

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2208>

#### EV1224

### Radiotherapy and treatment of cervical cancer – sexuality implications

A. Fornelos\*, P. Macedo, S. Nunes, A. Figueiredo, M. Silva, M. Viseu

Centro Hospitalar Trás-os-Montes e Alto Douro, Psiquiatria e Saúde Mental, Vila Real, Portugal

\* Corresponding author.

**Introduction** Cancer of the uterine cervix represents 10% of malignant tumors affecting women. Despite occupying fifth place in the global mortality rate it is described with the highest healing potential. One of the most used treatments is radiotherapy, which has a particularly significant impact on women's quality of life, especially in their sexuality. Biological and psychic factors are suggested as possible etiologies for sexual dysfunction situations. Changes in body image may arouse feelings of shame and low self-esteem. In what concerns biology, vaginal stenosis is referred as a cause of vaginism and vaginal bleeding, with consequent decrease in libido and pleasure.

**Objective** Describe the implications in the sexuality of women with cancer of the uterine cervix after radiotherapy.

**Methods** A literature search using the PubMed and Scielo databases of scientific articles published in the last 10 years.

**Results** In the literature, there are significant changes in sexual behavior in women with cervical cancer in the period after radiotherapy. A large percentage reveals sexual abstinence and an equally significant part presents sexual dysfunction caused by lack of lubrication, arousal and orgasm. Moreover, it is reported decreased libido and sexual pleasure, vaginal bleeding and vaginism. On the other hand, there is a small account of cases in which it is mentioned increase libido and pleasure.

**Conclusion** Despite the high probability of healing this disease, the patients' quality of life after advanced stages of radiotherapy, should be a source of concern, especially with regard to sexuality.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2209>

#### EV1225

### Premature ejaculation – how to treat?

A. Fornelos\*, P. Macedo, F. Veríssimo, M. Viseu

Centro Hospitalar Trás-os-Montes e Alto Douro, Psiquiatria e Saúde Mental, Vila Real, Portugal

\* Corresponding author.

**Introduction** Premature ejaculation (PE) corresponds to “a persistent or recurring ejaculation pattern that occurs during sexual activity with a partner approximately 1 minute after vaginal penetration and before the person wishes to”. It affects 5–20% of men, having its origin in psychological factors and with important biological contribution. It is considered generalised, when not confined to certain patterns of stimulation, situations, or partners, or may be situational. It may occur soon after the onset of sexual activity (primary) or after a normal sexual functioning (acquired). Primary EP is associated with the hyposensitivity 5-HT<sub>2C</sub> receptors and/or hypersensitivity 5-HT<sub>1A</sub> receptors. High performance anxiety levels are related to acquired EP. Increasing this physiological knowledge has enabled significant advances in treatment.

**Objective** Approach the therapeutic options of EP and its peculiarities.

**Methods** Literature review of articles published in the last five years, using the PubMed and Scielo databases.

**Results** At present, the approaches include psychosexual counseling, behavioral and pharmacotherapy. Among the most popular drugs, antidepressants stand out, particularly dapoxetine, the first medication specifically approved. Local anesthetics, phosphodiesterase-5 inhibitors and tramadol are also used. Acupuncture is suggested as a useful therapeutic, but needs more research.

**Conclusion** The behavioral therapies are referred to as first-line treatment in the long-term, associated or not with medication. Dapoxetine is the preferred symptomatic treatment. However, a holistic approach, including psychotherapy and sex therapy, is the most beneficial modality for sexual and marital relationship.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2210>

#### EV1228

### Post menopausal women's sexual satisfaction: Effect of oral capsule of mixed Tribulus Terrestris, Zingiber Officinale, Crocus Sativus and Cinnamomum Verum: A randomized controlled clinical trial

S. Taavoni (Ph.D.)<sup>1,\*</sup>, N. Nazem Ekbatani<sup>2</sup>, S.A. Gooshegiri<sup>3</sup>, H. Haghani<sup>4</sup>

<sup>1</sup> Iran University of Medical Sciences (IUMS) & Tehran University of Medical Sciences (TUMS), Research Institute for Islamic & Complementary Medicine (RICM), Faculty of Medicine, Tehran, Iran

<sup>2</sup> Tehran University of Medical Sciences, Nursing & Midwifery Faculty, Reproductive Group, Tehran, Iran

<sup>3</sup> Iran University of Medical Sciences IUMS, Faculty of Medicine, Tehran, Iran

<sup>4</sup> Iran University of Medical Sciences IUMS, Faculty of Management, Tehran, Iran

\* Corresponding author.

Sexual satisfaction decreases during postmenopause life and may improve by various methods of complementary therapy such as use of herbal medicine.

**Aim** To assess the effect of oral capsule of mixed Tribulus Terrestris, Zingiber Officinale, Crocus Sativus and Cinnamomum Verum on postmenopausal women's sexual satisfaction.

**Methods** In this triple blind randomized control clinical trial, 80 healthy volunteer postmenopause women with age 50–60 years old in one of clinics of west of Tehran had been involved (year 2013–2014). Participants were randomly assigned to intervention and placebo group and received one month same shape capsules two times in a day. Tools of this study had two main parts of personal characteristics and sexual satisfaction. All ethical points were considered and approved by Ethics committee of Research Institute for Islamic & Complementary Medicine (RICM, IUMS).

**Results** After a month intervention, there is significant increase in the mean score of sexual satisfaction between two groups ( $P=0.01$ ), but when sexual satisfaction compared with pre-menopausal time in two groups,  $t$ -test results showed no significant difference ( $P=0.16$ ).

**Conclusions** Use of oral capsule of mixed Tribulus Terrestris, Zingiber Officinale, Crocus Sativus and Cinnamomum Verum two times a day for a month could improve sexual satisfaction in postmenopausal women. Referring to no significant change with comparing premenopause time, it sounds they have same satisfaction as premenopause time. There were no side effects during study and one month follow-up. It is suggested to do same