accurate way to assess attentional deficits in real-world activities, enhancing our understanding of attentional mechanisms in schizophrenia for both research and clinical applications.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP071

SEXUAL DYSFUNCTION AND SELF ESTEEM AMONG TUNISIAN WOMEN

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Introduction: Sexual dysfunction is a multifaced issue that significantly affects women's physical and psychological health, contributing to broader emotional challenges such as dissatisfaction and inadequacy. In Tunisia, cultural and social factors, including gender roles and societal expectations, further shape women's perceptions and experiences of their sexual well-being. Self-esteem, a core component of psychological health, plays a crucial role in how women view and experience their sexuality, with lower self-esteem often intensifying sexual dysfunction.
Objectives: This study aims to explore the relationship between sexual dysfunction and self-esteem among Tunisian women within this cultural context.
Methods: a cross-sectional study was conducted online using a Google Forms questionnaire between July and August 2024.The inclusion criteria were sexually active women aged 18 years or older who provided informed consent to participate. Participants completed a self-administered questionnaire that included sociodemographic information, personal medical history, lifestyle habits, and psychometric assessments.
The Female Sexual Function Index (FSFI) was used to evaluate sexual function and self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSE).
Results: A total of 180 women participated in the study. The average age of the sample was 32.79, with ages ranging from 21 to 60 years. In our study, 97.78% of the women were from urban areas 94.44% had a university degree 80% were employed and 62.78% were married. Regarding medical history , 21.11% reported organic issues , while 27.22% had a psychiatric history.
Lifestyle habits indicated that 18.9% of women smoked, and 21.1% consumed alcohol, while only 1.1% reported using psychoactive substances. . The majority, 93.89%, had a single partner, and 93.89% identified as heterosexual.
The evaluation of sexual function using the Female Sexual Function Index (FSFI) showed an average score of 23.37 ± 9.64, with 43.33% of participants experiencing sexual dysfunction. Specifically, 75.6% had issues with sexual desire, 83.3% reported pain during intercourse, and 71.7% experienced problems with sexual arousal.
The average self-esteem score, was 32.25 ± 5.75. A significant correlation was found between sexual dysfunction and self-esteem ($p < 10^{-3}$). Among the women with very low self-esteem, 80% experienced sexual dysfunction, while only 20% of those with very high self-esteem reported dysfunction.
Conclusions: Addressing both sexual health and self-esteem is essential for improving the emotional and psychological well-being of women in Tunisia. These findings underscore the importance of comprehensive sexual health interventions that promote positive self-esteem, ultimately enhancing the overall quality of life and fostering psychological resilience among Tunisian women.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP072

Anxiety, depression, and negative affect in women with and without fertility issues: a network comparison study

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Introduction: Infertility is a biopsychosocial crisis. While there are studies demonstrating heightened negative affect (e.g., depression and anxiety) in women undergoing in vitro Fertilization (IVF), the findings are still inconsistent. The network paradigm allows for a more in-depth examination of symptom dynamics behind specific psychopathological states. A recent development allows one to compare networks from different groups using three characteristics: global strength (overall level of network node connectivity), edge strength (level of association between symptoms), and network structure (comparing all edges in the network across two groups).
Objectives: This study aims to compare the networks of anxiety, depression, and negative affect across women who have fertility issues or undergoing IVF and women without these issues.
Methods: Sample 1 consisted of 197 women with fertility issues (age: M = 37.73, SD =5.13) and 370 women without such issues (age: M = 36.25, SD = 6). Sample 2 consisted of 205 women undergoing IVF (M = 40; SD = 5.29) and 222 mothers without fertility issues (M=28; SD = 4. 93). Sample 3 consisted of 162 women undergoing IVF (M= 35.58; SD=5.04) and 129 mothers without fertility issues (M= 34.37; SD= 4.94). PHQ-9 (Patient Health Questionnaire; depression measure) was administered to the sample 1, GAD (generalized anxiety disorder measure) was administered to sample 2, and PANAS - NA (negative affect measure) was administered to sample 3. NetworkComparisonTest R package was used to compare the networks. EBICglasso was used to estimate the networks.
Results: Regarding the depression symptoms (sample 1; image 1) - the networks across the two groups are highly similar with respect to overall connectivity (S =.051; p = .73) and overall network structure (M = .16, p =.87). Regarding generalized anxiety symptoms (sample 2; image 2), the findings are replicated with overall connectivity being the same across the two groups (S =.10, p = .34) and network structure being the same across the two groups (M = .28, p= .09). Finally, the negative affect (sample 3; image 3)

network connectivity (S = .02, p = .93) and network structure (M = .23, p = .53) are identical across the two groups.

Image 1:

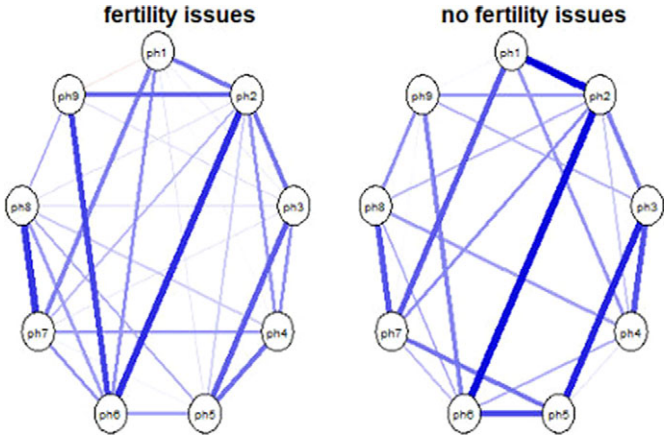


Image 2:

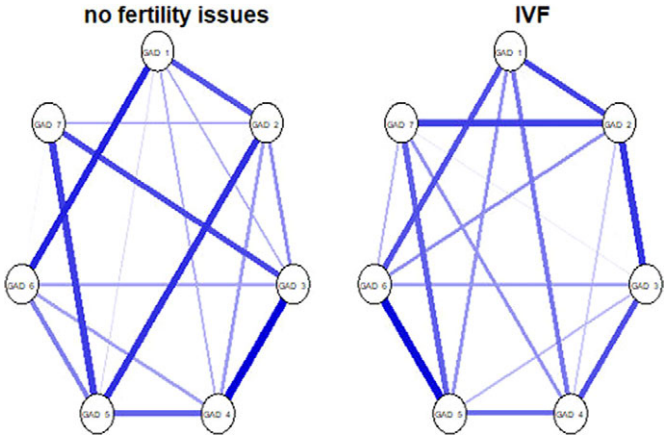
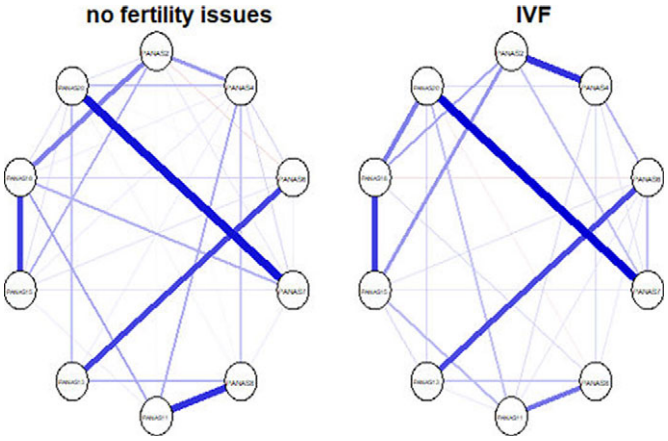


Image 3:



Conclusions: The networks of negative affect, depression, and anxiety are highly similar across women with fertility issues and women without such issues. Therefore, fertility issues do not seem to affect the structure of symptoms of depression, anxiety, and negative affect. Finally, it is argued here that the knowledge of these disorders (and negative affect) can be generalized to the population of women who have fertility issues.

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EPP073

Sex differences in adults with ADHD: A population based study

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that often persists into adulthood, significantly impacting daily functioning and quality of life. Studying sex differences in ADHD is crucial as females are frequently underdiagnosed or misdiagnosed, which can delay treatment and worsen outcomes. ADHD presents in three main subtypes: inattentive, hyperactive-impulsive, and combined. The combined subtype tends to cause more significant impairments, particularly in academic and social contexts. Males are more likely to be diagnosed with hyperactive-impulsive or combined types, while females often present with the inattentive subtype. A subtype-specific approach is essential, as it guides targeted interventions to address distinct behavioral and cognitive challenges, enhancing treatment efficacy and outcomes.