

Conclusions: Sexual dysfunction usually accompanies up to 50% of patients with endometriosis. This in turn affects the mental health and well-being of not only the patients, but also their sexual partners. The results of this study are consistent with the hypothesis of possible relationships between stress, anxiety, depression and neuroendocrine markers in patients with endometriosis.

Women diagnosed with the symptoms of endometriosis should also be examined for psychosocial and psychiatric disorders at the same time. In this regard, it is important not to underestimate the psychological assessment of those patients who are at risk of developing symptoms of anxiety and depression and to provide them with appropriate psychological support.

Disclosure of Interest: None Declared

EPP1074

Efficacy of Treatments for Anorgasmia in Premenopausal Women According to Evidence-Based Practice: A Systematic Review

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Introduction: This review determined the effectiveness of female anorgasmia treatments in premenopausal women using a systematic search strategy. This review considers all physiological, pharmaceutical, psychological and social treatments. Thomas and Thurston (Maturitas 2016; 87 49-60) recommend a biopsychosocial approach, where subjective distress and physical factors can coexist (Brotto *et al.* JSM 2010; 586-614). Yet, methodological issues are rife e.g., obtaining representative samples and limited assessment methods. Further, reviews are narrative with limited synthesis (Marchand SMR 2021; 9(2) 194-211). Frühauf *et al.* (Archives of Sexual Behavior 2013; 42(6) 915-933) completed a review, but there is no account for research published after 2007 and limited follow-up assessments.

Objectives: This is the first systematic review of premenopausal anorgasmia with assessment of bias for all treatments. This review is restricted to anorgasmia to better isolate interventions and exclude comorbid conditions.

Methods: 10 different databases were searched (2007-2021) including studies from peer-reviewed journal articles and grey literature. Results were synthesised in forest plots according to timepoints of data, alongside different treatments to determine effect size from standardised mean differences (SMD). Outcome measures included the self-reported sexual function, sexual distress and clinician observation. The SMD was used as not all scales are consistent across studies. All results given are in line with a pre-defined analysis plan.

Results: Of 1388 studies screened, 15 studies (2002-2020) were analysed: study designs were mixed with mostly self-report measures. Effective treatments included Tribulus terrestris ($M=3.77$, $p<0.01$), plasma injection ($M=4.48$, $p<0.01$), and CO₂ laser therapy ($M=4.06$, $p<0.05$). For psychological studies, assessment of active sexual engagement described how subjects felt more aware of their

sexuality which improved outcomes. Limitations of most studies included a very high risk of bias, notably in randomisation of subjects, allocation and outcomes. All interventions had a significant effect in independent t-tests, yet synthesis of SMDs show insignificant effect, implying data is inconclusive.

Conclusions: This review aimed to systematically appraise all treatments for orgasmic satisfaction for premenopausal women. Higher levels of significance were observed for treatments across all modalities. The efficacy of natural supplements has been disputed (IsHak *et al.* JSM 2010; 7(10) 3254-3268), but this review shows promise. All psychological results provided insight into the role of the therapist-client relationship and reappraisal of traumatic sexual experience. Yet, risk of bias is likely impacted by difficulty establishing standardised scientific protocol. Considerations for future research include clear statements of randomisation and multi-faceted outcome measures.

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Women, Gender and Mental Health 02

EPP1075

Gender Differences In The Therapeutic Evolution Of Major Depression during COVID-19 Pandemic

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Introduction: The COVID-19 pandemic has posed an enormous challenge to the mental health of the population with probable differentiated profiles for men and women, although not all studies are consistent. While women are likely to have endured greater loads of stress associated with an increased incidence of mental disorders such as depression, men have been able to abuse alcohol and other drugs more, in addition to complying with prevention recommendations to a lesser extent. As soon as the COVID pandemic began, we began a clinical trial to enhance first-line treatments with three complementary interventions with patients with Major Depression (MD), which has allowed us to analyze differences in response according to gender.

Objectives: As a secondary analysis of a clinical trial, the aim of the current study was to address the relative different efficacy between genders of three psychotherapeutic approaches in the context of MD.

Methods: This study was a secondary analysis of a pragmatic parallel randomized controlled clinical trial that was composed of three arms (Minimal Lifestyle Intervention, Mindfulness-Based Cognitive Therapy, and Lifestyle Modification Program). We recruited 94 individuals (24 men and 70 women) from the Primary Healthcare Centers of the Balearic Islands region in Spain who were currently experiencing an episode of MD. Descriptive and univariate analyses were used to examine between-group differences in