Conclusions: Sexual dysfunction usually accompanies up to 50% of patients with endometriosis. This in turn affects the mental health and well-being of not only the patients, but also their sexual partners. The results of this study are consistent with the hypothesis of possible relationships between stress, anxiety, depression and neuroendocrine markers in patients with endometriosis.

Women diagnosed with the symptoms of endometriosis should also be examined for psychosocial and psychiatric disorders at the same time. In this regard, it is important not to underestimate the psychological assessment of those patients who are at risk of developing symptoms of anxiety and depression and to provide them with appropriate psychological support.

Disclosure of Interest: None Declared

EPP1074

Efficacy of Treatments for Anorgasmia in Premenopausal Women According to Evidence-Based Practice: A Systematic Review

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Introduction: This review determined the effectiveness of female anorgasmia treatments in premenopausal women using a systematic search strategy. This review considers all physiological, pharmaceutical, psychological and social treatments. Thomas and Thurston (Maturitas 2016; 87 49-60) recommend a biopsychosocial approach, where subjective distress and physical factors can coexist (Brotto *et al.* JSM 2010; 586-614). Yet, methodological issues are rife e.g., obtaining representative samples and limited assessment methods. Further, reviews are narrative with limited synthesis (Marchand SMR 2021; 9(2) 194-211). Frühauf et al. (Archives of Sexual Behavior 2013; 42(6) 915-933) completed a review, but there is no account for research published after 2007 and limited follow-up assessments.

Objectives: This is the first systematic review of premenopausal anorgasmia with assessment of bias for all treatments. This review is restricted to anorgasmia to better isolate interventions and exclude comorbid conditions.

Methods: 10 different databases were searched (2007-2021) including studies from peer-reviewed journal articles and grey literature. Results were synthesised in forest plots according to timepoints of data, alongside different treatments to determine effect size from standardised mean differences (SMD). Outcome measures included the self-reported sexual function, sexual distress and clinician observation. The SMD was used as not all scales are consistent across studies. All results given are in line with a predefined analysis plan.

Results: Of 1388 studies screened, 15 studies (2002-2020) were analysed: study designs were mixed with mostly self-report measures. Effective treatments included Tribulus terrestris (M=3.77, p<0.01), plasma injection (M=4.48, p<0.01), and CO2 laser therapy (M=4.06, p<0.05). For psychological studies, assessment of active sexual engagement described how subjects felt more aware of their

sexuality which improved outcomes. Limitations of most studies included a very high risk of bias, notably in randomisation of subjects, allocation and outcomes. All interventions had a significant effect in independent t-tests, yet synthesis of SMDs show insignificant effect, implying data is inconclusive.

Conclusions: This review aimed to systematically appraise all treatments for orgasmic satisfaction for premenopausal women. Higher levels of significance were observed for treatments across all modalities. The efficacy of natural supplements has been disputed (IsHak *et al.* JSM 2010; 7(10) 3254-3268), but this review shows promise. All psychological results provided insight into the role of the therapist-client relationship and reappraisal of traumatic sexual experience. Yet, risk of bias is likely impacted by difficulty establishing standardised scientific protocol. Considerations for future research include clear statements of randomisation and multifaceted outcome measures.

Disclosure of Interest: None Declared

Women, Gender and Mental Health 02

EPP1075

Gender Differences In The Therapeutic Evolution Of Major Depression during COVID-19 Pandemic

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Introduction: The COVID-19 pandemic has posed an enormous challenge to the mental health of the population with probable differentiated profiles for men and women, although not all studies are consistent. While women are likely to have endured greater loads of stress associated with an increased incidence of mental disorders such as depression, men have been able to abuse alcohol and other drugs more, in addition to complying with prevention recommendations to a lesser extent. As soon as the COVID pandemic began, we began a clinical trial to enhance first-line treatments with three complementary interventions with patients with Major Depression (MD), which has allowed us to analyze differences in response according to gender.

Objectives: As a secondary analysis of a clinical trial, the aim of the current study was to address the relative different efficacy between genders of three psychotherapeutic approaches in the context of MD.

Methods: This study was a secondary analysis of a pragmatic parallel randomized controlled clinical trial that was composed of three arms (Minimal Lifestyle Intervention, Mindfulness-Based Cognitive Therapy, and Lifestyle Modification Program). We recruited 94 individuals (24 men and 70 women) from the Primary Healthcare Centers of the Balearic Islands region in Spain who were currently experiencing an episode of MD. Descriptive and univariate analyses were used to examine between-group differences in

sociodemographic and clinical data between the two genders. General Linear Modelling (specifically, repeated measures ANOVA) was performed to compare the effect of gender on the evolution of depressive symptoms (measured by BDI-II).

Results: Significant between-group differences were observed for the evolution of depressive symptoms after controlling for the intervention group and age. These results suggested that being a woman was significantly related to a worse evolution of depressive symptoms. This association implies a large effect size.

Conclusions: The COVID 19 pandemic has not only been able to predispose women to Depression to a greater extent, but it is also possible that it has negatively conditioned their response to anti-depressant therapies compared to men. However, our data suggest the possibility that greater psychological support could help prevent this situation.

Disclosure of Interest: None Declared

EPP1076

Female infertility, Alexithymia and Stress

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Introduction: In this research the Paris School (I.P.S.O.), by P. Marty, is chosen as the theoretical and clinical basis of Psychosomatics. We work with the degree of mentalization (good, bad and uncertain) -obtained through Marty's Psychosomatic Classification-, as a previous diagnosis and prognosis of 120 infertile women undergoing treatment at the Assisted Reproduction Unit (ARU) at Hospital Universitario 12 de Octubre in Madrid.

Objectives: a) To analyse the statistical coincidence between female infertility, stress and alexithymia syndrome. b) To verify the differences between psychosomatic disorders and other somatoform symptoms and syndromes (conversive and hypochondriac). c) To test the following hypothesis: subjects whose degree of mentalization is deficient, present high degree of alexithymia and stress.

Methods: 120 infertile women undergoing treatment with Assisted Reproduction Techniques were examined by means of psychodiagnostic tests.

Diagnostic tools: P. Mary's Psychosomatic Classification (P.C.) (semi-structured interview), as a means of diagnosing the degree of mentalization; T.A.S. (Toronto Alexithymia Scale); Battery of stress measurement questionnaires (H.A.D., PANAS. IRE, MCMQ).

The correlation of coincidence between the results of C.P. and the different Alexithymia and Stress questionnaires with the independent variable (success or failure of pregnancy in the selected subjects) has been studied, applying Spearman's Correlation Coefficient.

Results: With respect to what was obtained in the Psychosomatic Classification:

- T.A.S. questionnaire yields a coefficient of [-0.48]. Therefore, there is a negative correlation between the degree of mentalization and the presence of alexithymia; in other words, as the degree of mentalization increases, the degree of alexithymia decreases and vice versa;

- There is positive correlation [0.39] between the results of Mentalization (Psychosomatic Classification) and the degree of stress; therefore, the existence of stress does not prevent better mentalization.

Conclusions: The present research concludes: a) that people at risk for psychosomatic disorders have high scores on "alexithymia"; b) that patients at high risk for psychosomatic disorders do not necessarily suffer from "stress" situations; c) that there are many indicators in behavior and psychological functioning that differentiate psychosomatic disorders from conversive and hypochondriac disorders - both in their etiology and their development; d) there is a statistical correlation between female infertility and alexithymia; e) there is no statistical correlation between female infertility and stress.

Disclosure of Interest: None Declared

EPP1077

Quality of Life among University Students with Premenstrual Symptoms: The Role of Emotion Regulation

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Introduction: Premenstrual dysphoric disorder (PMDD), a severe form of the premenstrual syndrome (PMS), negatively impacts women's quality of life, including physical and mental aspects. Difficulties in emotion regulation, more prevalent among women with PMDD, are also associated with poor quality of life.

Objectives: To determine whether the negative impact of premenstrual symptoms on quality of life is partially explained by emotional dysregulation.

Methods: A total of 112 women completed self-report questionnaires, including a demographic questionnaire, the Premenstrual Symptoms Screening Tool (PSST), Medical Outcomes Study Short Form-36 (SF-36), and the Difficulties in Emotion Regulation Scale (DERS). To test the mediation hypothesis, direct and indirect effects of premenstrual symptoms on quality of life were calculated.

Results: Quality of life was impaired in the PMS/PMDD group compared to controls. The PMS/PMDD group showed significantly greater emotion regulation difficulties as compared to the No/mild PMS group. Emotion regulation difficulties partially mediates the relationship between premenstrual symptoms and quality of life, for both SF-36 total score and mental subscale, but not for physical subscale.