

**Objectives:** To assess the sexual function of women with epilepsy compared to healthy women.

**Methods:** This was a case-control study of female patients with generalized epilepsy, carried out at the national institute of neurology in Tunisia in 2018. The controls were the patients' companions in the department. They were matched by age with the cases. Sexual function was assessed by the female sexual function index (FSFI).

**Results:** We included 40 cases and 40 controls. Their average age was 30.45 years. In comparison to the controls, the women with epilepsy had less kids ( $p=0.04$ ) and more miscarriages ( $p=0.032$ ). On the other hand, women with epilepsy presented more sexual dysfunctions ( $p=0.03$ ) and had a lower total score on the FSFI ( $p=0.015$ ) as well as significantly lower scores in the domains "desire" ( $p=0.009$ ), "orgasm" ( $p=0.026$ ), "satisfaction" ( $p=0.001$ ) and pain ( $p=0.015$ ).

**Conclusions:** The findings of this study are consistent with the literature, the women with epilepsy in this survey had impaired sexual function. More attention should be paid to these sexual disorders, previously considered secondary or even neglected.

**Disclosure:** No significant relationships.

**Keywords:** sexual function; sexuality; epilepsy; neurology

## EPP0476

### Mental health care needs of transgender people living in Russia

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doi: 10.1192/j.eurpsy.2022.722

**Introduction:** The majority of researchers agree that transgender people have an increased burden of mental disorders compared to the general population. However, it is strongly suggested that transgender people still do not receive mental health care that they need.

**Objectives:** To assess the mental health care needs of transgender people living in Russia.

**Methods:** An anonymous online survey was conducted throughout November 2019. 588 transgender adults living in all Federal Districts of Russia (mean age  $24.0 \pm 6.7$ ) were included in the final analysis.

**Results:** It was found that 308 respondents (52.4%) had visited mental health professional prior to gender transition. 150 people (25.5%) reported to have been diagnosed with a mental disorder before gender transition, and a further 77 respondents (13.1%) indicated that they had been diagnosed with a mental disorder after transition began. 157 people (26.7%) received treatment from a mental health professional. 222 respondents (37.8%) had experi-

ence of taking medication off-prescription to improve mental well-being. 464 people (78.9%) reported being in need of psychological care. 289 people (49.1%) indicated that they were experiencing barriers in obtaining psychiatric (psychotherapeutic, psychological) care, which was associated with a perceived need for psychological support (OR=4.33 [95% CI: 2.49;7.80],  $p<0.001$ ), being diagnosed with a mental disorder prior to gender transition (OR=2.19 [95% CI: 1.30;3.77],  $p=0.004$ ), poorer housing conditions (OR=0.86 [95% CI: 0.79;0.93],  $p<0.001$ ).

**Conclusions:** Our research shows that there is a high perceived need for qualified mental health care for transgender people in Russia.

**Disclosure:** No significant relationships.

**Keywords:** Transgender; mental health care needs; gender transition; Russia

## EPP0477

### Premature ejaculation and stress

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doi: 10.1192/j.eurpsy.2022.723

**Introduction:** Recent findings indicate that men with premature ejaculation report more frequent sexual problems associated with increased anxiety and interpersonal difficulties. Also the neuroendocrine changes were examined and compared to other indicators of stressful experiences.

**Objectives:** Premature Ejaculation (PE) is defined as an ejaculation occurring within one minute after the start of sexual intercourse and occurs in 20-30% of men. They report frequent problems with partnerships and increased anxiety, irritability and orgasmic dysfunction. Premature ejaculation is likely to be associated with decreased serotonergic neurotransmission and higher levels of leptin. Also the role of hyperactive thyroid and prostate disease was investigated. On the other hand there is no evidence as to how previous stressful experience and disturbed partnership might contribute PE.

**Methods:** Our study comprised 60 male outpatients diagnosed as having secondary premature ejaculation. Clinical examinations were focused on biochemical analysis of cortisol and psychometric scoring using a diagnostic tool for premature ejaculation, traumatic stress and somatoform dissociation. The control group consisted of a 60 healthy men.

**Results:** The results showed significant Spearman correlations of the Premature Ejaculation Diagnostic Tool score with Trauma symptoms checklist score ( $R=0.86$ ), cortisol level ( $R=0.47$ ) and Somatoform dissociation questionnaire score ( $R=0.61$ ). In the control group, the results did not reach statistical significance. Spearman correlations of the Premature Ejaculation Diagnostic Tool score with Trauma symptoms checklist score was ( $R=0.21$ ), cortisol ( $R=0.27$ ) and with Somatoform dissociation questionnaire score ( $R=0.25$ ).

**Conclusions:** These results represent the first reported findings documenting the relationship of traumatic stress indicators with the experience of secondary premature ejaculation and cortisol levels.

**Disclosure:** No significant relationships.

**Keywords:** premature ejaculation; Stress; Cortisol