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typically have a more positive self-image, they feel at ease with emotional intimacy, and are therefore able to openly communicate their needs and desires. They exhibit a healthy balance between seeking closeness and maintaining independence.

Individuals with anxious attachment styles may experience heightened levels of sexual anxiety and insecurity. Concerns regarding rejection or abandonment within sexual relationships may impact their sexual function and satisfaction. These individuals usually have a negative self-image and may be more prone to seek reassurance and validation through sexual activities.

People with avoidant attachment styles may encounter obstacles in developing emotional intimacy and closeness, which can negatively affect their sexual relationships. Such individuals might experience commitment anxiety and prioritise physical aspects of sexual activity over emotional bonding, ultimately decreasing sexual satisfaction for both them and their partners.

Disorganised attachment styles are linked with challenges in regulating their emotions and behaviours in intimate situations, which can have a negative impact on sexual function and satisfaction.

Conclusions: While the literature proposes attachment styles may impact sexual function, it is important to acknowledge other factors that contribute to sexual function. In addition to biological and iatrogenic factors, individual personality, relationship dynamics, past experiences, and cultural influences all have a significant role in shaping one's sexual behaviour and satisfaction. All of these should be addressed in order to alleviate sexual difficulties.

Moreover, attachment styles may develop and change over time through positive relationships and therapeutic interventions, potentially leading to changes in one's sexual functioning and relationship dynamics.

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EPV1012

Breaking the Taboo: Unveiling the Prevalence and Predictors of Female Sexual Dysfunction in Tunisia

K. Razki*, A. Larnaout, C. Najar, S. Ben Aissa, R. lansari and W. melki

Psychiatry department, razi hospital, manouba, Tunisia *Corresponding author.

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Introduction: Female sexuality is a complex and multifactorial domain that can be influenced by a variety of psychological, biological, relational, and sociocultural factors. However, sexual dysfunctions in women remain a taboo subject in many cultures and are often underestimated, underdiagnosed, and undertreated. In Tunisia, few studies have been conducted to assess the prevalence of sexual dysfunctions in women and their predictive factors.

Objectives: to determine the prevalence of sexual dysfunctions in a group of Tunisian women and to identify the predictive factors of these dysfunctions.

Methods: This is a cross-sectional, descriptive, and analytical study, over a period of three months, from September to December 2022, conducted online via a pre-established questionnaire to collect various sociodemographic data, personal history, psychoactive substance consumption, weight, and height. We used the Female Sexual Function Index (FSFI) scale to evaluate sexual

functioning in participants. We recruited sexually active Tunisian women over 18 years of age who agreed to anonymously respond to the questionnaire. The form was disseminated on social networks, in groups that focus on women, with a rate of three publications per week.

Results: We collected data from 90 women with a mean age of 35 ± 12.84 years.

More than half of our population (60%, n=54) had at least one sexual dysfunction.

The most common sexual dysfunctions reported were arousal disorders (31.3%), followed by desire disorders (26.8%) orgasm disorders (12.4%).

We found that several factors were significantly associated with sexual dysfunctions: Women over 45 years of âge (p< 10^{-3}), who are divorced (p=0,02), have a low socioeconomic status (p=0,04), and report having experienced traumatic romantic/sexual expériences (p< 10^{-3}) were found to have a higher prevalence of sexual dysfunctions

According to our results, cannabis consumption had a negative impact on lubrication (p<10-3) and orgasm (p=0.003) among our study respondents. Personal psychiatric history also had a negative influence on arousal (p=0.02) and sexual satisfaction (p=0.01).

Conclusions: By identifying sexual dysfunctions early and treating them effectively, we can improve the quality of life of those affected and avoid serious consequences on their physical and mental health. It is therefore crucial to promote a proactive approach to sexual health and encourage healthcare professionals to approach sexuality openly and comprehensively.

Disclosure of Interest: None Declared

EPV1013

Relationship between sleep and sexual functioning in Indian females

R. Tripathi¹*, P. Deedwania² and A. Koparkar³

¹Psychiatry, All India Institute of Medical Sciences, Gorakhpur; ²gynaecology, All India Institute of Medical Sciences, New Delhi and ³Community and Family Medicine, All India Institute of Medical Sciences, Gorakhpur, India

*Corresponding author.

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Introduction: Sexual dysfunction is a taboo. It is a subject in many countries that negatively affects quality of life and may often be responsible for psychopathological disturbances. There is a little research on effect of sleep on female sexual response and behaviour. **Objectives:** The aim of the study was to assess prevalence of sexual dysfunction and sleep problems in adult females visiting OBGY OPD in a tertiary health care institution in a developing country and to observe the correlation between both.

Methods: A cross-sectional observational study was conducted in a tertiary health care center in India. Female Patients presenting to Department of Gynecology and Obstetrics for any complaints were assessed for their sexual functioning and sleep profile

Results: The mean age of the sample was 33.5 (6.2) years. All the female participants were married. Most of the participants were housewife and were living in a joint family. Almost 27 percent of the sample reported having sleep problems. The median sleep latency

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was 30 (15,60) minutes. The subjective total sleep time was 356.5 (60.3) minutes. The mean PSQI score was 4(2,6). The mean FSFI score was 26 (3.2). More than 50 percent of the females reported mild sexual problems and 10 percent reported mild to moderate problems. Most of the females didn't have any symptoms suggestive of depression. Only two females reported moderate depression.

Conclusions: Depression and anxiety have more effect on sexual functioning.

Disclosure of Interest: None Declared

EPV1014

The Impact of Psychotropics on Sexuality: A Literature Review

B. Abassi*, F. Fekih-Romdhane, F. Baccar, M. Cheour, E. Sana and R. Damak

Ibn Omrane, Razi Hospital, Mannouba, Tunisia

*Corresponding author.

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Introduction: Sexual dysfunctions related to psychotropic drugs are among the most distressing adverse effects and can lead to non-adherence to treatment.

Objectives: To elucidate the mechanisms of psychotropic-induced sexual dysfunctions and to suggest strategies for their management. **Methods:** Literature review based on the keywords "psychotropics," "sexuality," and "sexual dysfunction".

Results: Psychotropic medications can impact sexuality either directly or indirectly. The direct effect is primarily due to a decrease in the mesocortical dopaminergic atmosphere, either by blocking D2 receptors or by stimulating 5HT2A receptors. D2 receptor blockade in the tubero-infundibular pathway triggers an increase in prolactin secretion, which can subsequently lead to erection problems, decreased libido, and difficulties achieving orgasm. Action in the nigrostriatal pathway may result in an extrapyramidal syndrome, which can, in turn, hinder intimate physical relations. The indirect effect can also be caused by metabolic complications, which are significant risk factors for sexual dysfunction, as they can lead to male hypogonadism and a negative self-image.

Therapeutic strategies suggest either reducing doses (if the patient's condition allows), changing the drug, or adding an adjunctive medication. Aripiprazole, being a partial agonist of D2 and 5-HT1A receptors and an antagonist of D3 and 5-HT2A receptors, appears to cause fewer sexual dysfunctions and can reduce hyperprolactinemia when added to other antipsychotics.

Conclusions: Healthcare professionals must proactively gather information on sexuality given its impact on quality of life and treatment adherence. Prioritizing this dimension of well-being demonstrates a respectful approach toward the patient and establishes the foundation for a strong therapeutic alliance.

Disclosure of Interest: None Declared

EPV1015

Perspectives on Sexual Health Management among Tunisian Primary Care Physicians

F. Baccar¹, B. Abassi¹* and B. Amamou²

¹Ibn Omrane, Razi Hospital, Manouba and ²Psychiatry, Fattouma Bourguiba, Monastir, Tunisia

*Corresponding author.

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Introduction: Sexual health significantly influences individual well-being. It is thus crucial for primary care physicians to address these concerns effectively.

Objectives: To evaluate the perspectives and approaches of primary care practitioners towards sexual health.

Methods: A descriptive survey was disseminated to 350 primary care physicians via Google Forms in August 2022.

Results: Of the respondents, 53.1% were female. The majority (71.4%) were affiliated with the public health sector, and over 75% were based in urban areas. All acknowledged the importance of addressing sexuality in their patients' health. In this context, 62% spontaneously initiated discussions on the subject with their patients. Also, 72% noted that patients anticipate a regular dialogue about sexual health with their primary care provider. Over 90% believed in the value of addressing sexual dysfunctions more proactively, with 56% comfortable in leading such discussions. Additionally, 64% were inclined to include targeted questions on sexual health in their consultations. Notably, 77.6% expressed interest in creating specialized sexual health consultations in their practice. However, 54% felt unease in discussing sexual health with opposite-gender patients, and 82% lacked referrals to sexologists.

Conclusions: Sexual health issues are not uncommon in general practice. Primary care providers play a vital role in counseling, screening, and educating patients on these concerns, necessitating specialized training to enhance patient management.

Disclosure of Interest: None Declared

EPV1016

Knowledge, perceptions and attitudes of medical doctors toward elderly sexuality in Tunisia

H. jemli¹, A. aissa², U. ouali¹ and R. Ezzaibi Jemli²*

¹faculty of medicine of tunis and ²razi hospital, tunis, Tunisia *Corresponding author.

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Introduction: The sexual health of the elderly presents certain particularities to be taken into consideration in the doctor-patient rapport. The aim of our study was to assess physicians' knowledge and attitudes towards sexuality in the elderly in Tunisia and to determine variables associated with the level of knowledge and the nature of attitudes in this population.