

**Objectives** The aim of this study was to evaluate the relationship between sexual function and psychological symptoms in a group of male patients with depression and anxiety disorders.

**Methods** From outpatients program, we consecutively recruited a group of 46 males: 28 patients had major depression and 18 anxiety disorders. Then, we administered two self-report psychometric tools to assess male sexuality, depression and anxiety, i.e., international index of erectile function (IIEF-15), and Depression Anxiety Stress Scales (DASS-21). *t*-tests and Pearson correlations were performed.

**Results** We found significantly higher score in terms of desire and general sexual wellness in people with anxiety disorder compared to people with depression. However, we found more significant correlations among depressive/anxious symptomatology and sexual impairment in males with anxiety disorders compared to males with depression.

**Conclusions** Our results revealed that males diagnosed with depression show a decrease of sexual desire, as a vast part of literature previously affirmed. On the contrary, the relationship between psychological symptomatology and sexual dysfunction, as the reduction of erectile function, was higher in males with anxiety disorders. This difference is probably due to a major iatrogenic effect of antidepressive treatments in depressed patients, while in anxious patients could be the psychological state, per se, the main cause of sexual dysfunctions.

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#### EV1352

### Sexual dysfunction and mood stabilizers in bipolar disorder: A review

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**Introduction** Mood stabilizers can cause many side effects. Although many of these are well known, like thyroid and renal failure after taking lithium, sexual dysfunction side effects remains unclear.

**Methods** We made a systematic computerized literature search of clinical studies using MEDLINE, The Cochrane Library and Trip for clinical studies of sexual dysfunction published up to December 2015.

**Results** Only eight relevant papers were identified. All of them studied lithium sexual dysfunction in bipolar disorder patients. Valproic acid, carbamazepine and lamotrigine were not studied in patients with bipolar disorder. Nevertheless, the three were studied in epilepsy. Clinical reports usually used Arizona Sexual Experience Scale or Psychotropic Related Sexual Dysfunction Questionnaire to measure sexual dysfunction and Brief Adherence Rating Scale to measure medication adherence. They suggest lithium could decrease desire and sexual thoughts, worse arousal and cause orgasm dysfunction. In overall, those patients with sexual dysfunction had lower level of functioning and poor compliance. Taking benzodiazepines during lithium treatment may increase the risk of sexual dysfunction even more.

**Conclusion** There are few studies that focus on mood stabilizers sexual dysfunction. This inevitably entails a number of limitations. First, the small sample size and, in some studies, the relative short period of follow-up may underestimate the results. Besides, practical management was not treated in any study. Actually, handling this side effect have not been well established.

To conclude, this revision suggest that approximately 30% patients receiving lithium experience this side effect, and it is associated with poor medication adherence.

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#### EV1353

### Sexuality of Tunisian women with polycystic ovary syndrome

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**Introduction** The polycystic ovary syndrome (PCOS) is a heterogeneous disease with multiple facets. In a few decades, this syndrome has gone from a purely gynaecological domain to sexology one; PCOS is thus considered a systemic disease. However, the domain of sexuality continues to be neglected. The aim of our study was: assessing women's sexuality with PCOS by comparing them to a sample correlated with the age of control subjects. We performed a cross-sectional study of case-control, conducted between October and November 2015.

Data was collected by oral questionnaire proposed to women whose anonymity was respected. To assess the sexuality we used the "female sexual function index" (FSFI) developed by Rosen et al.

**Results** The average BMI of the patients was  $30.2 \pm 6.3$  kg/m<sup>2</sup>, with a range of 17.2 to 43.5 kg/m<sup>2</sup>. The average frequency of sexual intercourse per week was  $1.6 \pm 0.5$  for patients and  $2.1 \pm 0.9$  for the controls. The scores used in this study show that 90% of sexual dysfunction exists in women with PCOS. For controls, a sexual dysfunction was found in 40% of cases.

All aspects of sexuality were affected (desire, arousal, orgasm and satisfaction). The lowest scores were found in the following areas: arousal, lubrication and orgasm.

**Conclusion** The therapist during a consultation for a patient with PCOS should check her psychological state. Also, asking the patient about her sex life should be part of the monitoring of the disease.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1354

### Methylation of the HPA axis related genes in men with hypersexual disorder

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**Introduction** Hypersexual disorder (HD) defined as non-paraphilic sexual desire disorder with components of impulsivity, compulsivity and behavioral addiction, was proposed as a diagnosis in the DSM-5. Recent research shows some overlapping features between HD and substance use disorder including common neurotransmitter systems and dysregulated hypothalamic-pituitary-adrenal (HPA) axis function. We have reported that HD was significantly associated to DST non-suppression and higher plasma DST-ACTH levels indicating HPA axis dysregulation in male patients with HD.

In this cohort, comprising 54 male patients diagnosed with HD and 33 healthy male volunteers, we aimed to identify HPA-axis coupled CpG-sites, in which modifications of the epigenetic profile are associated with hypersexuality.

**Methods** We performed multiple linear regression models of methylation M-values to a categorical variable of hypersexuality in 87 male subjects, adjusting for depression, DST non-suppression status, CTQ total score, and plasma levels of TNF-alpha and IL-6.

**Results** Seventy-six individual CpG sites were tested, and four of these were nominally significant ( $P < 0.05$ ), associated with the genes CRH, CRHR2 and NR3C1. Cg23409074-located 48 bp

upstream of the TSS of the CRH gene—was significantly hypomethylated in hypersexual patients after corrections were made for multiple testing using the FDR-method. Methylation levels of cg23409074 were positively correlated with gene expression of the CRH gene in an independent cohort of 11 healthy male subjects. CRH is an important integrator of neuroendocrine stress responses in the brain, modulating behavior and the autonomic nervous system; our results show epigenetic changes in CRH gene related to hypersexual disorder in men.

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## EV1355

### Female sexuality in the context of dual control model

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**Introduction** Dual Control Model (DCM) is one of the contemporary concepts of mechanisms rooted in the central nervous system that control human sexual behaviors. The DCM holds promise for application both in scientific settings and, although at the moment limited, clinical practice. A number of psychometric tools, i.e. the SIS/SES, SES II-W and SES II-W/M questionnaires based on the DCM theoretical assumptions have been developed.

**Methods** A total of 309 women aged 18–45 were eligible for the study. Inclusion criteria were met by 214 individuals who were included in the further analysis. Sexual excitation/sexual inhibition inventory for women (SESII-W) was used to evaluate sexual inhibition and sexual excitation. Semi-structure interview was used to evaluate sexual function in investigated individuals. Correlation between risky sexual behaviors, FSD and SE/SE was measured.

**Results** Among the women, 28.5% were diagnosed with FSD, with orgasmic dysfunction being the most common, 11.2%. Engaging in risky sexual behavior (having multiple sexual partners and one-night-stand sexual relationships, sexual intercourse with persons known to be HIV-positive, drug users or prostitutes, unprotected vaginal, oral and anal sex, sex for money or drugs and sexual activity while using alcohol and/or psychoactive substances) was associated with higher sexual excitation scores and lower sexual excitation scores of SESII-W. In contrast, the presence of FSD were negatively correlated with SE and positively with SI.

**Conclusions** Dual control model might be a good model describing different sexual behaviors in the population of women.

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## EV1356

### Sexual excitation, sexual inhibition and a prevalence of sexual disorders among msm and heterosexual men

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**Introduction** Dual control model of the sexual response (DCM) indicates, that there are two separate, but cooperating systems of sexual excitation and inhibition. Previous studies using DCM concept have shown, that MSM (men having sex with men) had higher excitation (SES) and one of the types of inhibition (SIS1) levels, in comparison to the exclusively heterosexual men. MSM also reported more frequent occurrence of sexual disorders (erectile disorders, premature ejaculation and decreased sexual desire).

**Objectives** Comparison of the MSM and heterosexual men groups in order to verify erenow observed differences in sexual excitation/inhibition propensity and prevalence of sexual problems.

**Methods** The sample consisted of two groups: 47 heterosexual men and 60 MSM. The participants have anonymously filled up questionnaires (Polish version of the Sexual Inhibition/Sexual Excitation Scales SIS/SES and the author's survey) via internet. Then statistical analysis was executed.

**Results** Our findings have shown, that both groups were similar in their propensities for sexual excitation (SES) and inhibition due to the risks of failure in sexual performance (SIS1), while MSM scored higher on the inhibition scale, related to the threat of negative consequences of sexual response (SIS2). Heterosexual men more frequently suffered from premature ejaculation and less commonly reported decreased desire. There were no differences in the erectile disorders report between MSM and heterosexual men.

**Conclusions** Our findings are mostly in conflict with previous DCM studies results. Several issues, just like method of sexual orientation assessment or cultural differences may had its impact on such results. More detailed studies on these issues are required.

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## EV1357

### The under-diagnosed green-eyed monster: Otello syndrome and how to manage it

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Otello syndrome derives its name from Shakespeare's drama (character) and, clinically, describes a person with delusions of the partner's infidelity. A variety of other psychopathology may present: obsessive-compulsive features, alcohol dependency, voyeurism, sadism, possessiveness and domineering, hypersexuality, paranoid attitude, abuse of different nature, violent behaviour, including, occasionally, homicide. Yet, in the author's opinion, the syndrome, unless it presents itself as obviously absurd, is frequently missed.

Management is rather difficult and does not always result in recovery but, if not treated with neuroleptics, it would render any other means of treatment useless. The condition could pose a diagnostic challenge. Moreover, it also poses an ethical dilemma whether to warn the spouse of the psychotic condition of the partner, the poor prognosis and possible implications of its existence. Moreover, the long-term partners of such patients frequently present with the symptoms of dependency, submissiveness or even masochism. The paper discusses the abovementioned issues, including the likely psychodynamics, biological background, historical and social elements and possible effective management.

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