

Introduction: Anxiety disorders are one of the most common mental disorders, yet only less than 20% of people with anxiety disorders receive adequate treatment. Digital interventions for anxiety disorders can potentially increase access to evidence-based treatment. However, there is no comprehensive meta-analysis study that covers all modalities of digital interventions and all anxiety disorders.

Objectives: A preliminary meta-analysis was conducted to examine the treatment efficacy of digital interventions [e.g., virtual reality (VR)-, mobile application-, internet-based interventions] for anxiety disorders and to identify potential moderators that may lead to better treatment outcomes.

Methods: We searched Embase, PubMed, PsycINFO, Web of Science, and the Cochrane Library for randomized controlled trials examining the therapeutic efficacy of digital interventions for individuals with anxiety disorders from database inception to April 18, 2023. Search keywords were developed by combining the PICOS framework and MeSH terms. Data screening and extraction adhered to PRISMA guidelines. We used a random-effects model with effect sizes expressed as Hedge's *g*. The quality of the studies was assessed using the Revised Cochrane risk-of-bias tool for randomized trials (RoB 2). The study protocol was registered in PROSPERO on April 22, 2023 (CRD42023412139).

Results: A systematic literature search identified 19 studies with randomized controlled trials (21 comparisons; 1936 participants) with high overall heterogeneity ($Q = 104.49$; $P < .001$; $I^2 = 80.9\%$). Digital interventions reduced anxiety symptoms with medium to large effect sizes ($g = 0.78$; 95% CI: 0.55-1.02; $P < .001$), with interventions for specific phobia showing the largest effect size ($n = 6$; $g = 1.22$; 95% CI: 0.51-1.93; $P < .001$). VR-based interventions had a larger effect size ($n = 6$; $g = 0.98$; 95% CI: 0.39-1.57; $P < .001$) than mobile- or internet-based interventions, which had medium effect sizes. Meta-regression results exhibited that effect sizes of digital interventions were associated with the mean age of participants ($\beta = 0.04$; 95% CI: 0.02-0.06; $P < .001$).

Conclusions: The results of this study provide evidence for the efficacy of digital interventions for anxiety disorders. However, this also suggests that the degrees of effectiveness in reducing anxiety symptoms can be moderated by the specific diagnosis, the modalities of digital technologies, and mean age, implying that the application of digital interventions for anxiety disorders should be accompanied by personalized guidance.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP0690

Risk assessment and treatment - Evaluation of a group therapy for people with pedophilia

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Introduction: Deviant sexual interest for children (pedophilia, hebephilia) is associated with a higher risk of sexual offending against children (CSA) and consuming child sexual abuse images

(CSAI). There is a general shortage of therapeutic programs for individuals who feel sexually attracted to juvenile bodies and are concerned about their sexual behaviour. Efforts to establish regional centres throughout Germany offering preventive support led to the prevention network "Don't become an offender" ("Kein Täter werden").

Objectives: To identify dynamic risk factors (DRFs) and evaluate a treatment programme aiming to reduce CSA and CSAI among potential or existing pedosexual offenders (who have not been legally charged). In addition, changes in the course of therapy are examined to provide information about the accessibility and motivation of the target group and its therapeutic responsiveness.

Methods: Participants undergo standardized diagnostic and treatment procedures. Therapy comprises an outpatient psychotherapy program (group therapy) over the course of approx. 48 weekly sessions, optional individual and partner/relative including sessions, as well as additional pharmaceutical treatment. Assessments are carried out through self- and other-reported psychometric test batteries pre-, during and post-treatment up to a 3.5 year follow-up. The test battery includes clinical questionnaires (WHO-5, CTQ-SF), personality questionnaires (ISK-K, NEO-FFI), sexuality questionnaires (EKK-R, KV-M, MSI, HBI-19) and risk assessment procedures (VRAG-R, STATIC-99, VRS:SO). Main outcome measures are self- and externally-reported DRF changes well as offending behaviour characteristics.

Results: By September 20, 2023, N=12 individuals were enrolled in the treatment program. All individuals had a deviant sexual preference (exclusive/non-exclusive pedo-/hebephilia). Nine individuals reported past and/or current use of CSAI. Of these, two individuals reported at least one CSA in the past. Three had no previous use of CSAI or CSA history.

In the first treatment group (N=6), preliminary results show reduction in dynamic risk factors (e.g., Cognitive Bias, Sexual Compulsivity, Impulsivity) after the first 12 weeks of treatment. The evaluation of additional clinical data is pending.

Conclusions: To date, therapy for individuals with pedophilia or hebephilia has been insufficient – particularly when not offending. Ongoing evaluation of the therapy program should provide further insight into responsiveness and therapeutic motivation of this target group. In particular, the impact of therapy on changing dynamic risk factors for CSA and CSAI remains to be examined.

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Psychological Background of Sexual Dysfunctions – a Comparative Study on Hungarian and Spanish Samples

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Introduction: Sexual dysfunctions are prevalent issues affecting individuals' sexual well-being and relationships. These conditions encompass a range of difficulties in sexual functioning, from desire