[1]University of Florence, Department of Experimental, Cl, Italy; [2]University of Florence, Italy

Objective: Eating disorders patients often report severe sexual dysfunctions. However, only few studies have provided longitudinal information on sexual functioning in patients with eating disorders. The aim of the present study was to evaluate the role of sexual functioning in predicting the outcome of eating disorders patients.

Methods: A total of 32 patients with Anorexia Nervosa (AN) and 24 with Bulimia Nervosa (BN) were assessed at baseline, at one year follow-up after a standard individual cognitive behavioral therapy (CBT), and one year after this first follow up. Subjects were studied by means of a clinical interview and several self-reported questionnaires, including the Female Sexual Function Index (FSFI), the Eating Disorder Examination Questionnaire (EDE-Q), the Beck Depression Inventory (BDI), Spielberg's State–Trait Anxiety Inventory (STAI), Symptom Checklist-90 (SCL-90).

Results: After treatment, both patients with AN and BN showed a significant improvement in the FSFI total score and all FSFI subscales (all $p < 0.01$), without significant differences between groups. For both AN and BN groups, patients who met recovery at first follow up had higher FSFI total scores ($p = 0.001$ and $p = 0.031$ respectively). In AN group patients reporting higher FSFI total score and regular menses at first follow up were more likely to show recovery at the second follow up.

Conclusion: Even though amenorrhea was removed from the last version of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) and sexuality is not mentioned in the diagnostic criteria, they both appeared to be relevant moderators of long term outcome of AN and to a certain extent in BN.

Policy of full disclosure: None.

PS-02-004

SEXUALITY CHANGES IN ADULT MALES WITH SEVERE TRAUMATIC BRAIN INJURY

Contrada, M.[1]; Bivona, U.[1]; Antonucci, G.[2]; Rizza, F.[3]; Leoni, F.[3]; Zasler, N.D.[4]; Formisano, R.[3]

[1]IRCCS Fondazione Santa Lucia, Post-Coma Unit, Rome, Italy; [2]SapienzaUniversità, Rome, Italy; [3]IRCCS Fondazione Santa Lucia, Rome, Italy; [4]Concussion Care Centre of Virg, Virginia, USA

Objective: Sexual dysfunction is common and often challenging consequence of a severe traumatic brain injury (TBI). The aim of this study was to investigate sexual functioning in a selected sample of males after severe TBI who were deemed by testing to be self-aware with a matched control group of males. We examined a number of sociodemographic, clinical, emotional/behavioral and sexual function variables.

Methods: Twenty survivors consecutively admitted to Santa Lucia Foundation in Rome and 20 age-sex matched healthy controls (HCs) were enrolled. The Sexuality Evaluation Schedule Assessment Monitoring (SESAMO) was administered to assess Sexuality in all participants. The NPI, HAM-D and STAI (X1 and X2 forms) were used to assess emotional/behavioural status of all survivors.

Results: Compared to HCs, sexual functioning was found to be adversely affected in our male sample group in terms of reduced desire ($p < 0.001$) and lower frequency of sexual intercourses ($p < 0.05$). Moreover, a wide range of factors were found to be associated with sexual dysfunction in survivors including organic, psychological, toxic (such as medications) ($p < 0.001$). Over time, we found that patient feelings toward their partner and the level of agreement in couple decision worsened from the patients' perspective ($p < 0.05$). Survivor perceived disagreement with their partners in decision making correlated positively with depression ($p < 0.05$). Finally, a low frequency of sexual intercourse correlated positively with worse survivor evaluation of their partner's involvement ($p < 0.05$) suggesting that what survivors perceive/infer in their partners regarding themselves might create a nocebo effect, reducing frequency of intercourse.

Conclusion: The present study confirmed that in a homogeneous sample of male survivors of severe TBI sexual dysfunctions are a frequent comorbidity. Our results, despite the small sample size are significant given the matched male control group, suggesting the usefulness to address sexuality during rehabilitation.

Policy of full disclosure: None.

PS-02-005

CROSS-SEX HORMONE TREATMENT AND PSYCHOBIOLOGICAL CHANGES IN TRANSSEXUAL PERSONS: 2-YEARS FOLLOW-UP DATA

Fisher, A.D.[1]; Castellini, G.[1]; Fanni, E.[1]; Casale, H.[1]; Amato, A.L.[1]; Maseroli, E.[1]; Boddi, V.[1]; Meriggiola, C.[2]; Mosconi, M.[3]; Ricca, V.[4]; Maggi, M.[1]

[1]Sexual Medicine and Andrology, Florence, Italy; [2]Intedept Center of Health Repr, Bologna, Italy; [3]Gender Identity Development Service, Roma, Italy; [4]Psychiatric Uniti, Florence, Italy

Objective: To date,no study investigating the effects of cross-hormonal treatment (CHT) alone- w/o the use of genital reassignment surgery (GRS) – on Gender Dysphoria (GD) is available. The aims of the present study were to assess whether CHT length is able to affect psychobiological wellbeing.

Methods: A consecutive series of 319 GD (125 transmen and 194 transwomen) w/o GRS was considered for the cross-sectional analysis. In addition, 26 GDs were studied in a 2-yrs follow-up (3, 6, 12 and 12 months).Subjects were asked to complete Body Uneasiness Test (BUT), Gender Identity/ Gender Dysphoria Questionnaire (GIDYQ-AA) and Symptoms Checklist (SCL-90R) to assess respectively levels of body uneasiness, GD and psychopathology.In addition, a physical examination was performed. In particular, Ferriman-Gallwey score (FG) and Tanner stage to assess respectively hair distribution and breast development.

Results: When cross-sectional sample was considered, days of CHT (dCHT) were negatively associated with GD levels ($p < 0.005$) and with BUT score ($p < 0.001$). In addition, dCHT were positively associated with FG score and clitoris length in