

## EPV1035

### Sexual dysfunction induced by psychotropic drugs: a narrative review.

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**Introduction:** One fairly common side effect of psychopharmaceuticals is sexual dysfunction. They can influence various aspects of sexual function, including lubrication, desire, ejaculation, and orgasmic intensity... This may worsen mental health conditions and make it challenging for patients to adhere to the Treatment. We'll examine how these drugs affect the area of sexual activity.

**Objectives:** To emphasise how different antipsychotics and antidepressants may affect sexual function.

**Methods:** We conducted a narrative review about the available literature on the subject. Articles were selected based on their clinical relevance.

**Results:** All SSRI antidepressants carry a considerable risk of sexual dysfunction. According to some research, escitalopram and paroxetine may pose the greatest risk among this group. Similar risks of sexual issues exist with SNRIs. Bupropion, on the other hand, has a lot of evidence demonstrating low or no risk. Agomelatine, mirtazapine, and moclobemide also have a minor impact on sexual performance.

Hyperprolactinemia has been specifically linked to sexual impairment in antipsychotic medication, hence antipsychotics that cause hyperprolactinemia such as haloperidol, risperidone, paliperidone, and amisulpride are more likely to induce sexual disturbances. Aripiprazole, quetiapine, and ziprasidone have been demonstrated to be less or not connected to sexual dysfunction.

**Conclusions:** Although sexual dysfunction is not an unusual side effect of psychiatric medications, it is frequently underdiagnosed. Sexuality needs to be explored by therapists because it may affect patient's treatment compliance and well-being. It's critical to understand how each psychotropic drugs can impair sexual function in order to select the best option based on the individual traits of each person.

**Disclosure of Interest:** None Declared

## EPV1036

### Antipsychotic-induced priapism: case report and review of the literature.

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**Introduction:** Priapism is a painful and prolonged penile erection in the absence of sexual stimulation. It is a urology emergency that, if not treated, may cause erectile dysfunction. Pharmacologically induced priapism is the most common form of priapism and almost half of all cases are caused by antipsychotic (AP) drugs. Considering

priapism is a rare but important side effect, it is of major importance that psychiatrists be aware of it. Thus, we herein report the case of a 46-year-old man that developed priapism upon receiving intramuscular APs in a psychiatric emergency setting.

**Objectives:** To alert for the importance of priapism as a potential side effect of AP drugs and to understand the physiological mechanisms involved in antipsychotic-induced priapism.

**Methods:** A non-systematic review of the literature was carried out on PubMed. We looked for reviews and case reports published in the last 10 years containing the terms "priapism", "antipsychotics" and "psychopharmacology priapism". We also present a clinical case of antipsychotics-induced priapism.

**Results:** We report the case of a 46-year-old man that was brought to the Psychiatric ER by police authorities due to disruptive and aggressive behaviour, a sense of increased energy and power and delusional speech of grandiose and persecutory content. No clinical records of psychosis or bipolar disorder were known, and the patient had never been medicated with AP drugs. The patient was involuntarily admitted to the psychiatric ward for treatment. Due to the aggravation of his aggressive behaviour, with potential danger for himself, other patients and the nursing staff, he was medicated with 5 mg of haloperidol and 25 mg of chlorpromazine. About an hour later the patient developed a painful erection that lasted at least for 4 hours. He was promptly sent to the Urology ER where an intracavernosal aspiration followed by injection of phenylephrine was needed to reverse priapism. APs are the most common cause of drug-induced priapism. Even though typical APs were pointed as more prone to cause this side effect, it is now known that atypical APs, including third-generation ones such as aripiprazole, may also cause priapism. It is thought that the  $\alpha_1$ -adren-ergic antagonist action of most APs inhibits the contraction of smooth muscle in the *corpus cavernosum* of the penis, impeding venous outflow and thus causing ischemic priapism. To reduce the risk, the dosage of the AP may be reduced or changed to an AP with lower affinity for  $\alpha_1$ -adrenergic receptors.

**Conclusions:** Priapism is a rare but important side effect of APs. Being aware of it and of its physiological mechanism is of major importance when treating patients with APs.

**Disclosure of Interest:** None Declared

## EPV1037

### LONGTERM OFF-LABEL USE OF SSRI IN TREATMENT OF EARLY EJACULATION: TWO CASES REPORT

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**Introduction:** Early ejaculation is besides erectile dysfunction the most common sexual dysfunction among males. It can create suffering and influence relationships. Selective serotonin reuptake inhibitors has known side effect and sometimes are used as treatment for early ejaculation.