

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 waned 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.

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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.

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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