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EV1224

Radiotherapy and treatment of cervical cancer – sexuality implications

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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.

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EV1225

Premature ejaculation – how to treat?

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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_{2C} receptors and/or hypersensitivity 5-HT_{1A} 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.

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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

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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

research on sexual satisfaction and function with more month intervention.

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EV1229

About an exhibitionism clinical case: Entity's review and state of the art exposure

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Introduction Exhibitionistic disorder may be present when there is sexual arousal from the exposure of one's genitals to an unsuspecting and nonconsenting person. This disorder prevalence is unknown but we know it is highly unusual in females. It generally starts at adolescence and its course is likely to vary with age. There are temperamental and environmental risk factors.

Most of what we know about exhibitionistic disorder is largely based on research with individuals convicted for criminal acts involving genital exposure, and this may represent an important bias. From a clinical case of exhibitionism, the authors intend to review this type of paraphilia from an historical, conceptual and etiologic point of view.

Objective To review the concept behind this diagnosis and its evolution, the comprehensive theories that attempt to justify and frame it, as well as the type of intervention currently considered to be the state of the art.

Methods Patient's observation and assessment, along with an extensive review of the relevant literature.

Conclusions Starting from a real clinical case, the authors present a general theoretical review on the subject.

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Sleep disorders and stress

EV1230

Emerging treatments options for narcolepsy throughout a case

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Background Narcolepsy is a neurological disorder characterized by disturbances in REM sleep. The symptoms that the patient could present are excessive daytime sleepiness, cataplexy, sleep paralysis, hypnagogic hallucinations and disrupted nocturnal sleep. Its etiology is unknown. Currently, there is established pharmacotherapy for symptomatic treatment, which are often unsatisfactory.

Objective Review of new treatments for narcolepsy based on recent advances about its etiopathogenesis.

Method Seventy-five year-old female with a personal history of arterial hypertension and obstructive sleep apnea syndrome. The patient presented several episodes of abrupt muscular weakness, nightmares, sleep paralysis and excessive daytime sleepiness.

Diagnosed of narcolepsy and treated with methylphenidate immediate-release (IR) 10 mg, alprazolam 1 mg, and trazodone 100 mg with good response.

Results Due to persistent symptoms, treatment was modified to osmotic-release oral system (OROS) – methylphenidate resulting on a substantial weight loss (12 kg) and persistence of symptoms. Another methylphenidate preparations were unsuccessfully tested. Currently she continues treatment based on methylphenidate release-release and she improved significantly though she sometimes presented daytime sleepiness.

Discussion Recent studies have shown that a loss of the hypothalamic neuropeptide hypocretin causes Narcolepsy with cataplexy and that an autoimmune mechanism may be responsible for this loss (related to HLA DQB*0602). Pathophysiology of narcolepsy without cataplexy is less understood.

Although amphetamines and its derivatives are the mainstay of management, therapies that involve hypocretine seems to be hopeful (intranasal, peripheral or hypocretin cell transplantation). Monotherapy with GHB, H3 antagonist receptors, TRH analogs and immunotherapy are also being studied.

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Further reading

Gbolaga A, Rickards H. Narcolepsy: a review. *Neuropsychiatr Dis Treat* 2011;7:507–18.

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EV1231

Sleep quality among medical students

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Introduction College students seem to be a population group that is increasingly recognized to be at risk of having sleep difficulties. Some studies revealed that medical students, in particular, are believed to be more stressed and sleep deprived than their non-medical peers.

Aim The present work aimed at investigating the quality of sleep among medical students at the University College of Medicine in Sfax, Tunisia.

Methods The study consisted of an anonymous, voluntary survey for a sample of 74 students. A two-part questionnaire was used, including demographic criteria and the Pittsburgh Sleep Quality Index (PSQI), a self-rated instrument that measures sleep habits for a month (a total score of 5 or greater is indicative of poor sleep quality).

Results The average age was 24 years (range 19–33) with a sex ratio almost equal to 1. In 47.3% of cases, students were married. These latter had at least one child in 34.2% of cases. A total of 39.4% of the students reported being smokers, while 25.6% of them admitted having regular alcohol consumption.

Poor sleep quality was reported by 63.5% of students with a PSQI average score of 9.32 ± 3.64 .

The most correlated factors with poor sleep quality were parenthood ($P=0.031$), alcohol consumption ($P=0.004$) and stressful studies ($P=0.02$).

Conclusion Poor sleep quality was pervasive among surveyed medical students and this seemed to be in relationship with some factors. This study points to the need for further evaluation of medical students' sleep problems in order to improve their performance and their quality of life as well.

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