Objectives The aim of this study was to evaluate the relationship between sexual function and psychological symptoms in a group of male patients with depression and anxiety disorders.
Methods From outpatients program, we consecutively recruited a group of 46 males: 28 patients had major depression and 18 anxiety disorders. Then, we administered two self-report psychometric tools to assess male sexuality, depression and anxiety, i.e., international index of erectile function (IIEF-15), and Depression Anxiety Stress Scales (DASS-21). *t*-tests and Pearson correlations were performed.
Results We found significantly higher score in terms of desire and general sexual wellness in people with anxiety disorder compared to people with depression. However, we found more significant correlations among depressive/anxious symptomatology and sexual impairment in males with anxiety disorders compared to males with depression.
Conclusions Our results revealed that males diagnosed with depression show a decrease of sexual desire, as a vast part of literature previously affirmed. On the contrary, the relationship between psychological symptomatology and sexual dysfunction, as the reduction of erectile function, was higher in males with anxiety disorders. This difference is probably due to a major iatrogenic effect of antidepressive treatments in depressed patients, while in anxious patients could be the psychological state, per se, the main cause of sexual dysfunctions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Sexual dysfunction and mood stabilizers in bipolar disorder: A review

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Introduction Mood stabilizers can cause many side effects. Although many of these are well known, like thyroid and renal failure after taking lithium, sexual dysfunction side effects remains unclear.
Methods We made a systematic computerized literature search of clinical studies using MEDLINE, The Cochrane Library and Trip for clinical studies of sexual dysfunction published up to December 2015.
Results Only eight relevant papers were identified. All of them studied lithium sexual dysfunction in bipolar disorder patients. Valproic acid, carbamazepine and lamotrigine were not studied in patients with bipolar disorder. Nevertheless, the three were studied in epilepsy. Clinical reports usually used Arizona Sexual Experience Scale or Psychotropic Related Sexual Dysfunction Questionnaire to measure sexual dysfunction and Brief Adherence Rating Scale to measure medication adherence. They suggest lithium could decrease desire and sexual thoughts, worse arousal and cause orgasm dysfunction. In overall, those patients with sexual dysfunction had lower level of functioning and poor compliance. Taking benzodiazepines during lithium treatment may increase the risk of sexual dysfunction even more.
Conclusion There are few studies that focus on mood stabilizers sexual dysfunction. This inevitably entails a number of limitations. First, the small sample size and, in some studies, the relative short period of follow-up may underestimate the results. Besides, practical management was not treated in any study. Actually, handling this side effect have not been well established.
To conclude, this revision suggest that approximately 30% patients receiving lithium experience this side effect, and it is associated with poor medication adherence.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Sexuality of Tunisian women with polycystic ovary syndrome

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Introduction The polycystic ovary syndrome (PCOS) is a heterogeneous disease with multiple facets. In a few decades, this syndrome has gone from a purely gynaecological domain to sexology one; PCOS is thus considered a systemic disease. However, the domain of sexuality continues to be neglected. The aim of our study was: assessing women's sexuality with PCOS by comparing them to a sample correlated with the age of control subjects. We performed a cross-sectional study of case-control, conducted between October and November 2015.
Data was collected by oral questionnaire proposed to women whose anonymity was respected. To assess the sexuality we used the "female sexual function index" (FSFI) developed by Rosen et al.
Results The average BMI of the patients was $30.2 \pm 6.3\,kg/m^2$, with a range of 17.2 to $43.5\,kg/m^2$. The average frequency of sexual intercourse per week was 1.6 ± 0.5 for patients and 2.1 ± 0.9 for the controls. The scores used in this study show that 90% of sexual dysfunction exists in women with PCOS For controls, a sexual dysfunction was found in 40% of cases.
All aspects of sexuality were affected (desire, arousal, orgasm and satisfaction). The lowest scores were found in the following areas: arousal, lubrication and orgasm.
Conclusion The therapist during a consultation for a patient with PCOS should check her psychological state. Also, asking the patient about her sex life should be part of the monitoring of the disease.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Methylation of the HPA axis related genes in men with hypersexual disorder

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Introduction Hypersexual disorder (HD) defined as non-paraphilic sexual desire disorder with components of impulsivity, compulsivity and behavioral addiction, was proposed as a diagnosis in the DSM-5. Recent research shows some overlapping features between HD and substance use disorder including common neurotransmitter systems and dysregulated hypothalamic-pituitary-adrenal (HPA) axis function. We have reported that HD was significantly associated to DST non-suppression and higher plasma DST-ACTH levels indicating HPA axis dysregulation in male patients with HD.
In this cohort, comprising 54 male patients diagnosed with HD and 33 healthy male volunteers, we aimed to identify HPA-axis coupled CpG-sites, in which modifications of the epigenetic profile are associated with hypersexuality.
Methods We performed multiple linear regression models of methylation M-values to a categorical variable of hypersexuality in 87 male subjects, adjusting for depression, DST non-suppression status, CTQ total score, and plasma levels of TNF-alpha and IL-6.
Results Seventy-six individual CpG sites were tested, and four of these were nominally significant ($P < 0.05$), associated with the genes CRH, CRHR2 and NR3C1. Cg23409074–located 48 bp