Workshop: love, sex and psychiatry: the case of gender dysphoria

W014

A Dimensional perspective on sexual orientation and gender

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Gender identity - the subjective experience of membership to a gender - is generally taken for granted by most of the persons. It is part of our general identity, and provides a sense of continuity of the self, and interrogative on this aspect of our life are barely present in our consciousness. Exceptions are represented by stages of development such as adolescence or some categories of persons who do not identify themselves into the dichotomous world of men/female. The debate on gender identity recently has broken into the consciousness for Psychopathology, rising interrogatives from different perspectives, including Medicine, Phycology, Anthropology, and Ethic.

In the present symposium we resume the historical trajectory of gender definition, emphasizing the importance of a different perspective on gender than the common definition provided by western culture. We propose a phenomenological perspective on the components of sexual identity, which includes anatomical sex, gender identity, sexual orientation, and gender role. The phenomenological approach is coherent with the dimensional view on sexual identity proposed by the DSM board, as well as by LGBT movements. This position considers Gender Dysphoria and transsexualism as a pole of gender variants continuum. Phenomenology looks at the comprehension of subjective gender heterogeneity, and the subjective world of gender dysphoric persons as the only way to take care of them; every psychological medical or surgical treatment should come as consequences. The phenomenological perspective on gender dysphoria may be useful to understand and partially explain the different subjective satisfaction to common hormonal and surgical treatment.

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

W015

Gender identity issues in children and adolescents

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Gender identity issues in children and adolescents.

Gender dysphoria (GD) refers to the significant distress due to the incongruence between assigned gender at birth and experienced gender. Over the last decade, the care for prepubescent children and adolescents with GD is rapidly changing and there is a growing number of specialized gender clinics for youth. However, the offered care between countries is very different and the best clinical practice in this population is still controversial and under debate among dedicated professionals.

The current presentation will focus on providing a clinical picture of children and adolescents referred to gender identity clinics. For prepubescent children the focus will be on the present knowledge about the psychosexual development of these children and treatment & counseling approaches are presented and discussed. With regard to the adolescents, medical treatment approaches are presented and discussed, followed by the results from the only follow-up study on medical treatment in adolescents with GD.

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

Workshop: reward circuits, anhedonia and avolition: brain imaging contribution to their understanding in schizophrenia

W016

VTA-insula connectivity and avolition in subjects with schizophrenia

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Introduction   Avolition represents an important domain of negative symptoms in schizophrenia with a strong impact on functional outcome. Primary and persistent avolition is refractory to available pharmacological and psychological treatments. A better understanding of its pathophysiological mechanisms is fundamental to promote development of new treatments. Recent models of avolition converge on dopaminergic circuits involved in motivation and its translation in goal-directed behavior. Deficits in task-related activation or connectivity within mesolimbic and mesocortical dopamine circuits were reported in schizophrenia but the relationship with avolition was not fully established.

Aims   The present study aimed to investigate resting-state functional connectivity (RS-FC) within the motivation circuits in schizophrenia patients and its relationships with primary and persistent avolition.

Methods   RS-FC, using VTA as a seed region, was investigated in 22 healthy controls (HC) and in 26 schizophrenia patients (SCZ) divided in high (HA) and low avolition (LA) subgroups. Avolition was assessed using the Schedule for the Deficit Syndrome.

Results   HA, in comparison to LA and HC, showed significantly reduced RS-FC with the right ventrolateral prefrontal cortex (R-VLPFC), right insula (R-INS) and right lateral occipital cortex (R-LOC). The RS-FC of these regions was negatively correlated to avolition.

Conclusions   Our findings demonstrate that avolition in schizophrenia is linked to dysconnection of VTA from key cortical regions involved in retrieval of outcome values of instrumental actions to motivate behavior.

Disclosure of interest   AM received honoraria or advisory board/consulting fees from the following companies: Janssen Pharmaceuticals, Otsuka, Pfizer and Pierre Fabre. SG received honoraria or advisory board/consulting fees from the following companies: Lundbeck, Janssen Pharmaceuticals, Hoffman-La Roche, Angelini-Acraf, Otsuka, Pierre Fabre and Gedeon-Richter. All other Authors declare no potential conflict of interest.