptive and aggressive behaviour, a sense of increased energy and power and delusional speech of grandiose and persecutory content. No clinical records of psychosis or bipolar disorder were known, and the patient had never been medicated with AP drugs. The patient was involuntarily admitted to the psychiatric ward for treatment. Due to the aggravation of his aggressive behaviour, with potential danger for himself, other patients and the nursing staff, he was medicated with 5 mg of haloperidol and 25 mg of chlorpromazine. About an hour later the patient developed a painful erection that lasted at least for 4 hours. He was promptly sent to the Urology ER where an intracavernosal aspiration followed by injection of phenylephrine was needed to reverse priapism. APs are the most common cause of drug-induced priapism. Even though typical APs were pointed as more prone to cause this side effect, it is now known that atypical APs, including third-generation ones such as aripiprazole, may also cause priapism. It is thought that the α_1 -adren-ergic antagonist action of most APs inhibits the contraction of smooth muscle in the *corpus cavernosum* of the penis, impeding venous outflow and thus causing ischemic priapism. To reduce the risk, the dosage of the AP may be reduced or changed to an AP with lower affinity for α_1 -adrenergic receptors.

Conclusions: Priapism is a rare but important side effect of APs. Being aware of it and of its physiological mechanism is of major importance when treating patients with APs.

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LONGTERM OFF-LABEL USE OF SSRI IN TREATMENT OF EARLY EJACULATION: TWO CASES REPORTE. Becirovic^{1*} and A. Becirovic²¹Klinika za psihijatriju and ²UKC Tuzla, Tuzla, Bosnia and Herzegovina

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Introduction: Early ejaculation is besides erectile dysfunction the most common sexual dysfunction among males. It can create suffering and influence relationships. Selective serotonin reuptake inhibitors have known side effect and sometimes are used as treatment for early ejaculation.

Objectives: To present successful off-label treatment of early ejaculation.

Methods: Case report. Two cases.

Results: Two male patients with early ejaculation problems that influenced their romantic and sexual life. Older one of them has divorced because of that. Younger has never had romantic or sexual relationship for the same reason. Prescribing SSRI make their love life more productive. Older one married for the second time and has functional and stable relationship. Younger one established several romantic and sexual relationship and currently is in a stable romantic relationship.

Conclusions: Longterm use of low doses SSRI can be very beneficial in treatment of early ejaculation.

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EPV1038

antipsychotics and spermatogenesis, which is the impact? : a review of literature

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Introduction: Antipsychotics are among the most widely prescribed molecules in psychiatry. Their sexual side effects are frequent, generally underestimated by clinicians and subjectively poorly tolerated by patients. They contribute to the significant non-compliance reported in treated patients. Most antipsychotics are non-selective and have actions on a multitude of receptors, both central and peripheral. Among these, the anti-dopaminergic action could have a deleterious effect on sexual function including spermatogenesis.

Objectives: The aim of our study is to report, according to the analysis of the collected data, the impact of the treatment with antipsychotic drugs on spermatogenesis and the counteraction of its consequences to a possible infertility in patients.

Methods: The studies related to the treatment of DMDD were collected and analyzed. This study retrieved related articles from PubMed, SpringerLink, ScienceDirect, NCBI, CAIRN, and GOOGLE SCHOLAR. Use keywords "antipsychotics" AND "spermatogenesis" AND "infertility" AND "male" OR "hyperprolactinemia" AND "spermatogenesis" OR "risperidone" OR "olanzapine" OR "haloperidol" OR "fluphenazine" AND "spermatogenesis" AND "infertility" OR "psychotropics" AND "infertility" OR "spermatogenesis".

Results: Antipsychotics are responsible, by blocking the secretion of dopamine in the central nervous system, for hyperprolactinemia, indirectly leading to hypogonadism. They are the pharmacological class most implicated in the occurrence of hyperprolactinemia. Several studies have shown changes in the levels of sex hormones with alteration in the quality of the product of spermatogenesis, and others have demonstrated abnormalities in testicular architecture in rats after regular administration of doses of antipsychotics. thus,

all antipsychotic molecules, whether classic or atopic, are likely to cause abnormalities in spermatogenesis.

Conclusions: Antipsychotics are molecules with multiple indications in mental health, yet their adverse effects can become disabling or even irreversible. Sexual dysfunction and infertility are widespread among patients under antipsychotic treatment. The mechanisms of the effects of treatment with these molecules on spermatogenesis are poorly elucidated, since the vast majority of prospective studies are carried out on rats. However, this undesirable effect seems to be obvious and real.

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Marital rape and its impact on women's mental health

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Introduction: In Morocco, the only legal setting for sexuality is marriage, which presumes automatic consent between the couple, as much so that Islam has authorized any sexual practice between spouses except for anal sex .

In our socio-cultural context, it is difficult to determine the extent of the phenomenon, the subject being taboo with a jurisprudence that refuses to recognize the reality of rape between spouses.

Objectives: The objective of this work is to emphasize this phenomenon of marital rape, its psychological repercussions, its legal and religious framework in order to debanalize this phenomenon and act in favor of women's mental health.

Methods: Our study is conducted on 3 patients seen in liaison psychiatry admitted to the surgical departments for organic complications of medium to severe severity, secondary to rape in the marital context where our expertise was requested in front of the great psychic distress of the latter.

We collected information by taking notes after our psychiatric examination.

Results: Our three patients were victims of rape and violence by their husbands on several occasions, prior to this hospitalization but never reported such an incident. Our patients presented a wide spectrum of psychiatric pathologies: post-traumatic stress disorder, depression, generalized anxiety, suicidal ideas. One of them has acted out on the latter . In addition to these psychological repercussions, two patients had presented complications of a gynecological nature (a miscarriage and a premature delivery). It should be mentioned that these acts of rape in our three patients were always accompanied by physical violence.

Conclusions: In our Moroccan context, rape within a married couple is not yet recognized by our society, which admits that a woman does not have the right to refuse sexual relations to her husband.

Much remains to be done to familiarize and sensitize society to the reality of marital rape and to ensure that women victims obtain adequate support and care.

Disclosure of Interest: None Declared