EPP1281

Sexual dysfunctions and sexual behaviors of normal weight, overweight and obese sexual minority men

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Introduction: With the growing recognition of overweightness and obesity as significant, international public health concerns, the body of research investigating the relationship between body mass index (BMI), sexual health and sexual functioning in sexual minority men is still scarce.
Objectives: The purpose of this study is to assess sexual health determinants (sexual behavior and sexual functioning) in relation to normal weight, overweightness and obesity among gay and bisexual men.
Methods: The survey included four categories of questions/measurements, encompassing sociodemographic information, protected/unprotected sexual behaviors, sexual functioning, and BMI. The survey was conducted online, and recruitment consisted of online notifications (emails and electronic messages), and advertisements sent to LGBT community organizations, mailing lists, and social networks.
Results: The study sample was composed of 741 gay and bisexual men, ranging in age from 21 to 75 years old (M_{age}=43.30, SD_{age}=11.37), 62.5% of men self-identified as gay and 37.5% as bisexual. Prevalence of normal weight was 50.3%, of overweight 33.3% and of obesity 16.4%. Hierarchical multiple regression analysis to assess the effects of BMI on sexual health showed that being younger in age, self-identifying as gay, being in a relationship, having longer penises, adopting insertive position in sex and being normal weight were significant predictors of anal receptive sex without condoms, explaining 24.2% of the total variance. Yet, BMI was not predictive of sexual functioning.
Conclusions: These findings highlight the importance of including BMI in sexual behavior models of sexual minority men to better understand BMI's role in influencing sexual risk.

Keywords: sexual dysfunctions; Sexual Behavior; obesity; Gay

EPP1280

Sexual functioning and high sensory processing sensitivity

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Introduction: The concept of Sensory Processing Sensitivity (SPS) was initially introduced by Aron in 1997 and involves complex processing of sensorial information and internal and external sensory stimuli, that is represented as an individual innate difference, as a temperamental property that concerns not only this deep sensorial processing but also to sharper general responsiveness to the environment. Its association with sexual functioning is still to be deeply determined.
Objectives: Through this research we aim to evaluate the levels of High Sensory Processing Sensitivity (HSPS) and to what extent these are related to sexual functioning, in addition to assessing the mediating role of gender in this relationship.
Methods: A total of 1,054 subjects between the ages of 18 and 80 (M age = 29.4; SD age = 11.9) participated in this study. Participants completed a demographic questionnaire, the Portuguese version of The Highly Sensitive Person Scale, and the Portuguese version of the Massachusetts General Hospital – Sexual Functioning Scale. The recruitment of the sample was internet-based.
Results: showed that the Sensitivity Sensory Processing and Sexual Functioning variables are negatively correlated and that there are statistically significant differences in sexual functioning according to gender (t(df)=7.042; p=<.05), males scoring higher; and participants with lower levels of HSPS presented higher levels of sexual functioning (t(df)=3.599; p<.05). Finally, logistic regression showed that Gender is responsible for 6.2% of the total variance of sexual functioning.
Conclusions: When working with highly sensitive people mental health professionals should take into account problems related to their sexual functioning in clinical practice.

Keywords: sexual functioning; High Sensory Processing Sensitivity; Gender

EPP1281

Sexual dysfunction in infertile couples

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Introduction: Interactions between infertility and sexuality are numerous and complex. Recently more attention is being paid to the impact of infertility on the marital sexuality.
Objectives: The aim of this study was to determine the effects of infertility on sexual functions.
Methods: A cross-sectional descriptive study, the obstetric gynecology department Basic demographic information was collected. Respondents were surveyed regarding sexual impact and perception of their infertility etiology.
Results: Our patients had an average age of 33.2. The average number of years of infertility was 3.9 years.. The most common cause of female infertility was an ovulat disorder (36%), that of male infertility was sperm production defect. The confrontation with a diagnosis of infertility marks a difference in the way couples organize their sexual life. In our study, sexual problems after this diagnosis were experienced by 38% of women. Sexual dysfunction was detected as a pain problem (24%), a desire problem (10%), an arousal problem (4%), and an orgasm problem in 6% and. Faced with this situation, women felt guilty (46%), angry (72%) and anxious (82%). Infertility was perceived as the worst experience of life by 78% of our patients.

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Conclusions: Infertility can interfere negatively in women sexuality. The investigation of sexual difficulties in infertility consultations must be systematic.

Keywords: sexuality; infertility; woman; Dysfonction

EPP1282

Improving contraceptive and family planning awareness on a perinatal inpatient unit

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Introduction: Unplanned pregnancies are a significant risk factor in perinatal mental health. They also have the potential to result in adverse health impacts for mother, baby and children into later in life. Women from disadvantaged backgrounds are less likely to access contraception. Women are more likely to on board health advice during pregnancy and post partum period due to high level of surveillance by health professionals.
Objectives: Our aim was for 90% of patients on Coombe Wood Mother and Baby Unit (MBU) to feel supported to make an informed decision about their contraception by October 2020.
Methods: A questionnaire was completed by fifteen inpatients at the Mother and Baby Unit over a 4 month period (April- August 2020) to assess areas around their pregnancy and contraceptives of choice. Contraceptive training was provided by a Sexual Health Specialist to staff across multiple disciplinaries on Coombe Wood MBU. Sexual Health discussion groups were delivered by doctors to inpatients on a monthly basis. A post-intervention questionnaire was given to patients.
Results: •53% of patients reported unplanned pregnancies. •40% of women felt lacking confidence in choosing the right contraceptive •The most frequent question asked during the sexual health groups was regarding hormonal contraceptives impacting on mental health. •By September 100% of patients felt they were able to make an informed decision about their contraception on discharge.
Conclusions: Facilitating women to make informed decisions regarding their contraception empowers them to gain autonomy, reduces the risks of physical and mental illness, improves the quality of life for mothers and babies.

Keywords: sexual health; Contraception; Perinatal Psychiatry; Perinatal Mental Health

EPP1283

The importance of mental and sexual health in addressing people with hiv - the double stigma

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Introduction: Having a mental disorder is associated with increased vulnerability to the transmission of the Human Immunodeficiency Virus (HIV) and the prevalence of HIV is higher in people with a severe mental disorder. People with psychiatric comorbidities such as bipolar affective disorder and depressive disorder, post-traumatic stress disorder (physical or sexual abuse) and/or psychoactive substance use have a higher risk of HIV infection.
Objectives: This work is intended to expose the importance of integrating mental health care with the care of HIV patients.
Methods: The authors conducted a non-systematic review of the literature, conducting research through Pubmed and Medscape using the keywords 'Preexposure prophylaxis', 'HIV', 'Mental health problems'.
Results: Several factors may contribute to the high comorbidity between HIV and Mental Disorders, including socio-demographic factors, weak social and environmental structures, as well as internalized stigma, social and experienced discrimination. Mental health problems may interfere with the care needed for prevention, including regular HIV testing and/or adherence to Preexposure Prophylaxis (PrEP); and influence access to and adherence to antiretroviral treatment.
Conclusions: This compelling evidence makes the necessary contribution of integrating mental health into an assessment and continuous treatment of the HIV patient, on the other hand, the assessment and treatment of mental disorders should address sexual health.

Keywords: Preexposure prophylaxis; HIV; Mental health problems; sexual health

EPP1284

Sexual function assessment in men with PTSD

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Introduction: Exposure to extreme traumatic events can lead to post-traumatic stress disorder (PTSD). This disorder affects emotional, social and professional functioning. Recent studies suggest that it can lead to sexual dysfunction.
Objectives: The aim of this study is to compare the level of sexual dysfunction between men with PTSD and control subjects.
Methods: A total of 30 male PTSD patients and 30 controls were included in this study. We used the Post-Traumatic Stress Disorder Check Scale (PCLS) to assess the intensity of PTSD symptoms and the International Erectile Function Index (IIEF15) to assess sexual dysfunction of both patients and controls.
Results: The mean IIEF-15 score was 51.16 ± 6.82 in patients followed for PTSD versus 77.33 ± 2.02 in healthy controls with a non-significant difference ($p = 0.26$). Three patients (10%) had an alteration of desire while the control reported only dysfunction but there was no significant difference between the mean scores of IIEF-SD ($p = 0.22$). No patient or control had erectile dysfunction and there was no significant difference between the IIEF-EF sub-scores in the 2 groups ($p = 0.20$). The mean sexual intercourse satisfaction (SD) score in the patients was 5.13 ± 1.10 versus 8.86 ± 0.40 with a non-significant difference ($p = 0.09$). Altered satisfaction with intercourse was noted in 15% ($n = 5$) of subjects with PTSD versus a single control.
Conclusions: It is important that practitioners address the subject of sexuality in patients followed for PTSD and refer their patients, if necessary, to a sexology consultation.

Keywords: SEXUAL FUNCTION; ptsd