

episode could have been accompanied by resolution of the sexual symptoms. Although ECT was successful, the mechanism of action in treating PSAS is unknown, and it is premature to suggest that it should be recommended as a first line treatment of PSAS.

Disclosure of Interest: None Declared

EPV1898

Strong Bodies, Stronger Bonds: The Intersection of Strength Training Intensity and Sexual Pleasure

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Introduction: Strength training has long been linked to several physical and mental health advantages, ranging from increased muscle strength and endurance to higher mood and self-esteem. However, the potential link between strength training intensity and sexual satisfaction is a relatively unexplored area of research. **Objectives:** This study's objective is to evaluate the potential relationship between the intensity of strength training and an individual's degree of sexual satisfaction among people who exercise at the gym in Tunisia.

Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic data and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale)

Sexual satisfaction was measured using the Sexual Satisfaction Index (SSI), validated psychometric tool developed by Leth-Nissen et al. in 2021. The sum score of the SSI can range from 0 to 36. A higher sum score indicates a higher level of sexual satisfaction.

Results: The total number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6% (n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.

Analysis of the Sexual Satisfaction Index scores revealed a mean score of 23.6 (SD = 6.2), indicating that individuals had moderate to high sexual satisfaction. A significant association was found between strength training intensity and sexual satisfaction scores ($r = 0.42$, $p < 0.01$), indicating that higher intensity exercises are associated with higher sexual satisfaction.

Conclusions: Our findings aim to shed light on the link between fitness habits and sexual well-being, emphasising the potential value of including exercise interventions in talks about sexual health and satisfaction. The findings could indicate that the benefits of strength training go beyond physical fitness, potentially contributing to improved overall well-being. More research

is needed to delve deeper into the underlying mechanisms causing this link and to investigate its broader implications for overall health and quality of life.

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EPV1899

The Impact of Metacognitive Beliefs on Sexual Functions and Satisfaction in Vaginismus

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Introduction: Vaginismus is characterized by phobic avoidance, involuntary pelvic muscle contraction, anticipation, fear, and experience of pain during vaginal penetration. In addition to anxiety and fear, vaginismus-specific cognitive and metacognitive beliefs are thought to play a role in the etiology of vaginismus. Impaired sexual functions and decreased sexual satisfaction in women with vaginismus are claimed to be associated with anxiety and depressive symptoms. However, in clinical practice, it is observed that women who do not exhibit anxiety and depressive symptoms also experience sexual dysfunction and reduced sexual satisfaction, but it is noteworthy that the causes of this deterioration have not been sufficiently investigated.

Objectives: The purpose of this study is to assess the impact of metacognitive beliefs on sexual functions and satisfaction in women with vaginismus.

Methods: A total of 64 women with vaginismus and 30 healthy controls were examined through Sociodemographic Data Form (including age, education status, duration of marriage, etc), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Arizona Sexual Experiences Scale (ASEX), Golombok-Rust Inventory of Sexual Satisfaction (GRISS), and Metacognition Questionnaire-30 (MCQ-30).

Results: The mean ASEX, GRISS, and MCQ-30 scores were significantly higher in the vaginismus group than the healthy controls. No significant difference were found between groups in terms of BDI and BAI scores. Hierarchical Regression Analysis revealed that 13% of ASEX total scores in the vaginismus group were predicted by BDI and BAI scores ($F=4.59$, $p<0.05$), and the predictability increased significantly to 32% by the addition of MCQ-30 scores to the model ($F=3.79$, $p<0.01$). However, GRISS-Total scores were not statistically significantly predicted by BDI and BAI scores ($F=1.76$, $p>0.05$), but the predictability of variance increased significantly to 26% ($F=2.87$, $p<0.05$) with the addition of MCQ-30 scores to the model. Moreover, the metacognitive dimension of uncontrollability and danger of thoughts, and cognitive self-consciousness were found to be significant factors in predicting both ASEX ($b=0.52$, $p=0.004$ and $b=-0.49$, $p=0.003$, respectively) and GRISS ($b=0.58$, $p=0.002$ and $b=-0.40$, $p=0.017$, respectively) scores in vaginismus.

Conclusions: The current findings of the study indicate that metacognitive beliefs, especially dimensions of uncontrollability and danger of thoughts and cognitive self-consciousness, predict sexual

functioning and sexual satisfaction in women with vaginismus. Understanding the metacognitive characteristics accompanying vaginismus and including metacognitive interventions in sexual therapy for both cognitive self-consciousness and negative beliefs about the uncontrollability of thoughts and danger, may result in increased treatment success, improved sexual functioning, and sexual satisfaction in women with vaginismus.

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EPV1900

Divergent Desires: Sexual Expression in ASD and ADHD Individuals

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Introduction: Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) can both impact psychosexual functioning.

ASD individuals may struggle with appropriate sexual interactions due to challenges in social communication, understanding social norms, and sensory sensitivities. Restricted and repetitive behaviors may also lead to a focus on specific sexualized behaviors.

ADHD-related symptoms may impact psychosexual functioning. Impulsivity can lead to risky sexual behavior, while inattention may increase the risk of sexual dysfunction. Additionally, prescribed ADHD medication has been found to disrupt sexual functioning.

Objectives: Our aim is to better understand the psychosexual profile of neurodivergent individuals.

Methods: A narrative review was carried out using various databases, including PubMed.

Results: Literature suggests a higher prevalence of sexual ambivalence, as well as increased homosexual, bisexual, and asexual tendencies among ASD-individuals. They may also exhibit more inappropriate sexual behavior, which can put them at risk of legal consequences.

Research suggests that ADHD-individuals may have a higher frequency of homosexual experiences and females with ADHD report greater ambivalence about their gender identity. ADHD is associated with risky sexual behaviors, but ADHD-medications may have a protective effect against early pregnancy and STIs.

Conclusions: The literature suggests that individuals with ADHD and/or ASD can lead to different psychosexual functioning compared to neurotypical peers.

Further research is needed to understand the contributing factors.

Disclosure of Interest: None Declared

EPV1901

Make sex great again! - Prevalence and Treatment Options for Postcoital Dysphoria

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Introduction: Postcoital dysphoria (PCD) refers to feelings of sadness, anxiety, or irritability following sexual intercourse, even when it is consensual and satisfying. These emotions can last from minutes to hours and affect both genders.

Historically, sex was mainly viewed as a means of reproduction, with pleasure often regarded as secondary. However, during the sexual revolution of the 1960s and 70s, perceptions shifted, recognizing sex as a source of pleasure and emotional connection. Today, despite a focus on mutual satisfaction, some individuals still experience post-sexual distress, highlighting the complexity of human sexuality. As a source of important distress, PCD calls for exploration of therapeutical agents.

Objectives: To examine the prevalence of postcoital dysphoria (PCD) and explore potential therapeutic agents.

Methods: A non-systematic literature review using the keywords “postcoital”, “dysphoria” and “tristesse” limited to articles published in English from the PubMed®/MEDLINE® database.

Results: Seven relevant studies were identified regarding postcoital dysphoria (PCD). In a study of 1,208 males, 40% reported experiencing PCT at least once, with 20% experiencing symptoms in the past month, and 3–4% regularly. PCT was linked to psychological distress, childhood sexual abuse, and sexual dysfunctions.

Among women, a UK survey of female twins found that 3.7% reported recent PCT symptoms, while 7.7% had long-term symptoms. Another study indicated that nearly 50% of female university students experienced PCT at least once, with no correlation found between PCT and relationship intimacy.

In the LGBTQIA+ population, a survey of 172 adults revealed PCD prevalence of 42% among men attracted to men and 81% among bisexual/fluid individuals. Significant correlations were observed between sex life satisfaction and PCD in this group. Regarding treatment, one single case report described a patient without psychiatric comorbidities treated successfully with escitalopram (10 mg), with symptomatic relief.

Conclusions: The reviewed studies highlight the prevalence and factors contributing to postcoital dysphoria (PCD) across diverse populations. Among men, up to 40% experience PCD at least once, with contributing psychosocial factors. In women, PCT prevalence varies, with no clear link to relationship intimacy. In the LGBTQIA+ community, PCD is notably high, affecting 42% of MSM and 81% of bisexual/fluid individuals, with sexual dissatisfaction and perceived discrimination as key correlates. Treatment options remain unexplored, with only one case report showing positive results using escitalopram. These findings suggest PCD is a complex conditions influenced by psychological, sexual, and societal factors. More research is needed to understand the underlying mechanisms and explore effective treatments, particularly for minority populations and those without psychiatric comorbidities.

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EPV1903

Mental and Sexual Health Challenges Among Sexual Minority Individuals

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