

important for people with relatively rare sexual preference such as paraphilia.

**Objectives** To (1) allow for conceptualization and improved management of zoophilic patients in clinical practice or forensic examinations, (2) analyze how zoophiles network using online discussion forums, and (3) describe main goals of digital networking.

**Methods** A qualitative observational study of user activity ( $n=958$ ) on discussion forums, combined with brief demographic survey. Data were analyzed according to principles of grounded theory. Next, surveys of own design (demographic, discreet + open ended questions) were answered by 350 participants. Presented data show aggregate conclusions from mixed methods qualitative and quantitative analysis.

**Results** Zoophiles (or, zoos) use Internet to connect with other zoophiles (26.6% to have casual sex, 17.7% for dating, and 17% to exchange pornography). Connections are easiest to be established in countryside, where zoophilia clusters. In fact, there are village communities of zoos where explicit sharing of animal sexual partner(s) (28%) and/or voyeurism (30%) serve as bonding ritual. Over 40% of zoophiles are reluctant to meet other zoos in person, since they view them as “weird”, pointing to phenomenon of internalized stigmatization due to having non-normative sexuality. Online forums are also used by zoophiles to exchange information about which districts are at risk of becoming a target of social ostracism.

**Conclusions** People with zoophilia use digital communities to network, meet for sex, find dating partners and for own safety reasons.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1691>

#### EV1362

### Motivation of sexual relationship with animal—Study of a multinational group of 345 zoophiles

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**Introduction** We explore relationship-seeking behaviour of zoophiles (zoos), using Francoeur's (1991) definition of sexual orientation (as consisting of affection orientation, sexual fantasy orientation, and erotic orientation).

**Objectives** This study intends to be the largest in recent decades' comprehensive analysis of self-identified zoophiles, living on all five continents. It describes similarities and differences between normative sexual orientations (hetero- and homo-) and zoophilic sexuality, using Francoeur's (1991) framework.

**Method** A qualitative observational study of user activity ( $n=958$ ) on discussion forums, combined with brief demographic survey. Data were analyzed according to principles of grounded theory. Next, surveys of own design (demographic, discreet + open ended questions) were received by  $n=350$  participants. Presented data show aggregate conclusions from mixed methods qualitative and quantitative analysis.

**Results** Trend analysis yielded four main discussions among zoophiles – worldview, personal space, sex life, and online space. Within worldview category, zoos overwhelmingly discuss bad press (55%), as well as social (41%) and legal (22%) ostracism. In personal space, the primary concern is coming at easy with own sexuality (>60%) and forming lasting relationship with either human, animal, or both partners simultaneously. In terms of sex life, zoos are concerned with improving sex play (>40%) and figuring out legality of sexual encounters with animals (22%). Concerning online

space, the biggest concern here is networking (40%) and meeting other zoos for dating (15%).

**Conclusions** Modern zoophiles have a wide array of personal, social, legal, and sex life challenges that can be approximated using qualitative studies.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1692>

#### EV1363

### Sexual and mental health of patients with cardiovascular disease: A review

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More than 4,000,000 people die from cardiovascular diseases in Europe every year. Even though a significant reduction in mortality of patients suffering from heart and blood vessels disorders can be observed across the continent, a number of hospitalizations in this group constantly increase. Large disparities in the assessment of population's health awareness, prevention activities and the availability of specialized treatment between different regions of Europe are still recognized with the highest incidence rates in Central Europe, Eastern Europe and the countries of the former Soviet Union. Both researchers and clinicians pay increasingly more attention to the cardiac patients' quality of life. It determines not only the daily physical, mental and social functioning, but also a general response to the further treatment conducted in outpatients clinic. Sexuality is an integral part of the human personality. Disorders appearing in the area make it difficult to fully achieve the comprehensive well-being from the individual, interpersonal and social dimension. Reduction of satisfaction and decrease in sexual activity are commonly observed in cardiac patients and frequently associated with depression and anxiety disorders. Older age, pharmacological treatment, and variety of cardiovascular risk factors (diabetes, hypertension, dyslipidemia, physical inactivity, smoking) also negatively influence sexual functioning. Thus, cardiac rehabilitation programs must be designed in a way to include recommendations regarding clinical management of sexual dysfunction, improving functional capacity, quality of life, morbidity and mortality of the patients with cardiovascular disease across Europe. Psychiatric assessment and general psychological well-being appraisal seem to be inseparable in these regards.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1693>

#### EV1364

### Evaluation of self-esteem and childhood trauma in patients with sexual disorders

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**Introduction** Sexual dysfunction (SD) is defined as the deterioration of sexual response cycles caused by anatomic, physiologic or psychological reasons.

**Objectives** We believe that SD is closely related to self-esteem and childhood trauma (CT).

**Aim** In this study, the level of self-esteem and CT in patients diagnosed with SD vs. controls are aimed to be compared. In addition, relationship between complaints of SD self-esteem and CT variable subgroups are planned to be investigated.

**Method** Twenty-four patients visited Prof. Dr. Mazhar Osman Psychiatric Hospital with matching defined criteria and 24 control counterparts statistically matching were taken sociodemographic data form, Rosenberg Self-esteem Scale (RSS) and Childhood Trauma Questionnaire (CTQ-28) was applied.

**Results** CTQ-28 averages and RSS variables which are sensitivity to criticism, depressive mood, psychosomatic symptoms, feeling threatened in interpersonal relationships, degree to participate in discussions, relationship with father were higher in patients with SD ( $P < 0.05$ ). Considering the relationship between complaints of SD and CTQ-28 subscales, physical abuse, emotional abuse, physical neglect, emotional neglect averages of patients were observed significantly different rooted by genitopelvic pain/penetration disorder and premature ejaculation and in emotional neglect by premature ejaculation and low libido combination ( $P < 0.05$ ).

**Conclusions** In literature, there are many studies that show CT leads to SD and several studies state that self-esteem is affected in patients with SD [1]. CT must be considered and determined in the goal of treatment of SD.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

#### Reference

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1694>

## e-Poster viewing: Sleep disorders and stress

### EV1365

#### Evaluation of depression and anxiety, and their relationship with insomnia, nightmare and demographic variables in medical students

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**Introduction** Researches showed comorbidity of sleep disorders and mental disorders.

**Objectives and aims** The current study aimed to evaluate depression and anxiety and their relationship with insomnia, nightmare and demographic variables in the medical students of Qazvin University of Medical Sciences in 2015.

**Method** The study population included 253 medical students with the age range of 18–35 years. Data were gathered using Beck depression inventory, Kettle anxiety, and insomnia and nightmare questionnaires and were analyzed by proper statistical methods.

**Results** Among the participants, 126 (49.6%) subjects had depression and 108 (42.5%) anxiety. The prevalence of depression and anxiety among the subjects with lower family income was significantly higher ( $\chi^2 = 6.75$ ,  $P = 0.03$  for depression and  $\chi^2 = 27.99$ ,  $P < 0.05$  for anxiety). There was a close relationship between depression with sleep-onset difficulty, difficulty in awakening and daily sleep attacks, and also between anxiety with sleep-onset difficulty and daily tiredness ( $P < 0.05$ ). In addition, there was a close relationship between depression and anxiety with nightmare; 16.2% of the subjects with depression and 26.5% of the ones with anxiety experienced nightmares.

**Conclusion** Results showed a relationship between nightmare, insomnia and level of family income with increasing depression and anxiety in the medical students; hence, due to the importance of medicine in human life, it is necessary to evaluate the mental health of medical students, identify and solve the relative problems such as anxiety, depression and related symptoms such as insomnia and nightmare in them.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1695>

### EV1366

#### Insomnia and sleep state misperception: Clinical features, diagnosis, management and implications

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**Background** Insomnia is a highly prevalent complaint, largely associated with mental disease. Clinical evidence classifies insomnia in 2 subtypes: with sleep misperception (WSM) and without sleep misperception (wSM). That presents distinctive pathophysiologic pathways and different public health implications.

**Objectives** Describe the main differences between primary insomnia WSM and wSM regarding:

- clinical features;
- diagnosis;
- management;
- implications.

**Methods** We conducted a systematic review. PubMed, Embase and PsycInfo were searched from 2000–2016. The reference lists of systematic reviews, narrative synthesis and some important articles were included. Following the inclusion criteria, we selected 25 studies from 59 articles.

**Results** The prevalence of sleep-state misperception in primary insomniacs (total sleep time  $> 6.5$  h and sleep efficiency  $> 85\%$ ) is around 26%. Insomniacs with normal sleep duration showed a profile of high depression and anxiety and low ego strength, whereas insomniacs with short sleep duration showed a profile of a medical disorder.

Cortical hyperarousal is higher in insomniacs and could be related to an alteration in sleep protection mechanisms. The sleep architecture was relatively normal for the WSM comparing with the group wSM. Risk of cardiometabolic, neurocognitive morbidity and mortality, and responses to treatment are different between these two insomnia phenotypes. Patients with short sleep duration may respond better to biological treatments, whereas insomnia with normal sleep duration may respond primarily to psychological therapies.

**Conclusions** The clinical characteristics of patients with sleep-state misperception differed from those without this condition. Available research related to these conditions is expanding rapidly, but many questions remain unanswered.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1696>