

typically have a more positive self-image, they feel at ease with emotional intimacy, and are therefore able to openly communicate their needs and desires. They exhibit a healthy balance between seeking closeness and maintaining independence.

Individuals with anxious attachment styles may experience heightened levels of sexual anxiety and insecurity. Concerns regarding rejection or abandonment within sexual relationships may impact their sexual function and satisfaction. These individuals usually have a negative self-image and may be more prone to seek reassurance and validation through sexual activities.

People with avoidant attachment styles may encounter obstacles in developing emotional intimacy and closeness, which can negatively affect their sexual relationships. Such individuals might experience commitment anxiety and prioritise physical aspects of sexual activity over emotional bonding, ultimately decreasing sexual satisfaction for both them and their partners.

Disorganised attachment styles are linked with challenges in regulating their emotions and behaviours in intimate situations, which can have a negative impact on sexual function and satisfaction.

Conclusions: While the literature proposes attachment styles may impact sexual function, it is important to acknowledge other factors that contribute to sexual function. In addition to biological and iatrogenic factors, individual personality, relationship dynamics, past experiences, and cultural influences all have a significant role in shaping one's sexual behaviour and satisfaction. All of these should be addressed in order to alleviate sexual difficulties.

Moreover, attachment styles may develop and change over time through positive relationships and therapeutic interventions, potentially leading to changes in one's sexual functioning and relationship dynamics.

Disclosure of Interest: None Declared

EPV1012

Breaking the Taboo: Unveiling the Prevalence and Predictors of Female Sexual Dysfunction in Tunisia

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Introduction: Female sexuality is a complex and multifactorial domain that can be influenced by a variety of psychological, biological, relational, and sociocultural factors. However, sexual dysfunctions in women remain a taboo subject in many cultures and are often underestimated, underdiagnosed, and undertreated. In Tunisia, few studies have been conducted to assess the prevalence of sexual dysfunctions in women and their predictive factors.

Objectives: to determine the prevalence of sexual dysfunctions in a group of Tunisian women and to identify the predictive factors of these dysfunctions.

Methods: This is a cross-sectional, descriptive, and analytical study, over a period of three months, from September to December 2022, conducted online via a pre-established questionnaire to collect various sociodemographic data, personal history, psychoactive substance consumption, weight, and height. We used the Female Sexual Function Index (FSFI) scale to evaluate sexual

functioning in participants. We recruited sexually active Tunisian women over 18 years of age who agreed to anonymously respond to the questionnaire. The form was disseminated on social networks, in groups that focus on women, with a rate of three publications per week.

Results: We collected data from 90 women with a mean age of 35 ± 12.84 years.

More than half of our population (60%, $n=54$) had at least one sexual dysfunction.

The most common sexual dysfunctions reported were arousal disorders (31.3%), followed by desire disorders (26.8%) orgasm disorders (12.4%).

We found that several factors were significantly associated with sexual dysfunctions: Women over 45 years of age ($p < 10^{-3}$), who are divorced ($p=0.02$), have a low socioeconomic status ($p=0.04$), and report having experienced traumatic romantic/sexual experiences ($p < 10^{-3}$) were found to have a higher prevalence of sexual dysfunctions.

According to our results, cannabis consumption had a negative impact on lubrication ($p < 10^{-3}$) and orgasm ($p=0.003$) among our study respondents. Personal psychiatric history also had a negative influence on arousal ($p=0.02$) and sexual satisfaction ($p=0.01$).

Conclusions: By identifying sexual dysfunctions early and treating them effectively, we can improve the quality of life of those affected and avoid serious consequences on their physical and mental health. It is therefore crucial to promote a proactive approach to sexual health and encourage healthcare professionals to approach sexuality openly and comprehensively.

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EPV1013

Relationship between sleep and sexual functioning in Indian females

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Introduction: Sexual dysfunction is a taboo. It is a subject in many countries that negatively affects quality of life and may often be responsible for psychopathological disturbances. There is a little research on effect of sleep on female sexual response and behaviour.

Objectives: The aim of the study was to assess prevalence of sexual dysfunction and sleep problems in adult females visiting OBGY OPD in a tertiary health care institution in a developing country and to observe the correlation between both.

Methods: A cross-sectional observational study was conducted in a tertiary health care center in India. Female Patients presenting to Department of Gynecology and Obstetrics for any complaints were assessed for their sexual functioning and sleep profile

Results: The mean age of the sample was 33.5 (6.2) years. All the female participants were married. Most of the participants were housewife and were living in a joint family. Almost 27 percent of the sample reported having sleep problems. The median sleep latency