Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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the personal protective equipment could possibly have the added benefit of preventing sexual dysfunctions.

Conflicts of Interest: None of the Authors report any competing interests for the present study.

I-09
#255
A NEW PART OF LIFE COVID: FEMALE SEXUAL DYSFUNCTION

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Objectives: The purpose of this review study for of the summarizes the effect of COVID-19 on sexual dysfunction in women.

Methods: The articles used for this review were collected based on research results from relevant articles from NCBI, Google Scholar, Web of Science, Scopus. The search terms used; covid, pandemic, sex, sexuality, female sexual dysfunction. The results were reviewed for the purposes of the present study.

Results: Social isolation may have significantly contributed to higher rates of sexual dysfunction. Depression, anxiety, and stress are well-established risk factors for sexual dysfunction, and it follows that rates of sexual dysfunction may be increasing given a more distressed. Culture is effective on sexual activity during the pandemic; studies show that Turkey and Italy have demonstrated an increase in FSD and decrease in the frequency of intercourse with the onset of the pandemic, however, India, Nepal showed no effect from pandemics to sexuality.

Conclusions: COVID-19 has had a significant impact on the quality of life and sex life of the population. The development of risk for female sexual dysfunction was associated with higher pandemic anxiety and depression.

Conflicts of Interest: There are no conflicts of interest.

I-10
#269
NEW TREATMENT POSSIBILITIES FOR POSTCOVID HYPOGONADISM AND ERECTILE DYSFUNCTION.

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Objectives: COVID-19 affects ACE receptors in testis, that decrease male sexual function. Recently, we have seen an increasing number of patients with erectile dysfunction (ED) appearing 3-6 months after COVID-19. The aim of our study was to determine effectiveness of hormone therapy, autologous stem cells (ASC) and Plasma rich Platelets (PRP) - therapy in patients with hypogonadism and ED.

Methods: 123 patients with ED, which appeared 3-6 months after COVID-19. Patients were divided into 2 groups: 1st- 68 patients with primary hypogonadism (Tm = 7.43 + 2.1 below 12 nmol / l), and 2nd - 55 patients with secondary hypogonadism (Tm = 14.1 + 1.8 nmol / l).

Results: In the first group, patients were prescribed stimulating hormone phytotherapy for 2 months and PRP therapy. 23 patients - group 2a responded to therapy with the disappearance of symptoms of hypogonadism and improvement of ED. 32 patients - group 2b - did not have significant improvements, so they received 2 courses of 5 intravenous injections of 5 million autologous stem cells (50 millions in total). 22 patients improved erectile function to normal values (IIEF -5 increased to 19.4 ± 2.2).

Conclusions: 1. A significant proportion of men with post covid hypogonadism and ED are men with normal levels of T, but reduced sensitivity of tissue receptors to T which are blocked with Interleukins (secondary hypogonadism).

2. In the treatment of secondary postcovid hypogonadism, intracavernous PRP therapy and intravenous autologous stem cell therapy have a significant clinical effect and can be considered as promising treatments for this pathology.

Conflicts of Interest: All authors declare absence of any conflicts of interests.

I-11
#288
LOW TESTOSTERONE LEVELS PREDICT CLINICAL ADVERSE OUTCOMES IN SARS-COV-2 PNEUMONIA PATIENTS

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Prp penile injection During treatment we performed 8-10 PRP injections once in 10 days for stimulation sensitivity of Testosterone receptors and neovascularisation cavernosal tissue.
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Objectives: The pandemic of new severe acute respiratory syndrome (SARS) due to coronavirus (CoV) 2 (SARS-CoV-2) has stressed the importance of effective diagnostic and prognostic biomarkers of clinical worsening and mortality. Epidemiological data showing a differential impact of SARS-CoV-2 infection on women and men have suggested a potential role for testosterone (T) in determining gender disparity in the SARS-CoV-2 clinical outcomes. To estimate the association between T level and SARS-CoV-2 clinical outcomes (defined as conditions requiring transfer to higher or lower intensity of care or death) in a cohort of patients admitted in the respiratory intensive care unit (RICU).

Methods: A consecutive series of 31 male patients affected by SARS-CoV-2 pneumonia and recovered in the respiratory intensive care unit (RICU) of the “Carlo Poma” Hospital in Mantua were analyzed. Several biochemical risk factors (ie, blood count and leukocyte formula, C-reactive protein (CRP), procalcitonin (PCT), lactate dehydrogenase (LDH), ferritin, D-dimer, fibrinogen, interleukin 6 (IL-6)) as well as total testosterone (TT), calculated free T (cFT), sex hormone-binding globulin (SHBG), and luteinizing hormone (LH) were determined.

Results: Lower TT and cFT were found in the transferred to ICU/deceased in RICU group vs groups of patients transferred to IM or maintained in the RICU in stable condition. Both TT and cFT showed a negative significant correlation with biochemical risk factors (ie, the neutrophil count, LDH, and PCT) but a positive association with the lymphocyte count. Likewise, TT was also negatively associated with CRP and ferritin levels. A steep increase in both ICU transfer and mortality risk was observed in men with TT < 5 nmol/L or cFT < 100 pmol/L.

Conclusions: Our study demonstrates for the first time that lower baseline levels of TT and cFT levels predict poor prognosis and mortality in SARS-CoV-2-infected men admitted to RICU.

Conflicts of Interest: none

PATIENT EXPERIENCES OF ONLINE PSYCHOSEXUAL THERAPY SERVICE DURING COVID IN AN NHS HEALTH PSYCHOLOGY SERVICE

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Objectives: The psychosexual therapy service within a Health Psychology service in Derbyshire, NHS, was established in May, 2020 and due to Covid-19 the service offering was virtual and patients attending the service were offered online psychosexual therapy. A service evaluation was carried out to explore and understand patients experiences of online psychosexual therapy and resources, in addition to further inform service development of online therapeutic work beyond Covid.

Methods: Data was collected between December 2020 – March 2021. Qualitative data collection via phone calls using a semi-structured interview schedule were completed by a Volunteer Assistant Psychologist and a Clinical Psychologist. Data was analysed using Thematic Analysis as outlined by Braun and Clarke (2013).7 participants who had recently been discharged from the NHS Psychosexual Service for a range of psychosexual presentations.

Results: There were mixed results on the experience of online therapy, some finding it more accessible and some struggling to open up without face to face contact. An overall positive experience of the relationship with the therapist was experienced, with many reporting the help has taught them how to continue working on their issues outside of therapy. Feedback highlighted individual differences in resource preference. The gap between sessions appeared to suit most patients and facilitated home practice.

Conclusions: Four action points were generated in response to the findings. (1) An enquiry is needed into the functioning of online therapy technology. (2) Online therapy could be made an option for individuals even after the restoration of face-to-face therapy (3) Maintain and improve the inclusivity of the service. (4) Resources focusing on active participation and normalising could be continued to be offered. The report shows promising results of online PST to be successful in alleviating patient’s distress around psychosexual issues. Further research into online psychosexual therapy would be beneficial to further inform clinical outcomes and practice.

Conflicts of Interest: No