Notably, 64.3% of the veterans experienced both anxiety and depressive symptoms and were taking antidepressants, while only one veteran exhibited neither. The remaining had either anxiety or depressive symptoms.
In terms of ED severity, 46.4% had mild to moderate ED, followed by 28.6% with mild ED, 17.9% with severe ED and 7.1% with moderate ED.
Only 14.3% reported using sexual enhancers.
**Conclusions:** This study provides valuable insights into the unique profile of ED among Tunisian veterans, revealing a high prevalence of psychological comorbidities, particularly anxiety and depression, alongside physical health issues. The interconnection of these factors highlights the importance of a holistic approach adressing both psychological and physical aspects of ED. These results call for further research into the specific challenges faced by veterans for a more personalized and effective interventions.

**Disclosure of Interest:** None Declared

## EPV1873

## Transition regret and detransition: what went wrong?

A. Cardoso[1]* and M. Mota[1]

[1]Psychiatry Department, Unidade Local de Saúde de São João, Porto, Portugal
*Corresponding author.
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**Introduction:** The phenomena of regret and detransition in individuals undergoing *gender-affirming treatments* raise significant medical and bioethical challenges for professionals working in this area.
**Objectives:** This work aimed to gather the most current evidence regarding the approach to the issues of regret and detransition, characterizing the main factors involved and reflecting on possible prevention strategies.
**Methods:** A literature review was conducted through research on PubMed, using the keywords "gender dysphoria," "regret," and "detransition". Only articles in English were included. Additional bibliography was selected by consulting the references of the initially included articles.
**Results:** Regret and detransition are distinct concepts. In fact, there can be regret without detransition and detransition without regret, with the narratives and experiences of these individuals being very diverse. Detransition may be motivated by external or internal factors, depending on whether transgender identity is preserved or lost. Originally thought to be rare, it has been challenging to assess the actual prevalence of these phenomena, whose increase is expected in the future. In an effort to counter this trend, the literature emphasizes the importance of a multidisciplinary and comprehensive approach to individuals with gender dysphoria, based on effective and assertive communication, ensuring responsible and informed decision-making. Regular follow-up combined with psychosocial support throughout the entire transition process is also crucial. Therapeutic approach should be individualized and integrated into a continuing care plan, grounded in an empathetic and non-judgmental attitude.
**Conclusions:** Regret and detransition are not necessarily synonymous with medical error. Considering the complex spectrum of experiences involving these phenomena, a comprehensive approach that allows for an integrated view of each person and their needs is essential. Further research and development of guidelines regarding the approach and support for this group of individuals are needed.

**Disclosure of Interest:** None Declared

## EPV1874

## Irreversible antidepressant-induced sexual dysfunction: what do we know so far?

A. Cardoso[1]* and M. Mota[1]

[1]Psychiatry Department, Unidade Local de Saúde de São João, Porto, Portugal
*Corresponding author.
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**Introduction:** Serotonergic antidepressants, particularly Selective Serotonin Reuptake Inhibitors (SSRIs), have been known to cause relevant sexual adverse effects, which were originally thought to disappear after treatment course. In later years, an emergent condition concerning the persistence of sexual impairment following SSRI discontinuation has gathered increasing social and scientific interest. Post-SSRI sexual dysfunction (PSSD) is still underrecognized and understudied.
**Objectives:** Our aim was to gather available evidence regarding the pathophysiological mechanisms and contributing factors to PSSD, as well as current management options.
**Methods:** A literature review was conducted using PubMed, through research of the following MESH terms: "Selective Serotonin Reuptake Inhibitors", "Antidepressive Agents", "Sexual Dysfunction, Physiological" and "Sexual Dysfunctions, Psychological". Only papers published in English were included.
**Results:** PSSD has been described as an iatrogenic condition whose symptoms could persist indefinitely. Despite clinical heterogeneity and lack of robust literature surrounding PSSD, there is growing evidence of this concern. In order to diagnose PSSD, sexual dysfunction due to reemergence of depressive illness must be ruled out. Accurate incidence and prevalence rates of this condition are unknown, though it appears to be a rare phenomenon. Several potential etiological explanations for PSSD have been proposed. Some have highlighted a dysregulation in serotonergic activity induced by SSRIs, while others have tested the role of neuroregulatory agents and bioelectric circuits. Another theory involves a possible link between PSSD and other post-discontinuation syndromes. In contrast, some authors have theorized that sexual impairment induced by a long course of SSRIs could induce a negative conditioning effect towards sexual activity in some patients. Despite abovementioned hypotheses, sexual dysfunction is usually complex in nature and thus multifactorial. There is no established treatment to PSSD. Pharmacological and psychotherapeutic approaches have been tested and proposed to ameliorate symptoms of PSSD, but further investigation is warranted.
**Conclusions:** PSSD is a heterogenous and idiosyncratic syndrome that needs further characterization. It remains unclear why only certain individuals develop PSSD and treatment options are limited. Current evidence is still incipient and insufficient to justify adjusting current SSRI prescription patterns. However, clinicians must be aware of this condition and should monitor and address

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