

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.

Conclusions: We have identified through this study different beliefs about sexuality during pregnancy, sometimes aberrant and which can affect the sexuality of couples. Attention of health professionals should be attracted to this issue and sexuality should definitely be integrated into prenatal care and counselling.

Disclosure of Interest: None Declared

EPP1065

Clinical characteristics of chemsex users attended in a ngo in madrid

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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.

Objectives: The objective of this study was to describe the socio-demographic and medical characteristics, psychoactive substances use of a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You".

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" was performed.

Results: 230 participants were included. Most common drugs used during sexual intercourse were: mephedrone, cocaine, poppers, GHB and methamphetamine. The frequencies of substances consumed during sex were: mephedrone (95%), methamphetamine (80%), GHB (92.2%), ketamine (52%), poppers (alkyl nitrites) (95%), cocaine (89.7%), speed (amphetamine sulfate) (49.6%) and drugs for erectile dysfunction (86%). 61.3% reported having practiced slamsex intravenous substance use at some time in their life, being a habitual practice at the time of collecting information for 50.7%. The most frequent genitally transmitted infections were: syphilis, chlamydia and gonorrhoea. Users reported having been diagnosed with the following genitally transmitted infections: hepatitis B virus (7.4%), hepatitis A virus (18.6%), syphilis (69.6%), human papillomavirus (16%), herpes (9.4%), chlamydia (43%), gonorrhoea (60.5%) and candidiasis (9.7%).

Conclusions: Slamsex and STIs are usually reported in our sample. Interventions for chemsex users must include a collaborative model which includes professionals from different areas, including internists and emergency physicians, psychiatrists, psychologists, nurses, social workers and sexologists.

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EPP1066

Chemsex behaviours, sexual response and sexual health

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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: The objective of this study was to understand the impact of chemsex on sexual health and sexual response by the participants of a sexual health program for chemsex users in two Substance Use Disorder Clinics in Madrid.

Methods: Qualitative research approach. We analyze an anonymous survey with chemsex users with open answer questions about the impact of chemsex practice on sexual response and sexual health. Data analysis was based on thematic analysis of content.

Results: Several differences were identified between chemsex and sober sex. In sober sex it can take longer to feel aroused, sexual desire is more context-dependent and more easily controlled. They connect easily with other people needs when they had sober sex. They described difficulties with consent with some sexual practices when they were on drugs. Shame and guilt was associated with chemsex. They describe more arousal, more independent of the erotic context, longer sexual intercourse and delayed ejaculation when they had sex under the influence of drugs.

Conclusions: Chemsex is a phenomenon that needs a multidisciplinary approach and mental and sexual health must be taken into account including sexological perspective. Interventions that provide sexual counselling and sexual therapy for chemsex users must be developed.

Disclosure of Interest: None Declared

EPP1067

Features of sexual behavior of senior university female students

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Introduction: Changes in the attitude of modern society to the intimate sphere - the increasing emancipation of women, their desire for equality with men, including in sexual life, significantly changes the nature of the sexual behavior of young women, which is becoming less dependent on the presence of common myths and stereotypes