

## EPP1279

**Effect of childhood trauma on patients with schizophrenia**

R. Ouali\*, R. Sellami, N. Cheffi, S. Elleuch, F. Cherif, R. Masmoudi and J. Masmoudi

Psychiatrie "a" Department, Hedi Chaker Hospital University -Sfax - Tunisia, sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1462

**Introduction:** Recent research shows that exposure to trauma, such as child abuse, may result in a heightened risk of developing schizophrenia and worsening of positive symptoms in schizophrenic patient.

**Objectives:** The objective of this study was to examine the relation between childhood abuse and psychotic symptoms in patients with schizophrenia.

**Methods:** Participants were outpatients of Hedi chaker University Hospital Center in sfax, Tunisia, recruited between January and July of 2019, diagnosed with schizophrenia or schizoaffective disorder. The Childhood Trauma Questionnaire (CTQ-SF), the Positive and Negative Syndrome Scale (PANSS) were administered in this study to evaluate respectively childhood trauma and psychotic symptoms

**Results:** 44 patients were included in this study with an average age  $39,81 \pm 9,7$ . The rate of emotional abuse was 15.9%, physical abuse 31.8%, sexual abuse 15.8%, emotional neglect 6.8% and physical neglect 18.2%. PANS positive score ( $r=0,59$  ;  $p < 10^{-3}$  ), PANS negative score ( $r=0,55$  ;  $p < 10^{-3}$  ) and PANS psychopathology score ( $r = 0,45$ ,  $p < 0,002$ ) were higher in patients who had a history of childhood trauma in comparison with those who did not report experiencing this.

**Conclusions:** This study confirms that a history of Childhood trauma may have a serious impact in patients with schizophrenia.

**Keywords:** childhood; trauma; schizophrénia

## EPP1276

**Salience of self-identification of transsexual people in different stages of medical transition**

S. Kumchenko<sup>1\*</sup>, A. Tkhostov<sup>1</sup> and E. Rasskazova<sup>2</sup>

<sup>1</sup>Faculty Of Psychology, Lomonosov MSU, Moscow, Russian Federation and <sup>2</sup>Clinical Psychology, Moscow State University, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1463

**Introduction:** Transsexuals are considered to be stable in their identity (White Hughto et al., 2016). Meanwhile, the stages of medical transition affect the mental state of transsexuals differently.

**Objectives:** The aim was to reveal relationships between salience of self-identification in transsexual people being on different stages of medical transition.

**Methods:** 151 transsexual people: 55 pre-operated Female-to-Male (FtM I), 25 FtM on a hormonal therapy (FtM II), 25 FtM after some surgical operations (FtM III); 12 pre-operated Male-to-Female-Transsexual (MtF I), 16 MtF on a hormonal therapy (MtF II), 18 MtF after some surgical operations (MtF III). The participants filled the modified Kuhn's test "Who am I?" (Tkhostov et al.,

2014). The modification includes a Likert scale for evaluating one's self-identifications in terms of salience: "How often do You think or remember this answer?" (Stryker, 2007).

**Results:** There were differences between identity salience and stages of medical transition ( $F = 7,177$ ;  $P < 0,001$ ;  $\eta^2 = 0,108$ ). Transsexuals before medical transition demonstrated higher levels of identity salience (average score is 7,62 in FtM I and 7,75 in MtF I). Transsexuals on a hormonal therapy demonstrated sharply decreased level of identity salience (6,97 in FtM II and 6,19 in MtF II). Transsexuals after surgical operations reported increased level of salience (7,81 in FtM III and 7,23 in MtF III). There were no statistically significant differences between the groups by gender assigned at birth.

**Conclusions:** Data suggest that medical transition could change the salience of self-identification. Hormone therapy is associated with a sharp revision of the salience of self-identifications for transsexuals.

**Keywords:** self-identification; transsexuals; Transgender; medical transition

## EPP1277

**Persistent genital arousal disorder and venlafaxine: A case report**

M. Marguilho\*, M. Gonçalves, I. Pereira, G. Marinho and A. Nobre  
Clínica 5, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1464

**Introduction:** In this presentation we describe the case of a woman referred to the Sexology Department after having developed symptoms of Persistent Genital Arousal (PGAD) for the last 5 years, during treatment for Depression with Venlafaxine. PGAD is a clinical entity first described in 2001 by Leiblum and Nathan. Despite having received more attention in the last few years, its etiology remains unclear, with numerous causal factors of different natures being suggested.

**Objectives:** We aim to describe this clinical case of PGAD and to discuss the possible etiological factors involved as well as to make a brief revision of the literature on this topic.

**Methods:** We conducted a detailed interview, focused on the nature of the complaints, psychological history, medications, diet and neurologic disorders and performed a thorough clinical examination. We also searched for relevant articles in medical databases such as PubMed and Google Scholar.

**Results:** A 52 year-old woman previously treated for Depression with Venlafaxine complains of involuntary sensations of genital arousal, with perceived vasocongestion, tingling and pulsatility during her journey to work in public transportations. The symptoms subsided only after getting home 8-10 hours later and reaching orgasm by masturbating. She stopped Venlafaxine in 2015, but these symptoms persisted. Some authors suggest a link between SSRIs/SNRIs and PGAD.

**Conclusions:** PGAD is a relatively recent addition to our diagnostic catalog with increasingly more cases being reported in the last few years. It is likely that the condition, however, has no discrete etiology and that a customized approach will be necessary to successfully treat most patients.

**Keywords:** persistent; venlafaxine; genital; sexual