

common sexual disorder noticed was sexual arousal disorder (78.8%).

In the transplant, erectile dysfunction was found in 18.2% of transplant men and was associated to age was a predictive factor ($p=0.03$). In women, orgasm and desire disorders were the most common (69%).

Renal transplantation improved erectile dysfunction in men with IIEF score rising from 14 to 27 ($p=0.021$). It also improved sexual life in women: increase of desire ($p=0.042$) and orgasm scores ($p=0.034$).

Conclusions: Sexual disorders remain common in patients on dialysis and with renal transplant. Their management requires a systematic screening to improve patients' outcome

Disclosure of Interest: None Declared

EPV1033

Assessment of sexual function and quality of life of patients with spinal cord injury

A. Loghmani^{1,1,1*}, A. Mtiraoui², K. Ben Ahmed³, K. Bouassida¹, M. Ben Othmen¹, G. Tlili¹, E. Acacha¹, W. Ben Abdallah¹, M. Kahloul⁴, W. Hmida¹ and M. Jaidane¹

¹Urology, Sahloul teachin Hospital Sousse; ²Psychiatry, Farhat hached Hospital, Sousse; ³Urology, Sidibouzid Hospital, Sidibouzid and ⁴Anesthesiology department, Sahloul teachin Hospital Sousse, Sousse, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2326

Introduction: Spinal cord injuries are known to have physical damage. They are often accompanied by urinary and fecal incontinence, disorders of tenderness, neuropathic pain and motor deficits. Therefore they have a serious impact on physical, mental and social health.

Objectives: The objective of our work was to assess sexual function and quality of life in men with spinal cord injuries.

Methods: This is a cross-sectional study enrolling patients with spinal cord injuries followed at the physical medicine consultation and/or urology department of Sahloul teaching Hospital during the period from January 2016 to January 2018.

Results: This study enrolled 21 patients. Mean age was 45.62 ± 15.79 years. Thirteen patients were married, and nine had a primary school level of education. Thirteen patients worked as building workers. The cause of the spinal cord injury was traffic accident in 12 cases. The overall IIEF 15 was 15.57 ± 7.46 . Thirteen patients had erectile dysfunction which was rated severe in five patients. The average MSQ was 27.52 ± 26.32 with 10 patients very dissatisfied. The overall SF-36 score was 31.71 ± 26.16 . We found a statistical correlation between quality of life impairment and sexuality impairment in almost all dimensions and especially impairment of physical activity ($r^2=+0.783$ $p<0.001$) and impairment of perceived health.

Conclusions: The impairment of sexual function is a serious health problem in patients with spinal cord injury. It has a serious impact in the quality of life that justify specific interventions.

Disclosure of Interest: None Declared

EPV1034

Sexual dysfunction and motor disability in Parkinson's disease: any link?

A. A. Mousli*, R. Zouari, A. Lahmer, S. zakaria, A. Rachdi, F. Nabli and S. Ben Sassi

¹Neurology, the National Institute of Neurology Mongi Ben Hmida, ariana, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2327

Introduction: Parkinson's disease (PD) is a chronic, neurodegenerative disorder leading to dopamine deficiency. Phenotypically, there is a wide spectrum of motor and non-motor symptoms (NMS). Among NMS, sexual dysfunction (SD) is one of the most disabling and crippling symptom. However, SD are usually neglected and underdiagnosed in PD patients.

Objectives: Our study aimed to estimate the effect of motor disability and the disease course on sexual dysfunction in PD patients.

Methods: This retrospective study included 42 patients (18 males and 24 females) from the department of neurology of the National Institute of Neurology Mongi Ben Hmida in Tunis, Tunisia, diagnosed with PD between 1999 and 2022. The diagnosis of PD was confirmed according to the Movement Disorder Society (MDS) diagnostic criteria of PD. The MDS Unified Parkinson's Disease Rating Scale (MDS-UPDRS) motor was used to estimate motor disability and Hoehn and Yahr (H&Y) stage was used to rate disease severity. The SD of PD patients was measured by applying the sexual items of Scales for Outcomes in Parkinson's Disease - Autonomic Dysfunction (SCOPA-AUT).

Results: SD was observed in only 11 patients (26.2%) with a sex-ratio of M/F = 1.2 and a mean age of 52 (between 40 and 72). The mean age of PD onset was 47. According to the MDS-UPDRS part III, 1 patient had a severe motor disorder (MDS-UPDRS > 59), and according to the H&Y scale, no patient had a severe stage of the disease. Nine patients had motor complications such as motor fluctuations and L-Dopa induced dyskinesia.

The SD described by our patients were: women reported Vaginal Dryness (4 patients), with difficulties reaching an orgasm (3 patients); men reported erectile dysfunction (6 patients), and difficulties in reaching an orgasm (6 patients). Among these patients, 3 were treated for SD with Tadalafil (all males).

In our study, no significant gender-related differences were found in scores related to SD in patients with PD. Neither the disease severity nor the motor disability was significantly associated to sexual disorders (respectively $p=0.26$ and $p=0.12$). Also, Motor complications induced by L-Dopa medication, assessed by the part IV of MDS-UPDRS scale, had no significant effect in the occurrence of SD in PD ($p=0.78$).

Conclusions: Sexual behavior has neuronal and hormonal modulation. Lack of dopamine seems to have an important role in the development of SD. However, it occurs independently of the disease severity and the motor disability. Thus, clinicians should be aware of the importance of assessing and treating such symptoms since the beginning of the disease.

Disclosure of Interest: None Declared