

(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

F. Thibaut

University Hospital Cochin, University Sorbonne Paris Cité, Inserm U 894, Psychiatry and addictive disorders, Paris, France

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.

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

*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

M. Kastrup (Speciallæge i psykiatri)  
Copenhagen, Denmark

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.

URL: <http://www.mariannekastrup.dk/>

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S81

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

L. Küey

Istanbul Bilgi University, Psychology Department, Istanbul, Turkey

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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