EPV1602

Between Pleasure and Fragility: Emotional Experience after Chemsex – A Narrative Review

Â. Ferreira*, J. Marta, C. Batista, A. F. Reis, T. Cardoso and D. Durães

Arrábida's Local Health Unit, Setúbal, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.12115

Introduction: Chemsex represents a contemporary practice in which the deliberate use of psychoactive substances is combined with sexual activity. Framing this behaviour solely in terms of infectious risk or substance dependence neglects essential dimensions of human experience, such as pleasure, intimacy, the need for social belonging, and emotional wellbeing. To date, limited research has examined how these dimensions are experienced following cessation, when individuals return to sexual activity without chemical enhancement.
Objectives: This narrative review aims to explore how individuals with a history of chemsex experience pleasure, sexuality, and emotional states in the absence of substances, incorporating relevant neurobiological insights.
Methods: A narrative review of the literature indexed in MEDLINE was conducted, with emphasis on high-impact studies concerning chemsex, the neurobiology of pleasure, and mental health outcomes.
Results: Following cessation, many individuals report decreased libido, difficulty achieving orgasm, emotional disconnection, and avoidance of intimacy. Sexual pleasure, previously chemically potentiated, is frequently experienced as blunted or inaccessible. Participants often describe feelings of shame, frustration, loneliness, and, occasionally, grief for previous sexual experiences. Neurobiologically, prolonged substance use induces sustained activation of the nucleus accumbens and the mesolimbic dopaminergic reward system, resulting in a recalibration of baseline pleasure thresholds; consequently, natural rewards may appear less gratifying in the absence of drugs.
Conclusions: The impact of chemsex extends beyond substance consumption, affecting both the capacity to experience pleasure and to form meaningful emotional connections. Emotional blunting following cessation is likely driven by a combination of neurochemical and psychodynamic mechanisms. These findings highlight the necessity of integrated therapeutic approaches that address neurobiological, sexual, and emotional dimensions. Such interventions are essential to support the restoration of pleasure, intimacy, and overall psychological wellbeing, facilitating holistic recovery for individuals with a history of chemsex

Disclosure of Interest: None Declared

EPV1607

Hypersexuality and Emotional Congruence with Children in Individuals with Pedophilia and Hebephilia: A Comparison of Implicit and Explicit Assessment Methods

P. Heindl*, M. Zwißler, T. Donhauser, S. Schobel, K. Fischer, L. Löhrs, J. Moussiopoulou, M. Wertz and K. Schiltz

Department of Forensic Psychiatry, University Hospital, Ludwig Maximilians University Munich, Munich, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.12114

Introduction: Implicit and explicit measurement methods play a central role in assessing atypical sexual interests, including pedohebephilia. Among implicit approaches, viewing time (VT) paradigms are particularly prevalent, as response latencies to sexual stimuli serve as indirect indicators of sexual interest. Nevertheless, it remains unclear to what extent additional factors related to sexual responsivity and emotional processing—such as hypersexuality or emotional congruence with children (ECC)—may affect the results obtained from both implicit and explicit assessment methods.
Objectives: The aim of this study was to examine the influence of hypersexuality and ECC on implicit (VT) and explicit measures (attractiveness ratings) methods among pedophilic, hebephilic and teleiophilic men.
Methods: Attractiveness ratings and VT were assessed on a computer. To record VT, eight images for each sex across all five Tanner stages were presented, resulting in a total of 80 trials. Participants rated the attractiveness of the images on a 5-point Likert scale (1 = "not sexually attractive," 5 = "very sexually attractive") by pressing a key while their response latencies (VT) were simultaneously recorded without their awareness. For data analysis, pictures corresponding to Tanner stages 1–3 were classified as child stimuli, whereas Tanner stages 4–5 were classified as adult stimuli. Sexual preference was determined through a clinical interview, and hypersexuality and ECC were collected using standardized questionnaires (HBI-19, EKK-R).
Results: The total sample consisted of men with pedophilic (n = 34) and hebephilic interests (n = 25) as well as a teleiophilic control group (n = 53). Results showed significantly longer VT and higher attractiveness ratings for child stimuli in pedophilic and hebephilic participants. In the total sample, but not within individual groups, hypersexuality was associated with longer VT and higher attractiveness ratings for child stimuli. Within the clinical groups, hypersexuality was a significant predictor of attractiveness ratings for child stimuli. ECC was associated with VT only at the total sample level. No interaction effects between ECC, hypersexuality, and sexual preference were found.
Conclusions: The findings indicate that potentially confounding variables such as hypersexuality and ECC might systematically affect the diagnostic validity of both implicit and explicit preference measures.

Disclosure of Interest: None Declared

EPV1608

Impact of Severe Postpartum Hemorrhage on Sexual Function

N. Smaoui[1], A. Jedidi[1]*, S. Omri[1], H. Hkim[2], R. Feki[1], I. Gassara[1], M. Maalej[1], M. Maalej[1], N. Charfi[1] and L. Zouari[1]

[1]Psychiatry C and [2]Gynecology-Obstetrics Department, Hedi Chaker Hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.12113

https://doi.org/10.1192/j.eurpsy.2026.12113 Published online by Cambridge University Press

Introduction: Postpartum hemorrhage (PPH) is among the most serious complications of childbirth, often requiring urgent medical or surgical interventions. Beyond its physical consequences, severe PPH may also affect intimate and relational aspects of women's health, particularly sexual function.
Objectives: The objective of this study was to evaluate the impact of severe Postpartum Hemorrhage (PPH) on sexual function.
Methods: This was a cross-sectional, descriptive, and analytical study conducted between January and December 2024 among 49 participants who experienced severe PPH. These women had delivered between 2017 and 2023 in the Gynecology-Obstetrics Department of Hedi Chaker University Hospital, Sfax.
Data were collected from participants' medical records and supplemented by telephone interviews.
Sexual function was assessed using the *Female Sexual Function Index* (FSFI), which evaluates six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. A cutoff score of ≤ 26.55 was used to define sexual dysfunction.
Data were analyzed using SPSS-26 software.
Results: PPH required invasive management in 23 participants (46.9%), including 4 (8.16%) who underwent hemostatic hysterectomy. Additionally, 18 participants (36.7%) were admitted to intensive care.
The mean total FSFI score was 19.3 ± 8.15 (min = 0, max = 34.5). Sexual dysfunction was observed in 39 participants, representing a prevalence of 79.6%.
The mean scores for each FSFI domain were: 5.35 ± 2.43 [0–9] for desire, 10.78 ± 5.26 [0–20] for arousal, 10.57 ± 5.09 [0–20] for lubrication, 5.12 ± 2.69 [0–10] for orgasm, 11.1 ± 5.45 [0–20] for satisfaction, and 6.67 ± 3.92 [0–15] for pain.
High perceived stress intensity (p = 0.016), and surgical management (p= 0.031) remained significantly associated with Sexual dysfunction after multivariate analysis.
Conclusions: The results of this study highlight the significant impact of severe PPH on sexual function, with a high prevalence of sexual dysfunction among participants.
These findings emphasize the importance of systematic screening for sexual dysfunction in women following severe PPH, in order to implement appropriate management strategies and improve quality of life.

Disclosure of Interest: None Declared

EPV1609

Crossroads of Identity: Psychosis and Mental Health in Transgender Individuals

M. Lavrador*, D. G. Rodrigues and G. França

ULS Santo António, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.12112

Introduction: Transgender individuals experience a higher prevalence of mental health disorders compared to cisgender populations, with emerging evidence indicating an increased risk for psychosis. Minority stress theory, which posits that chronic exposure to discrimination and social exclusion drives psychiatric vulnerability, is a central explanatory model.
Objectives: This study explores epidemiological evidence on the prevalence and incidence of psychosis in transgender individuals, risk factors (including minority stress, neurodevelopmental comorbidities, and barriers to gender-affirming care), the impact of gender-affirming interventions on psychosis risk and mental health outcomes and identify gaps in the literature and propose future research directions.
Methods: A comprehensive review of the literature focusing on transgender and nonbinary populations and psychosis or severe mental illness was conducted. Databases such as PubMed were searched for studies and reviews published from 2016 to 2025. Inclusion criteria encompassed registry-based cohort studies, systematic reviews and narrative syntheses.
Results: Registry-based cohort data from the Netherlands demonstrated that transgender persons have a significantly increased incidence rate ratio (IRR) for non-affective psychotic disorders compared to matched cisgender controls, with IRRs ranging from 2.00 to 22.15 depending on recruitment method. Systematic reviews consistently report elevated rates of psychiatric morbidity, including psychosis, in transgender populations, though robust prevalence estimates remain limited due to methodological heterogeneity and small sample sizes. Minority stress, particularly gender-related discrimination, is the most documented risk factor, with both distal and proximal stressors contributing to poor mental health outcomes. Neurodevelopmental comorbidities, such as autism spectrum conditions, are more prevalent in transgender populations and may further increase vulnerability. Access to gender-affirming care is associated with improved mental health outcomes, while barriers exacerbate risk. Resilience-promoting factors include social support, self-esteem, and family acceptance.
Conclusions: Transgender individuals are at increased risk for psychosis relative to cisgender peers, with minority stress, neurodevelopmental comorbidities, and barriers to gender-affirming care as key mediators. While the evidence base is growing, further research using representative samples and longitudinal designs is needed to clarify prevalence, mechanisms, and effective interventions.

Disclosure of Interest: None Declared

EPV1610

Misdiagnosed Mania Revealing Underlying Paraphilic Disorders: A Case Report

M. Mouldi*, I. Mosbah, H. Ghabi, M. Karoui, H. Nefzi, R. Kamoun and F. Ellouze

Department of Psychiatry G, Razi Hospital, Manouba, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.12111

Introduction: Paraphilic disorders involve recurrent, intense sexual urges or behaviors toward atypical objects or situations, causing distress or risk to others. Distinguishing them from benign interests or manic sexual disinhibition is often difficult, as both may present with similar symptoms. Misidentifying paraphilic behaviors as mania can lead to major therapeutic errors due to differing treatment approaches.
Objectives: To illustrate the diagnostic challenges in differentiating paraphilic disorders from manic episodes through a case of multiple paraphilic behaviors initially misdiagnosed as bipolar mania, and to highlight the clinical, therapeutic, and risk-management implications of accurate identification and integrated treatment of multiplex paraphilias.

https://doi.org/10.1192/j.eurpsy.2026.12113 Published online by Cambridge University Press