EPP1288

Predictors of male sexual dysfunction in post traumatic stress disorder

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Introduction: Post-traumatic stress disorder affects emotional, social and professional functioning. It can also affect physical and sexual health.
Objectives: The aim of this study is to write down the prevalence of sexual dysfunction in men with PTSD and to economize on potential predictors of sexual dysfunction.
Methods: A total of 30 male patients with PTSD were included in this study. We collected socio-demographic and clinical data and we used Post-Traumatic Stress Disorder (PCLS) and International Erectile Function Index (IIEF15) scales.
Results: The mean PTSD severity score was 65.43 ± 2.95. The mean score for revitalization, avoidance, cognitive and mood alteration, and hypervigilance were 15.80 ± 1.44, respectively; 8 ± 0; 24.07 ± 1.20 and 17.57 ± 2.95. The mean IIEF-15 score was 51.16 ± 6.82. The mean sub-scores were 3.93 ± 0.52 for sexual desire; 18.80 ± 5.68 for erectile function; 8.93 ± 8.97 for orgasmic function; 5.13 ± 1.10 for satisfaction with intercourses and 4.13 ± 1.16 for overall satisfaction. The IIEF15-EF score was negatively correlated with the presence of a personal medical history (p = 0.02) and the impairment cognitions and mood score (p = 0.023). The IIEF-OF score was significantly associated with reviviscence, hypervigilance, cognition and mood alterations (p = 0.015; 0.041; 0.045). The IIEF-15 SD score was negatively correlated with altered cognition and mood (p = 0.007).
Conclusions: Our study focused on the importance of assessing sexual function in men followed for PTSD and helps to understand the association of PTSD with different types of sexual dysfunction.

Keywords: ptsd; Sexual Dysfunction

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Sexual counselling and sexual therapy in chemsex users in an NGO in spain

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Introduction: The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on mental, physical and sexual health. Sexual health issues related to chemsex practice have been described such as difficulties in achieving sober sex, erectile dysfunction or problems with sexual desire.
Objectives: To describe the sexual health interventions (including sexual counselling and sexual therapy) for patients with chemsex practices in the NGO Apoyo Positivo in Madrid. We describe the main sexual problems.
Methods: Descriptive analysis.
Results: The main sexual problems were dissatisfaction in sexual intercourse without substance and difficulties with sexual desire activation (70%); compulsive sexual behaviour (70%), difficulties with sexual orientation and non normative gender expression, difficulties in erection (34%), premature ejaculation (7%) and delayed ejaculation (10%).
Conclusions: Chemsex is a phenomenon that needs a multidisciplinary approach and mental and sexual health must be taken into account. "Sexo, Drogas y Tu" is a model of collaborative approach which is a pioneering intervention developed by an NGO in Spain.

Keywords: chemsex; NPS; sexuality

EPP1287

Chronic inflammatory bowel diseases and sexuality: Inevitable disorders?

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Introduction: Improving the quality of sexual life of patients has become a major therapeutic objective in the management of Chronic Inflammatory Bowel Diseases (CIBD).
Objectives: To assess the prevalence of sexual dysfunction (SD) in patients with CIBD in remission and compare it to healthy controls (HC), and to determine the associated factors
Methods: This was a cross-sectional study, conducted over 8 months, involving 36 patients with CIBD, who attended the gastroenterology outpatient of Hedi Chaker University Hospital in Sfax (Tunisia). They were compared to 36 HC. Sexual function was assessed with the "Female sexual Function Index" and the "International Index of Erectile Function".
Results: In the sample of CIBD, the prevalence of SD was 65.4% in women and 50% in men. Compared to controls, patients with male gender had significantly more impaired erection and orgasm (p=0.005; p=0.002 respectively), and those with female gender had significantly more impaired sexual arousal and desire (p=0.003; p=0.028 respectively). In the sample of patients, having a poor marital harmony and a fewer sexual attraction towards partner were correlated with decreased desire (p=0.017) in men and with sexual arousal (p=0.024) and decreased desire (p=0.048) in women. The number of relapses negatively affects erection (p=0.038) and orgasm (p=0.048). Depression correlated with a decreased orgasm (p=0.001) and desire (p=0.048) in men, and with a decreased sexual arousal (p=0.006) in women.
Conclusions: SD is common in CIBD, hence the need for a multidisciplinary approach to allow improvement of the quality of life of these patients, and of their partners.

Keywords: Chronic Inflammatory Bowel Diseases; Sexual Dysfunction; quality of sexual life

EPP1288

Antidepressants effect on sexual dysfunction in men with PTSD

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Introduction: Various therapeutic approaches for post-traumatic stress disorder have been the subject of numerous studies. Antidepressants are sometimes used in PTSD. They improve the symptoms of PTSD. But their effect is not clear on the sexual dysfunctions that accompany this disorder.
Objectives: The aim of this study is to display the effect of antidepressants on sexual dysfunctions in men with PTSD.
Methods: A total of 30 male patients with PTSD were included in this study. The International Erectile Function Index (IIEF15) was used to assess sexual dysfunction in participants before treatment and two months after starting antidepressant treatment.
Results: Half of the patients (50%) used sertraline, 23% paroxetine, 20% fluoxetine and 7% escitalopram.The mean IIEF-15 score was 51.16 $\pm$ 6.82 in patients with PTSD before initiation of treatment. The average scores of the areas of sexuality studied by this scale were 3.93 $\pm$ 0.52 for sexual desire; 18.80 $\pm$ 5.68 for erectile function; 8.93 $\pm$ 8.97 for orgasmic function; 5.13 $\pm$ 1.10 for satisfaction with intercourse and 4.13 $\pm$ 1.16 for overall satisfaction. After 2 months of use of the antidepressant treatment, there was a statistically significant improvement in sexual functions: significant increase in the total score of the IIEF15 ($p < 0.001$), and in the mean scores of the areas of sexuality.
Conclusions: Antidepressant treatment could, by improving post-traumatic symptoms, improve sexual dysfunction.

Keywords: Antidepressant; Sexual Dysfunction; ptsd

Sleep disorders & stress

EPP1289

Sleep quality, sensory processing abilities and work performance for adults with attention deficit hyperactive disorder

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Introduction: Poor sleep quality has been reported among adults with attention-deficit hyperactive disorder (ADHD) and has been associated with reduced sensory-processing abilities and low work performance. However, the relationships among sleep quality, sensory processing and the insufficient work performance of adults with ADHD is still unclear.
Objectives: Following the World Health Organization's international classification of functioning, disability and health concepts, this study compares sleep quality and sensory processing (body functions) and work performance (participation) of adults with ADHD to those of controls, and examines the relationships among those components in adults with ADHD.
Methods: Participants were 69 adults with ADHD and 52 age- and gender-matched controls. All completed a sociodemographic questionnaire, the Mini Sleep Questionnaire, the Adult/Adolescent Sensory Profile and the Occupational Questionnaire.
Results: Compared to controls, the adults with ADHD showed significantly poorer body functions (sleep quality and sensory processing patterns) and lower work performance. Significant correlations were found between sleep quality and sensory-processing abilities and between sleep quality and work performance among adults with ADHD. Regression analysis revealed that for adults with ADHD, sleep quality accounted for 22.0%, and sensory sensitivity accounted for 10.9%, of the variance of their work performance.
Conclusions: Sleep quality, together with sensory processing patterns, has a significant influence on work performance of adults with ADHD. Because work is a vital occupation for adults, these body functions need to be considered in clinical settings, and further research on this topic is required for better understanding of the phenomena.
Keyword: ADHD add Sleep quality add work performance add sensory processing

EPP1290

Sleep and personality in college students: A preliminary study

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Introduction: Sleep represents an important process in the stable behavioural and emotional functioning of the individual and is an important health indicator. Personality is related with academic and occupational achievement, quality of interpersonal relationships, but also with sleep. Concerning personality, individuals with lower emotional stability have greater sensitivity to stress and maladaptive sleep-related behaviour.
Objectives: The main goal of this study is to analyze the relation between sleep quality and personality in college students.
Methods: This study employed a correlational design. A sample of 220 Portuguese students (84.9% females), with mean age of 19.5 years (sd=3.4), from different health courses, filled in the Pittsburgh Sleep Quality Questionnaire and HEXACO-60, during a single individual session. A descriptive statistical analysis, a Pearson correlation analyses and the t Student test, for independent samples, were performed.
Results: The results showed a predominance of poor sleep quality among students (96.3%). The more prevalent HEXACO dimensions are: Conscientiousness (X=32.6; sd=4.2) and Emotionality (X=31.2; sd=5.2). When exploring personality differences between sleep groups (GSG=Good Sleep Group; PSG=Poor Sleep Group) a significant difference was found in mean scores of the dimension Emotionality. It was observed that the PSG revealed higher levels of Emotionality than the GSG (PSG=31.5; sd=5.1; PSG=26.3; sd=4.0; $p < .05$).

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