

schizophrenia or add to a better compensation. E.g. exercise may serve as a coping strategy, produces changes in brain structure and function and is already known to improve mood and cardiovascular health. First studies have shown beneficial effects of exercise in schizophrenia. These studies feature a multitude of exercise types and diagnostic tests and also lay emphasis on different research questions.

From the diverse information of the studies, heterogenic character conclusions for future therapy and research can be derived. From the point of view of sports science, feasibility and effectiveness of endurance training will be discussed on the basis of current literature and results from our own research. In a controlled trial 22 patients with schizophrenia participated in 12 weeks of endurance training using bicycle ergometers resulting, e. g., in improvements of endurance capacity and functioning. A special focus was laid on analyzing the differences between the adaptations of patients and healthy controls to test the transferability of methods and effects of endurance training. The exercise intervention was feasible and effective for both healthy controls and patients but some interesting differences could be found.

Additionally, ideas and special circumstances regarding the implementation of endurance training in clinical settings or for outpatients will be considered. From the current knowledge it can be concluded, that the implementation of endurance training in multimodal therapy strategies can be recommended to promote recovery.

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Adopting and maintaining physical activity behaviour in people with severe mental illness: The importance of autonomous motivation

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Background Physiotherapy can improve the health of people with serious mental illness (SMI) but many are inactive. Adopting theoretically-based evidence considering the motivational processes linked to the adoption and maintenance of an active lifestyle can assist physiotherapists in facilitating lifestyle changes in people with SMI.

Purpose Within the Self-Determination Theory (SDT) and the Trans-Theoretical Model (TTM) (stages of change) frameworks, we investigated differences in motives for physical activity between different diagnostic SMI groups.

Methods All participants with SMI from 15 different centers completed the Behavioral Regulation in Exercise Questionnaire 2 (BREQ-2), the International Physical Activity Questionnaire (IPAQ) and the Patient-centered Assessment and Counseling for Exercise (PACE) questionnaire.

Results Overall 294 persons with SMI (190♀) (43.6 ± 13.6 years) agreed to participate. People with affective disorders had higher levels of introjected regulations than people with schizophrenia. No significant differences were found for other motivational regulations. Moreover, no significant differences were found according to gender, setting and educational level. Multivariate analyses showed significantly higher levels of amotivation and external regulations and lower levels of identified and intrinsic regulations in the earlier stages of change. Strongest correlations with the IPAQ were found for motivational regulations towards walking.

Conclusions Our results suggest that in all people with SMI the level of identified and intrinsic motivation may play an important role in the adoption and maintenance of health promoting behaviours.

Implications The study provides a platform for future research to investigate the relationships between autonomy support, motivational regulations and physical and mental health variables within physiotherapy interventions for this population.

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Problematic sexual behaviours: Diagnostic, categorical, epidemiological, imaging, psychopathological and treatment considerations

S77

Gender-related differences in the associations between sexual impulsivity, psychiatric disorders and trauma

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Introduction Sexual impulsivity (SI) has been associated with conditions that have substantial public health costs, such as sexually transmitted infections and unintended pregnancies. However, SI has not been examined systematically with respect to its relationships to psychopathology. The literature regarding associations between SI and history of different types of trauma also scarce.

Aims We aimed to deepen the understanding of the roots of SI, both through the prism of history of trauma and through the prism of psychopathology as an explanation for SI.

Objectives We intended to investigate associations between SI and psychopathology, and between SI and personal history of trauma of different types, including gender-related differences.

Methods We performed a secondary data analysis of Wave-2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a national sample of 34,653 adults in the United States. DSM-IV based diagnoses of mood; anxiety, drug and personality disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule DSM-IV Version.

Results For both women and men, SI was positively associated with most Axis-I and Axis-II psychiatric disorders. Significant gender-related differences (GRD) were observed. Among women as compared to men, SI was more strongly associated with social phobia, alcohol abuse/dependence and most personality disorders. As for trauma, SI was positively associated with any trauma for both women and men. Among women as compared to men, SI was more strongly associated with sexual assault and kidnapping.

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Classification and clinical issues relating to hypersexuality

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Multiple terms have been used to describe excessive and interfering patterns of non-paraphilic sexual behaviors including sex addiction, compulsive sexual behavior (CSB) and hypersexual disorder