Introduction The development of treatment-resistant schizophrenia in a 16-year-old Maltese girl was analyzed in terms of its biopsychosocial model of disease.
Objectives To highlight the presentation of treatment-resistant schizophrenia.
To investigate the etiology of treatment-resistant schizophrenia.
Aims To utilize the biopsychosocial model of disease in order to investigate the aetiology of treatment-resistant schizophrenia.
To highlight the treatment modalities utilized in this case of treatment-resistant schizophrenia.
Methods Interviewing the patient.
Analyzing all investigations and documentation made during her admission in an acute psychiatric hospital.
Evaluating the response to various treatment modalities.
Carrying out literature reviews.
Results Image attached.
Conclusions Although the aetiology of treatment-resistant schizophrenia remains somewhat unclear even after many years of study, the biopsychosocial model is nevertheless useful in understanding the development of this condition. The treatment modalities to which the patient was resistant were also identified.
Figure not available.
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Sexual disorders

EV1201

A journey across perversions history – from Middle Age to DSM

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Introduction Psychiatry's viewpoint of sexual deviance has waved between the normal and the pathological. "Normal" is not determined by nature but by the values of a specific society.
Aims To review the main landmarks in paraphilias history and the importance of social and cultural dimensions to it.
Methods PubMed database was searched using the keywords perversion, sexual deviance, paraphilia, culture and society.
Results Throughout Middle Age and Renaissance any sexual act that differed from the natural/divine law was considered a vice. Unnatural vices (masturbation, sodomy, bestiality) were the most severely punished, as they could not result in conception. In 1886, Krafft-Ebing stated perversions were functional diseases of the sexual instinct caused by "hereditary taintedness" in the family pedigree and worsened by excessive masturbation. Proper perversions were sadism, masochism, antipathic sexuality (homosexuality, transvestism, transsexuality) and fetishism. Later, Havelock Ellis and Hirschfeld claimed sexual interest in the population followed a statistical norm, opposed the idea that masturbation led to diseases and demanded the decriminalization of homosexuality. Freud believed the "perverse disposition" to be universal in the childhood giving rise to healthy and pathological adult behaviors. In 1950's, Albert Kinsey surprised America when he proved many supposedly deviant sexual practices were quite common. The first *Diagnostic and Statistical Manual* (1952) was mainly psychoanalytic. Later, by 1973, homosexuality was removed from classifications. Recently, DSM-5 distinguishes between paraphilias and paraphilic disorders.
Conclusion A progress in the paraphilic instincts' acceptance has occurred. We hypothesize, in the future, paraphilias will follow homosexuality out of the diseases' classifications.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1202

Socio-demographic features of gender dysphoria in a Sardinian adult population

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Gender dysphoria (GD) is a rare entity in psychiatry; there are a lot of studies about its clinical aspects, but only few investigations considering the socio-demographic characteristics of these patients, especially concerning Italian population.
The aim of this study is to evaluate socio-demographic characteristics of GD individuals seeking assistance for gender transition and to assess possible differences between MtFs and FtMs.
A consecutive series of 25 patients (56% MtF and 44% FtM), from 17 to 49 years old (mean age: 29.6 ± 9.52), were evaluated for gender dysphoria from June 2011 to May 2015. All subjects met the criteria for gender identity disorder (GID), based on DSM-IV-TR.
The results have shown that FtMs refer for psychiatric help in younger age than MtFs (21–25 years vs. 36–50 years, $P = .038$); most of the patients are unemployed (48%; $P = .014$) and live with their parents (68%; $P = .001$), without statistically significant gender differences. Regarding sexual orientation, 84% of the sample report to feel attracted by individuals of the same-genotypic sex ($P < .001$); 81.8% of FtMs have a stable relationship instead of 21.4% of MtFs ($P = .007$). Moreover, a significant statistical difference was found between the two groups in the "real-life experience"; all FtMs live as males, while only 50% of MtFs show themselves as females in the daily life and activities ($P = .008$).
This is a preliminary study comparing the socio-demographic features of a MtF and FtM GD population in Sardinia. Although the limitation of a small sample, our results do not differ from the literature data; in particular, FtMs display significantly better global functioning and less problems in social integration.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1204

Challenges faced by gender-variant people in receiving appropriate care and ways to improve their care and lives – A UK study

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Introduction It is only in the last decade that trans people have been accorded rights and give protection in law from discrimination. A survey of 10,000 people undertaken by the Equality and Human Right Commission showed that 1% of the population was gender-variant to some extent. Gender-variant people continue to

suffer restricted opportunities, discrimination and harassment at work despite the existence of anti-discrimination and equalities legislation. It is estimated that up to 40% of people with gender dysphoria may not be receiving appropriate help.
Objective Review of UK policies, guidelines, legislation and research on challenges faced by gender-variant people and ways to improve their care and lives.
Aims To improve gender-variant people access to care and ways to fight inequalities.
Methods MEDLINE, PsycINFO databases were searched for articles published between 2005–2015 containing the keywords "gender dysphoria", "gender-variant people" and "transgender people". Relevant policies, guidelines and legislations were also reviewed.
Results Transgender people still face major health inequalities and discrimination. National statistics show that 80% have experienced harassment, 62% suffered discrimination at work or home and 54% reported being denied access to NHS care due to lack of cultural competency from staff. Guidelines, research, policies and equality legislation have begun to be implemented to protect transgender people from discrimination and accord rights.
Conclusions Many areas need attention and improvement including not only healthcare but also employment, education, housing and media perception. Promotion of equality in the general population with the aim of achieving cultural change and improvement of cultural competency of health professionals is needed.
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EV1206

Personality traits and personality disorders in gender dysphoria

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Investigations in the field of gender dysphoria (GD) have been mostly related to psychiatric comorbidity and severe psychiatric disorders, but have focused less on personality traits and personality disorders (PDs).
We aimed to assess personality and the presence of PDs in a sample of 25 persons with GD attending the Psychiatric Clinic or the Department of Endocrinology of the University of Cagliari requesting sex reassignment therapy. They were assessed through the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Structured Clinical Interview for DSM-IV Axis II (SCID-II).
The sample consisted of 14 MtF and 11 FtM, with a mean age of 29.6 ± 9.5. Overall, 39.1% of the sample met the criteria for at least one PD, more frequently cluster-B PD (21.7%). MtF met a higher number of SCID-II criteria than FtM, especially regarding histrionic personality traits ($P = 0.001$). A total of 20 persons (9 MtF and 11 FtM) completed the MMPI-2. Mean T scores did not differ from the general population, except for the Psychopathic Deviate (Pd) scale (mean $T = 66.2 \pm 11.2$). The Masculinity-Femininity (Mf) scale was slightly increased, and its score reduced after correction for perceived sex ($P = 0.037$). MtF scored significantly higher at the Family Problems (FAM) scale ($P = 0.052$) and lower at the Social Discomfort (SOD) scale ($P = 0.005$) compared to FtM.
The high prevalence of PDs confirms that this kind of assessment in GD is of great importance, as a key part of personalized treatment plan tailoring. The high scores on the Pd scale suggest misidentification with societal standards.
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EV1207

Body image and gender role perceived in gender dysphoria: Cross-sex hormone therapy effects

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The gender dysphoria (GD) refers to the distress caused by the incongruence between gender identity and biological sex. This occurs, especially in pre-treatment cross-sex hormone therapy (CHT), with a marked dissatisfaction with their body image.
The purpose of this study is to evaluate the role of perceived gender in a total of 20 subjects (9 MtFs and 11 FtMs), presented for initiation of CHT at the Psychiatric Clinic or Department of Endocrinology of University Hospital of Cagliari and deemed appropriate to take the transition path aimed at sex reassignment. On a subsample of 7 patients (2 MtFs and 5 FtMs) were then evaluated changes, in terms of improving the acceptance of body image, at 2 months after initiation of CHT, using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (focusing on MF, Gm and Gf scale), the Bem Sex Role Inventory (BSRI), and the Body Uneasiness Test (BUT). The MF scale shows a moderate elevation, which is reduced significantly as a result of correction for perceived gender rather than biological sex. MtFs get higher scores on the Gf scale and lower scores on the Gm scale than FtMs. This trend is confirmed by the average scores of BSRI: MtFs are more "feminine"; while the FtMs are less "masculine". This denotes an excessive identification by MtFs with the female gender role. Before initiating the CHT, the BUT score was indicative of clinically significant distress, which decreased during the CHT.
In conclusion, CHT reduces evidently body discomfort, due to the progressive reduction of the discrepancy between biological and desired gender.
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EV1208

Clinical characteristics of gender identity disorder

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Traditionally, gender identity disorder (GID) is associated with high level of psychiatric comorbidity, particularly psychotic and affective disorders. The aim of this study is to evaluate clinical aspect of GID in a sample of patients in charge of the Operative Unit for Diagnosis and Therapy of GID, Psychiatric Clinic and the Department of Endocrinology, University of Cagliari.
Assessment was made by SCID-I, for Axis I comorbidity, GAF, for global functioning, BUT for body discomfort (BUT-A measures different aspects of body image, BUT-B looks at worries about particular body parts).
The sample comprised 14 MtF (56%) and 11 FtM (44%), of age between 17–49 years; a diagnosed psychiatric disorder was reported in 32%: 16% mood disorders, 12% anxiety disorders, 4%