

Objectives: To identify the features of the sexual behavior of senior university students

Methods: One hundred seventy two senior students of the Ural State Medical University aged 20 to 24 years (average age 21 ± 3.15) attended an anonymous online survey using the Google Forms platform. The author's questionnaire developed at the Department of Psychiatry, Psychotherapy and Narcology together with the Department of Obstetrics and Gynecology of USMU and included 51 questions.

Results: To the question "Are you brought up in the belief that there is nothing shameful in sex?" answered in the affirmative by 63.0% (108 people) of female students. Most of them 94.0% (162 people) consider it possible to have sexual relations before marriage – "Yes, this corresponds to the norms of modern society." The age of onset of sexual activity for this sample was 17.5 years. Extreme deviations from the median norm: 14 years - 4.0% (7 people); 23 years old - 2.0% (3 people). To the question "What is your attitude towards representatives of non-traditional sexual orientation?" the answers were distributed as follows: neutral attitude 72.0%, (92 people); 22.0% (28 people) expressed a positive attitude; negative - only - 6.0% (7 people). The study showed that the sexual behavior of young women - university students is determined mainly by intimate and personal attitudes, due to the specifics of society, cultural context, individual and personal characteristics.

Conclusions: Based on the identified trends, the features of the sexual behavior of young women - senior students of the university become more definite and predictable.

Disclosure of Interest: None Declared

EPP1068

Relation of Non-Suicidal Self-Harm to Emotion Regulation and Alexithymia in Sexually Abused Children and Adolescents

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Introduction: Globally, children are abused sexually. It physically and mentally strains society. Abusers can develop eating problems and non-suicidal self-harm. Emotion regulation links purging, NSSI, and abusive situations. We examined 80 13-20-year-olds, 62.5% of whom had CSA, and 30 healthy controls. Victims were given the Toronto Alexithymia Scale, an eating disorders clinical interview, the Difficulties in Emotion Regulation Scale to assess emotion dysregulation, the Self-punishment Scale to assess NSSI, the Mini-Kid for children under 18 and the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID I) for those 18 and older. 62.5 percent have CSA. CSA was connected to emotional dysregulation. Alexithymia is connected with problems describing and identifying feelings and outside oriented thinking. CSA patients exhibited severe self-punishment symptoms, greater than controls. Kids and teens often have CSA.

Objectives: to look into the link between CSA and NSSI, as well as Alexithymia, emotional eating, and emotion dysregulation.

Methods: We interviewed 80 mental outpatients from October to February 2019. 30% of healthy controls have CSA. Participants were 10–24-year-olds without PTSD or ASD. Mini-Kid is a 10-

18-year-old neuropsychiatric interview (Sheehan et al., 1998), Self-injury scale measures non-suicidal self-harm (NSSI), Problems (DERS; Bjureberg et al., 2016) TORONTO ALEXITHYMIA QUESTIONNAIRE (Bagby et al., 1994). The Eating disorders clinical interview (Kutlesic et al., 1998)

Results:

Table. Describing the difference between control group and patients' group regarding self- punishment scale.

	Control group	Patient group		
Self-punishment scale		N (%)	N (%)	P value
Physical punishment	Mild	18 (60)	9 (18)	<0.001
	Moderate	11 (36.7)	28 (56)	
	Severe	1 (3.3)	13 (26)	
Thinking & affective punishment	Mild	15 (50)	9 (18)	0.001
	Moderate	11 (36.7)	16 (32)	
	Severe	4 (13.3)	25 (50)	

Conclusions: CSA survivors had higher rates of self-injury, emotional eating, alexithymia, and emotional dysregulation than healthy controls. CSA victims should be evaluated for non-self-injury, emotional dysregulation, and emotional eating.

Disclosure of Interest: None Declared

EPP1069

Sexual education and body estimation among women in early adulthood - Polish experience

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Introduction: Chronic sexual health problems often emerge in young adulthood, when adults begin to build the close relationship and develop lifelong sexual health behaviors. The associations between body estimation and sex education, especially in women group, is not well known in Poland.

Objectives: The aim of the research was to check a relationship between body estimation and (1) taking part in formal sex education classes in the past and (2) subjective rating of one's knowledge in the field of sexuality among women in early adulthood.

Methods: We examined 159 women between 18 and 35 years. We used a survey, consisted of respondents' particulars and Body Esteem Scale (Franzoi, Shields, 1984) including 35 items related to body. BES consists of three subscales for women (Sexual attractiveness, Weight concern, Physical condition) and three subscales for men (Physical attractiveness, Upper body strength and Physical condition). Respondents had to pick one of the answers on a five-point scale, where 1 meant „strong negative feelings” and 5 meant „strong positive feelings”. The study was conducted online, via MS Forms platform.

Results: There was a statistically significant relationship between taking part in formal sex education classes in the past and

perception of physical condition among women. The analysis also proved the relationship between subjective rating of one's knowledge in the field of sexuality and rating of one's sexual attractiveness and perception of these parts of body that can be changed through physical exercises or dieting. Additionally, the research showed a statistically significant relationship between rating of one's knowledge in the field of sexuality and general estimation of one's body.

Conclusions: By leading reliable sexual education one may affect better attitude to bodies among young adults, who are in a sensitive phase for building stable relationships with other people. Simultaneously one may improve their mental, physical and social well-being.

Disclosure of Interest: None Declared

EPP1071

Characterization of a population of transgender individuals and their perceived negative mental health and life experiences

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Introduction: Gender dysphoria (GD) is characterized by a marked incongruence between one's experienced/expressed gender and gender assigned at birth, associated with clinically significant distress or impairment in important areas of functioning. Persons with GD are a population with specific healthcare needs. In our hospital, psychiatric assessment of these individuals started in 2008.

Objectives: Characterization of a population of transgender individuals and their perceived negative mental health and life experiences.

Methods: Since the beginning of evaluations of transgender individuals in our hospital, from 2008 to 2022, they were asked to freely elaborate their "life story": a report of the most relevant events in their lives, related to their condition. We retrospectively analyzed the content of the reports that were sent and associated with the clinical files.

Results: We collected the data of 104 individuals. The gender attributed at birth consisted of 74 (71.2%) females and 30 (28.8%) males. As for the gender identity, the sample consisted of 73 (70.2%) males, 28 (26.9%) females, 2 (1.9%) nonbinary and 1 (1%) person didn't identify with any of the existent denominations. The medium age in October of 2022 was 27.4 (minimum 18, maximum 60, SD 7.3). The age at first evaluation at consult was 23.6 (minimum 15, maximum 56, SD 7.2). 99 (95.2%) individuals mentioned symptoms of gender non-conformity beginning in childhood, and of those who mentioned their adolescence (n=43, 41.3%), all expressed feelings of anguish relating to their changing bodies. The medium age of recognition of their condition was 17.2 (minimum 11, maximum 30, SD 4.3). Of those who recall their first contact with health practitioners regarding their symptoms (n=31, 29.8%), 32.3% admitted they didn't feel they were helped. Of those who mentioned early relationships with family and carers (n=65, 62.5%), 35.4% reveal dysfunctional relationships and 79% mention gender expectations from their families. Similarly, 42 (40.4%)

individuals reveal experiences of victimization and bullying because of their gender nonconformity. 53 (60.2%) described symptoms of a likely comorbid psychiatric illness throughout their life, particularly depressive symptoms, anxious symptoms, suicide attempts and non-suicidal self-injury.

Conclusions: GD has gained more attention in the recent years, and the scientific community has now developed a more accurate set of criteria for the recognition of this condition. The findings in our study are in accordance with these criteria. Unfortunately, much of the suffering this condition entails is also associated with distress related to stigma and societal gender expectations, and that was evident in this investigation.

Disclosure of Interest: None Declared

EPP1072

Psychological hallmarks of endometriosis with emphasis on sexual dysfunction, stress, anxiety and depression

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Introduction: More than 50% of women with endometriosis report that they suffer from sexual dysfunctions, the most significant of which is pain, which can subsequently be associated with stress, anxiety, depression. The aim of this study was to evaluate the relationship between sexual function, stress, anxiety and depression together with the values of stress hormones such as cortisol and prolactin in women with endometriosis.

Objectives: Endometriosis can occur in up to 15% of women. A characteristic feature is the presence of tissue resembling the endometrium outside the uterine cavity. Endometriosis is an estrogen-dependent disease that is associated with fertility disorders (incidence up to 40%) and sexual dysfunction (up to 50% of patients). Endocrine and immune changes may be associated with chronic stress, anxiety and even depression.

Methods: A total of 92 patients with endometriosis were included in the study. Clinical examinations were focused on biochemical analysis of cortisol and prolactin. At the same time, sexual function, symptoms of stress, anxiety and depression were psychometrically evaluated in these patients.

Results: In the mutual statistical assessment, positive correlations were found between the results of the Beck scale questionnaire for assessing the severity of depression (BDI-II) and PRL (R = 0.39), then confirmed by Mann-Whitney test (z-score is 5.98019, p value is <0.00001, result is significant at p <0.05). Furthermore, the correlation between BDI-II and HAM-A (R = 0.33), confirmed by the Mann-Whitney test (z-score is -8.55827, p value is <0.00001, the result is significant at p <0.05) (Fig.). Positive correlations were found between TSC-40 and FSDS-R (R = 0.30), confirmed by Mann-Whitney test (z-score is 3.89503, the value of p is 0., 0001, the result is significant at p <0.05). We also found a high correlation between PRL and HAM-A (R = 0.86). Cortisol levels did not show any positive correlation.