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Introduction: Negative symptoms has been classically associated with cognition, psychosocial functioning and quality of life in patients with schizophrenia. But negative symptoms are not a unitary construct, encompassing two different factors: diminished expression, and motivation and pleasure. Few works have studied the relationship between these two different negative symptoms factors and cognition (neuro and social cognition), psychosocial functioning and quality of life, jointly, in patients with a first psychotic episode of schizophrenia.

Objectives: The objective of the present work was to study, in a sample of patients with a first psychotic episode of schizophrenia, the relationship between the negative symptoms (diminished expression and motivation and pleasure) and neurocognition, social cognition, functioning and quality of life.

Methods: The study was carried out with 82 outpatients with a first psychotic episode of schizophrenia from two Spanish hospitals ("12 de Octubre" University Hospital, Madrid and "Virgen de la Luz" Hospital, Cuenca). The patients were assessed with the Clinical Assessment Interview for Negative Symptoms (CAINS) for evaluating diminished expression (EXP) and motivation and pleasure (MAP) symptoms, the MATRICS Consensus Cognitive Battery (MCCB) for evaluating neurocognition and social cognition, the Social and Occupational Functioning Assessment Scale (SOFAS), and the Quality of Life Scale (QLS).

Results: A negative correlation was found between neurocognition and the two negative symptoms subscales: CAINS-EXP ($r=-0.458$, $p<0.001$) and CAINS-MAP ($r=-0.374$, $p<0.001$); but with social cognition only CAINS-EXP was correlated ($r=-0.236$, $p=0.033$). Also, it was found a high negative correlation between SOFAS scores and CAINS-MAP ($r=-0.717$, $p<0.001$); and a medium negative correlation with CAINS-EXP ($r=-0.394$, $p<0.001$). Finally, QLS score was high correlated with both CAINS subscales: CAINS-EXP ($r=-0.681$, $p<0.001$) and CAINS-MAP ($r=-0.770$, $p<0.001$).

Conclusions: This study found a relationship between negative symptoms and neurocognition, social cognition, functioning and quality of life in a sample of patients with a first psychotic episode of schizophrenia. But the two different negative symptom factors, diminished expression, and motivation and pleasure, are associated differently with psychosocial functioning, but especially with social cognition where the relationship was only found with diminished expression symptoms.

Disclosure of Interest: None Declared

EPP1061

Switching Antipsychotic Medications in People with Schizophrenia: A 4-Year Naturalistic Study

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Introduction: Although generally effective in ameliorating the core manifestations of schizophrenia, antipsychotics (APs) may lead to only suboptimal responses or may be associated with a variety of treatment-related adverse events which require additional treatment strategies. Under such clinical circumstances, switching APs represents a rational treatment option.

Objectives: The present study aimed to identify the variables that predict AP switch and to quantify the frequency of this phenomenon in people with schizophrenia in real-life.

Methods: A secondary analysis was conducted on the data collected at baseline and at a 4-year follow-up from a large sample of community-dwelling Italian people with schizophrenia. Demographic and clinical variables as well as information about AP treatment were recorded at two time points. Over the 4-year period, 34.9% of the 571 participants switched the AP; in particular, 8.4% of participants switched from first-generation APs (FGAs) to second-generation APs or vice versa, while 8.2% of them switched to clozapine.

Results: Logistic regression models showed that combination of APs at baseline was negatively associated with AP switch, while treatment with FGAs and the presence of extrapyramidal symptoms at baseline were associated with AP class switch.

Conclusions: Although the aim of the present study was not to assess predictors of clinical relapse in people with schizophrenia, we might speculate that switching APs represents a surrogate indicator of treatment failure in some patients and could lead into relapse, which is a costly aspect of schizophrenia management in both economic and human terms. The sooner such a negative outcome can be predicted and managed, the sooner the treatment can be optimized to avoid it.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP1062

Temperament and Character among mothers of individuals with gender dysphoria: a case-control study

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Introduction: Parents of individuals with gender dysphoria may experience distress when dealing with their child's condition, and how they react can have a significant effect on their own as well as their child's mental health.

Objectives: In this study, we aimed to explore the personality traits among mothers of individuals with gender dysphoria in comparison to the mothers of individuals with cis-gender identity by utilizing the Temperament and Character Inventory (TCI) tool.

Methods: We enrolled 27 mothers of GD individuals who had obtained licenses for gender affirmation surgery and 28 mothers of cisgender controls for this case-control study. Personality traits were measured by a validated Farsi version of the Temperament and Character Inventory (TCI) tool.

Results: The mean±standard deviation age of mothers with GD children and controls was 53.95±9.44 and 53.00±7.28 years, respectively. 20 of the GD children were born with the female sex. Overall, TCI scores were statistically different between the two groups ($p=0.03$); however, this difference was only observed among Character scores ($p=0.01$) and was not significant in Temperament scores ($p=0.33$). We found significantly higher mean Cooperativeness (CO) and Self-Transcendence (ST) scores in the case group ($p=0.007$ and 0.031 , respectively). We also identified significantly more individuals with a high CO score amongst mothers of GD individuals (Odds Ratio: 5.0, 95% Confidence Interval 1.2-21.0, $p=0.028$).

characteristics	Group	Mean	Std. Deviation	P-value
CO	GD	20.2963	2.28397	0.007
	Control	17.6786	4.29516	
SD	GD	16.7407	3.49277	0.474
	Control	15.7500	6.25167	
ST	GD	9.7407	2.98190	0.031
	Control	8.0000	2.84149	
HA	GD	7.7778	4.50071	0.386
	Control	6.7143	4.51218	
NS	GD	7.0370	2.99334	0.839
	Control	7.2143	3.40324	
P	GD	3.5926	1.11835	0.499
	Control	3.2857	2.07020	
RD	GD	8.8519	2.56760	0.087
	Control	7.7857	1.93136	

Conclusions: By showing more mature, understanding, and kind personalities, the mothers of GD cases who have obtained licenses for gender affirmation surgery, have likely provided a positive atmosphere for the gender identity development and transition of their children. Additionally, their personalities were possibly better suited to deal with their child's condition through having better compensatory adaptive traits.

Disclosure of Interest: None Declared

EPP1063

Sexual dysfunction among pregnant Tunisian women

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Introduction: Sexual life is affected by physiological, psychological and social changes during pregnancy. Therefore, pregnancy is considered as a stressor affecting sexual lives of women and as a period when sexual dysfunctions can easily appear.

Objectives: The aim of our study was to explore the prevalence of sexual dysfunctions among pregnant women.

Methods: we conducted a cross-sectional and descriptive study among Tunisian pregnant women. The questionnaire used was

performed with Google Forms and posted on social media. It contained questions concerning personal and sociodemographic aspects and questions concerning obstetrical data such as parity, gestational age and complications during the current pregnancy. We used the Female Sexual Function Index to examine Sexual dysfunction. Total scores of 26.55 or less characterize deficiency of female sexual function.

Results: Fifteen women (44.1%) were primiparous and 19 (55.9%) were multiparous with 29% being in the first trimester, 27% in the second, and 44% in the third. Half had at least one child. Most of participants reported better satisfaction with their sexuality before pregnancy than during pregnancy (76.5% vs. 26.5%). This difference in satisfaction was statistically significant ($p=0.004$). A sexual dysfunction was found in 70.6% of cases and we did not identify any correlations between the presence of sexual dysfunction and socio-demographic or clinical data of the current pregnancy.

Conclusions: The prevalence of sexual dysfunction among Tunisian pregnant women was high and not related to socio-demographic characteristics.

Disclosure of Interest: None Declared

EPP1064

Common beliefs about sexuality: a Tunisian survey among pregnant women

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Introduction: Sexual relationship is affected by the emotional factors, changes in women's body, sexual dysfunctions and also common beliefs about sex in pregnancy. Couples might tend to avoid sexual intercourse in pregnancy due to different beliefs.

Objectives: Our objective was the evaluation of sexual related and common beliefs among pregnant women.

Methods: We conducted a cross-sectional and descriptive study. We targeted Tunisian pregnant women whatever the term of pregnancy. We collected data using a self-questionnaire performed with Google Forms and posted regularly on social networks over a period of six months. In order to assess the most common beliefs, we used a panel of questions inspired by the literature.

Results: 34 pregnant women participated to the study. Mean age was 31,56 years (SD =3,25). All the participants had a secondary or university education (5.9% and 94.1% respectively). Nineteen women (55.9%) were multiparous with 44% in the third trimester. Among participants, 20.6% believe that sexual intercourse can be harmful to the baby, 41.2% believe that the number of intercourse should be limited during pregnancy and 17.6% thought that sexual intercourse should be stopped in the first three months.

In relation to body image, 11.8% of women approve that pregnancy takes women's all beauty and 8.8% thought that their bodies weren't attractive as before for spouses. About a quarter of our population (23.5%) agreed that pregnant women lose sexual desires and 14.7% approved that intercourse satisfies only men. Only one woman (2.9%) reported that intercourse during pregnancy is considered a sin.