

schizophrenia or add to a better compensation. E.g. exercise may serve as a coping strategy, produces changes in brain structure and function and is already known to improve mood and cardiovascular health. First studies have shown beneficial effects of exercise in schizophrenia. These studies feature a multitude of exercise types and diagnostic tests and also lay emphasis on different research questions.

From the diverse information of the studies, heterogenic character conclusions for future therapy and research can be derived. From the point of view of sports science, feasibility and effectiveness of endurance training will be discussed on the basis of current literature and results from our own research. In a controlled trial 22 patients with schizophrenia participated in 12 weeks of endurance training using bicycle ergometers resulting, e. g., in improvements of endurance capacity and functioning. A special focus was laid on analyzing the differences between the adaptations of patients and healthy controls to test the transferability of methods and effects of endurance training. The exercise intervention was feasible and effective for both healthy controls and patients but some interesting differences could be found.

Additionally, ideas and special circumstances regarding the implementation of endurance training in clinical settings or for outpatients will be considered. From the current knowledge it can be concluded, that the implementation of endurance training in multimodal therapy strategies can be recommended to promote recovery.

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S76

### Adopting and maintaining physical activity behaviour in people with severe mental illness: The importance of autonomous motivation

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*Background* Physiotherapy can improve the health of people with serious mental illness (SMI) but many are inactive. Adopting theoretically-based evidence considering the motivational processes linked to the adoption and maintenance of an active lifestyle can assist physiotherapists in facilitating lifestyle changes in people with SMI.

*Purpose* Within the Self-Determination Theory (SDT) and the Trans-Theoretical Model (TTM) (stages of change) frameworks, we investigated differences in motives for physical activity between different diagnostic SMI groups.

*Methods* All participants with SMI from 15 different centers completed the Behavioral Regulation in Exercise Questionnaire 2 (BREQ-2), the International Physical Activity Questionnaire (IPAQ) and the Patient-centered Assessment and Counseling for Exercise (PACE) questionnaire.

*Results* Overall 294 persons with SMI (190♀) ( $43.6 \pm 13.6$  years) agreed to participate. People with affective disorders had higher levels of introjected regulations than people with schizophrenia. No significant differences were found for other motivational regulations. Moreover, no significant differences were found according to gender, setting and educational level. Multivariate analyses showed significantly higher levels of amotivation and external regulations and lower levels of identified and intrinsic regulations in the earlier stages of change. Strongest correlations with the IPAQ were found for motivational regulations towards walking.

*Conclusions* Our results suggest that in all people with SMI the level of identified and intrinsic motivation may play an important role in the adoption and maintenance of health promoting behaviours.

*Implications* The study provides a platform for future research to investigate the relationships between autonomy support, motivational regulations and physical and mental health variables within physiotherapy interventions for this population.

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### Problematic sexual behaviours: Diagnostic, categorical, epidemiological, imaging, psychopathological and treatment considerations

S77

#### Gender-related differences in the associations between sexual impulsivity, psychiatric disorders and trauma

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*Introduction* Sexual impulsivity (SI) has been associated with conditions that have substantial public health costs, such as sexually transmitted infections and unintended pregnancies. However, SI has not been examined systematically with respect to its relationships to psychopathology. The literature regarding associations between SI and history of different types of trauma also scarce.

*Aims* We aimed to deepen the understanding of the roots of SI, both through the prism of history of trauma and through the prism of psychopathology as an explanation for SI.

*Objectives* We intended to investigate associations between SI and psychopathology, and between SI and personal history of trauma of different types, including gender-related differences.

*Methods* We performed a secondary data analysis of Wave-2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a national sample of 34,653 adults in the United States. DSM-IV based diagnoses of mood; anxiety, drug and personality disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule DSM-IV Version.

*Results* For both women and men, SI was positively associated with most Axis-I and Axis-II psychiatric disorders. Significant gender-related differences (GRD) were observed. Among women as compared to men, SI was more strongly associated with social phobia, alcohol abuse/dependence and most personality disorders. As for trauma, SI was positively associated with any trauma for both women and men. Among women as compared to men, SI was more strongly associated with sexual assault and kidnapping.

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S78

#### Classification and clinical issues relating to hypersexuality

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Multiple terms have been used to describe excessive and interfering patterns of non-paraphilic sexual behaviors including sex addiction, compulsive sexual behavior (CSB) and hypersexual disorder

(HD). While a field trial was conducted to investigate the reliability and validity of the criteria for HD, the condition was not included in DSM-5, with this decision in part relating to insufficient data on the proposed condition. Currently, CSB is being considered as a diagnostic entity in the category of impulse-control disorders for ICD-11. In this presentation, we will present data relating to HD/CSB. In particular, we will discuss current issues relating to diagnosis and classification, as well as data regarding the assessment and clinical correlates of sexually relevant constructs (e.g., pornography use and craving). Data relating HD/CSB behaviors to sexual risk-taking, sexually transmitted diseases and mental health problems (including suicidality) will be presented. A strategy for addressing HD/CSB in clinical settings will be proposed and discussed.

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S79

### Pharmacological treatment of sex offenders

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Most people recognize that incarceration alone will not solve sexual violence. Indeed, treating the offenders is critical in an approach to preventing sexual violence and reducing victimization. In most cases, a diagnosis of paraphilia is associated with sexual violence. This review is intended to present and summarize the first recently published international guidelines about pharmacological treatment of paraphilias. Pharmacological interventions should be part of a more comprehensive treatment plan including psychotherapy and, in most cases, behavior therapy. Antiandrogens, and mostly GnRH analogues, significantly reduce the intensity and frequency of deviant sexual arousal and behavior. GnRH analogue treatment constitutes the most promising treatment for sex offenders at high risk of sexual violence, such as pedophiles or serial rapists, however informed consent is necessary. SSRIs remain an interesting option in adolescents, in patients with depressive or OCD disorders, or in mild paraphilias such as exhibitionism.

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*Further reading*

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### Racism and discrimination in mental health care of immigrants

S80

### The impact of racism and discrimination on mental health of refugees and asylum seekers

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With the strong focus on terrorism in recent years, there is an increasing concern that the fundamental rights of refugees and asylum seekers may be violated in the interest to combat acts of terrorism. It may also lead to increasing racism and discrimination towards these populations.

Racism and discrimination encompass the negative stereotypes and prejudicial beliefs that people may hold, as well as inequitable practices that may result hereof.

Knowledge about the mental health consequences of racism and discrimination is of clear clinical relevance for psychiatrists worldwide, as a significant proportion of psychiatric patients will have a background as refugees and asylum seekers. Many of them have experiences of war, strife, persecution and torture that further adds to their mental distress.

The paper will outline the psychiatric symptomatology related to racism as well as ethical dilemmas and educational needs for the psychiatric profession.

Further the role of national psychiatric associations in combating racism and discrimination by e.g. defining best practices and revising medical training curricula will be outlined.

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### Room for hope: How to deal with growing racism and discrimination?

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Discrimination could be defined as the attitudes and behavior based on the group differences. Any group acknowledged and proclaimed as ‘the other’ by prevailing zeitgeist and dominant social powers, and further dehumanized may become the subject of discrimination. Moreover, internalized discrimination perpetuates this process. In a spectrum from dislike and micro-aggression to overt violence towards ‘the other’, it exists almost in all societies in varying degrees and forms; all forms involving some practices of exclusion and rejection. Hence, almost all the same human physical and psychosocial characteristics that constitute the bases for in-group identities and reference systems could also become the foundations of discrimination towards the humans identified as out-groups. Added to this, othering, arising from imagined and generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination. Accordingly, discrimination built on race, color, sex, gender, gender identity, nationality and ethnicity, religious beliefs, age, physical and mental disabilities, employment, caste and language have been the focus of a vast variety of anti-discriminatory and inclusive efforts. National acts and international legislative measures and conventions, political and public movements and campaigns, human rights movements, education programs, NGO activities are some examples of such anti-discriminatory and inclusive efforts. All these efforts have significant economic, political and psychosocial components.

Albeit the widespread exercise of discrimination, peoples of the world also have a long history of searching, aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation will mainly focus on the psychosocial aspects of the anti-discriminatory efforts and search a room for hope and its realistic bases for a more non-violent, egalitarian and peaceful human existence.

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