

**Results:** The total sample consisted of 152 patients (75 males and 77 females with  $47.3 \pm 14.4$  age at admission, 74 inpatients and 78 outpatients). Patients with lower level of Vitamin D are more likely to present higher number of relapses ( $p < 0.05$ ) and to be inpatients ( $< 0.01$ ). Finally, serum levels of Vitamin D were negatively correlated with all the BPRS subscales ( $p < 0.01$ ).

**Conclusions:** Lower levels of Vitamin D correlate with a worse clinical outcome of patients with different psychiatric diagnosis. Our results highlight the importance to routinely assess PTH, Vit D and calcium levels, especially in inpatients. Moreover, Vitamin D may represent a valid add-on treatment for these patients.

**Disclosure:** No significant relationships.

**Keywords:** Vitamin D; Clinical severity; Calcium homeostasis; Psychiatric patients

### EPP0467

#### Evaluation of Smoking Cessation Advice in a Maltese Mental Health Community Clinic

N. Cortis<sup>1\*</sup>, A. Pace<sup>1</sup> and G. Grech<sup>2</sup>

<sup>1</sup>Mount Carmel Hospital, Psychiatry, Attard, Malta and <sup>2</sup>Mount Carmel Hospital, Mount Carmel Hospital, Attard, Malta

\*Corresponding author.

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**Introduction:** Tobacco smoking is one of the leading causes of preventable morbidity and mortality worldwide (WHO, 2020). Smoking cessation campaigns have been effective at reducing smoking in the general population, but not in individuals with mental illness (Lê Cook et al., 2014). A downward trend in smoking has been noted in EU countries but smoking rates have remained stable in Malta (Country Health Profile, 2019).

**Objectives:** This audit aims to assess smoking status, provision of smoking cessation advice and psychotropic dose adjustment depending on smoking status by the Bormla Mental Health Team.

**Methods:** Patient health records were reviewed for patient demographics, psychiatric diagnosis, medical co-morbidities, smoking status and cessation advice and changes in psychiatric medication according to smoking status.

**Results:** Of the 171 patients studied, 35% ( $n=61$ ) were smokers, 33% ( $n=58$ ) were non-smokers while in 30% ( $n=52$ ) the smoking status was undocumented. Smokers had a mean age of 50 years with an almost equal gender distribution (49% ( $n=30$ ) male and 51% ( $n=31$ ) female). The most common documented psychiatric diagnoses were depression (52.5% ( $n=32$ )) and anxiety (34.5% ( $n=21$ )), while 59% ( $n=36$ ) had documented medical co-morbidities. Only 14% ( $n=9$ ) were given smoking cessation advice and one patient was referred to the smoking cessation clinic. One third of smokers ( $n=20$ ) were prescribed psychotropic medications which are affected by smoking status but only two patients had their doses adjusted.

**Conclusions:** Improved smoking cessation advice, referral to services, consideration of smoking cessation while prescribing and documentation are need to better patient care.

**Disclosure:** No significant relationships.

**Keywords:** Cessation; Advice; smoking

## Sexual Medicine and Mental Health

### EPP0468

#### Effect of increased prolactin and psychosocial stress on erectile function

R. Sajdlova\* and L. Fiala

University Hospital in Pilsen, Psychiatry Department, Pilsen, Czech Republic

\*Corresponding author.

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**Introduction:** Sexual dysfunctions in men are complex disorders that consist of organic and psychogenic components. The most common sexual dysfunction is erectile dysfunction. It is the inability to achieve or maintain an erection for satisfactory sexual performance. This disorder can be caused by high blood pressure, heart disease, vascular problems, psychological and hormonal factors such as problems with testosterone and prolactin levels.

**Objectives:** The most common sexual dysfunction is erectile dysfunction. It usually affects men over the age of 40. The causes of erectile dysfunction can be organic, psychogenic or a combination of both. The most common organic causes of erectile dysfunction may be high blood pressure, diabetes mellitus, obesity or hormonal disorders. Psychogenic reasons are usually related to psychosocial stress. In this study, we tested the relationship between erectile dysfunction, hyperprolactinemia, and psychosocial stress.

**Methods:** Clinical examinations of 60 patients with erectile dysfunction, which also included psychosocial stress, focused on patient history, comprehensive sexological examination, biochemical analyzes of serum prolactin, total testosterone, thyroid stimulating hormone with psychometric evaluation of erectile function and a checklist of trauma symptoms (TSC-40)

**Results:** The results show significant Spearman correlations of psychometric evaluation of erectile function with prolactin ( $R = 0.50$ ) and results of the trauma checklist score ( $R = 0.55$ ) as well as significant Spearman correlations between TSC-40 and prolactin ( $R = 0.52$ ). This result indicates a significant relationship between erectile dysfunction, hyperprolactinemia and stress symptoms in men.

**Conclusions:** Our result indicates a significant relationship between erectile dysfunction, hyperprolactinemia and stress symptoms in men.

**Disclosure:** No significant relationships.

**Keywords:** erectile dysfunction; Hyperprolactinemia; psychosocial stress

### EPP0469

#### Impact of serotonin transporter (SERT) binding affinity on the risk of libido disorders related to antidepressants

R. Zeiss\*, M. Gahr and H. Graf

University of Ulm, Department Of Psychiatry, Ulm, Germany

\*Corresponding author.

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