E-mental Health

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Psychopathological characterization of nomophobia in a sample of patients with severe mental illness

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Introduction: Nomophobia, a neologism derived from the combination of "no mobile," "phone" and "phobia," represents one of the syndromes of today's digital and virtual society. By this term, we refer to the discomfort, anxiety, nervousness, and distress generated by the individual's loss of connection to his or her cell phone or other technological medium that allows connection to the Internet. No study has attempted to evaluate the impact of disconnection syndrome on a clinical sample of patients with Severe Mental Illness (SMI).
Objectives: Our study has the objective of characterizing subject affected by SMI with nomophobia.
Methods: Our study is conducted on inpatients (>16 years) referred to our Psychiatric ward in Ancona (Università Politecnica delle Marche, Italy). The following rating scales were administered to these subjects: Nomophobia Questionnaire (NMP-Q), Smartphone Addiction Scale - Short Version (SAS-SV), Multidimendional State Boredom Scale (MSBS), Intolerance of Uncertainty Scale (IUS), Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Coping Orientation to the Problems Experiences-new Italian version (COPE-NVI).
Results: Most of the subjects included in the study tested positive for nomophobia (99%; n=97). The mean score scored on the NMPQ is 69.2±27.9, while the mean score obtained at SAS-SV is 25.1±12.7. Gender has no influence on the scores obtained at the NMPQ (p=0.823), as well as the type of SMI (p=0.376). Those not in a relationship scored a higher mean score than who has a relationship (p=0.02). Patients who suffer from insomnia scored higher mean score on the NMPQ (p=0.21). A linear univariate regression between SAS-SV and NMPQ was observed (R^2=0.575, F=129.731, p<0.001). A multivariate linear regression was observed between the NMPQ (R=0.556, R2=0.2830, F=12.057, p<0.001) and the IUS (B=1.343, p<0.001), the irritable temperament subscale of the TEMPS (B=1.293, p=0.003) and the inattention subscale of the MSBS (B=-1.029, p=0.033). In the men-only sample, a multivariate linear regression was observed between the NMPQ (R^2=0.437, F=9.847, p<0.001) and the IUS (B=1.361, p<0.001), the anxious temperament subscale of the TEMPS (B=1.687, p=0.005) and the inattention subscale of the MSBS (B=-1.465, p=0.002).
Conclusions: Patients with higher intolerance to uncertainty, irritable temperament and lower inattention have higher risk to develop nomophobia. In men with SMI, nomophobia is associated with higher intolerance to uncertainty, anxious temperament, and lower inattention. Further study have to be conducted to expand data and results.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

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Sexuality of pregnant, postpartum and breast-feeding women

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Introduction: Pregnancy and breast-feeding represents a period of psychological maturation for the woman who becomes a mother, a period of significant changes in women's lives that affects their sexuality and intimacy.
Objectives: To investigate the quality of sexual function in pregnant, postpartum and breastfeeding women.
Methods: It was a cross-sectional study established over a period of 3 months from the June 1st, 2023 to August 31, 2023. This study focused on a population of pregnant, postpartum and breastfeeding women recruited from outpatient consultations and inpatient of the obstetric gynecology department at the university hospital of Gabes. We used a pre-established sheet exploring socio-demographic data, medical and gyneco-obstetric history and informations concerning the marital relationship and the woman's sexual activity. We administered the validated Arabic version of the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.
Results: Fifty-eight women were included. The average age was 35.6±5.5 years, they had a university level in 40%, secondary in 37.5%, and they were unemployed in 74.2%. From an urban origin in 75%. They were pregnant in the first, second and third trimester in (15.6%, 15.6% and 25% respectively). They were in postpartum in 43.8% of cases with a cesarean delivery in 73.3% and breast-feeding in 56%. All women reported being on good terms with their spouses and satisfied with their sexuality. The usual frequency of sexual relations (SR) was (1/day: 22.6%, 1/week: 74.2%, 1/month: 3.2%) and 25% reported wanting to reduce the frequency. Only 3.44% masturbated and 5.17% had sexual fantasies. The mean ASEX score was 13 ± 4.3 and 47%of the sample had sexual dysfunction. We found a significant association between the sexual dysfunction and the trimester of pregnancy (p=0.045). Highest score of sexual dysfunction during the first and third trimester compared to the second one (68.9%, 77.6% and 22.4% repectively). The areas of sexual dysfunction were difficulty reaching orgasm (81%), impaired sexual desire (65.5%), insufficient lubrication (60.3%), arousal (55.1%) and pain on penetration (50%).
Conclusions: We found that sexual function is problematic among women during pregnancy especially in the first and third trimester also in postpartum and breastfeeding period. So what factors are associated with this sexual dysfunction?

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