

EPV1040

What's new on the treatment of pedophilia and hebephilia?

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Introduction: Paraphilias constitute a set of psychiatric conditions that are often chronic and require a combination of treatment approaches, such as pharmacotherapy and psychotherapy. Sexual interest toward prepubescent and pubescent (pedophilia and hebephilia) is frequently identified in criminal settings, within numerous child sexual abuse and child pornography offenses. The high prevalence rates and negative consequences of these acts, causing distress in multiple important areas of health and functioning, reveal the importance of preventing these offenses as a clinical and social matter. Secondary prevention programs, which provide treatment and support for those with paraphilia disorders before sexually abusive behaviors and legal system involvement, show as ethically and socially necessary.

Objectives: We aim to discuss and bring insights into the knowledge on pedophilia and hebephilia treatments and prevention programs, in the fields of psychotherapy as well as pharmacologic strategies.

Methods: We present a non-systematic review of the updated literature on this subject from the data found on the *PubMed* and *PsycInfo* databases.

Results: Preliminary results of recent works show that at-risk individuals with paraphilia disorders are often willing to seek treatment without external pressure from the legal system, and report benefits from early treatments. Most studies found that gonadotropin-releasing hormone agonists reduce the risk of child sexual abuse in men with pedophilia. An injectable form has shown to lower this risk 2 weeks after the initial injection, suggesting its use as a rapid-onset treatment option. Cyproterone acetate and medroxyprogesterone acetate are other anti-androgen drugs that inhibit hypersexual behavior, with important side effects to be considered. The combination of androgen deprivation treatment and psychotherapy has a greater effect on preventing fantasies, urges, and behaviours in paraphilic patients. Cognitive-behavioural psychotherapy shows the best results and should soon be initiated in all patients. Biomolecular studies revealed that serotonin and prolactin inhibit sexual arousal, being SSRIs used as first treatment in younger patients, particularly in less severe cases.

Conclusions: Evidence-based treatments from randomized clinical trials for paedophilic and hebephilic disorders are lacking. These current numbers reveal the need for widespread implementation of primary and secondary prevention initiatives, that go beyond the prevention of a repeated offense. There is a need for further research using controlled, randomized trials to examine the effectiveness of sexual offender treatment including psychotherapeutic and pharmacologic interventions. The development of more specific, more effective, and better-tolerated medications for these disorders should be recognized as a program worthy of greater support from government and pharmaceutical industry sources.

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Quality of life and psychological concerns of adult patients with disorders of sex development

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Introduction: Disorders of sex development (DSD) are characterized by an atypical development of chromosomal, gonadal, and anatomic gender. DSD are divided to three classes with male normal, female normal and abnormal karyotypes and have an incidence at birth of approximately 1 in 5000. DSD patients are exposed during their long-term follow-up to severe psychological stress.

Objectives: The aim of our study was to determine the behavioral concerns of adults with DSD and to identify the major factors that may influence their emotional and psychological well-being.

Methods: We explored, through our genetic counselling reports at the medical University of Sfax, the quality of life and the psychological concerns of all adults patients assessed for DSD with and without chromosomal and/or molecular genetic abnormalities. We also assessed their need of psychological support.

Results: During the last two decades of our genetic counselling experience, 46 adult patients (age superior to 18 years) were selected for this study. The analysis of data revealed that the major psychological concern in our DSD patients was related to their reproductive capacity. In contrast, they have poor subjective norms of communicating sexual and reproductive issues with their partners. Patients who presented non-corrected ambiguous genitalia were in the majority anxious and depressed with a constant feeling of social shame.

Conclusions: Sex development plays a fundamental role in determining the physical attributes of the body, the structure of the brain, behavioral tendencies, and the self-concept. The clinical and social approaches of DSD conditions in our society need to be improved. Genetic and psychological counselling should thorough a deep medical education regarding reproductive and sexual health in each particular case of DSD. We emphasize, that early genetic diagnosis, involvement of patients and families in a patient-centered decision-making process, and consideration of long-term health-related quality-of-life outcomes should be considered in DSD.

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Exploring women's sexuality during pregnancy : sociodemographic, culturel and relational characteristics

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