

Objectives:

- To explore potential neurobiological underpinnings linking sleep disturbances to psychosis onset.
- To advocate for the importance of early identification and intervention for sleep disturbances in the broader context of preventing or managing psychotic disorders.

Methods: We present a case describing a young patient's first episode of psychosis, which was masked by an initial presentation of insomnia. Additionally, we conducted a review of the relationship between sleep disturbances and psychosis, with a comprehensive literature search from Pubmed, Scopus and psychINFO.

Results: A 20-year-old African-American male with a history of poor sleep was initially diagnosed with Major Depressive Disorder. He was treated with Bupropion, Quetiapine, and Trazodone. However, he later presented with worsening depression, odd behavior, and signs of disorganization, suggestive of a psychotic episode. After switching his medication to Risperidone 4mg twice daily, the patient's sleep and other symptoms markedly improved. Through our literature review, we identified that sleep disturbances, especially insomnia, can be a risk factor for developing psychosis. While a cross-sectional study recorded one-fourth of their study population experiencing First Episode Psychosis (FEP) with clinical insomnia, another study reported close to 80% of their study sample with early psychosis suffering from a minimum of one sleep disorder; insomnia and nightmare disorder being the most frequent. A large sample longitudinal analysis lasting one year also observed patients with sleep disorders to be twice at risk of onset and persistence of psychotic episodes. A growing body of evidence also suggests that structural brain abnormalities and neural development alterations in the early stages of psychosis may lead to sleep disturbances and subsequent psychotic symptoms. Findings suggest that thalamic dysfunction may in particular contribute to sleep spindle deficits and altered EEG microstate dynamics. These deficits are unrelated to antipsychotic medication exposure, and are also not observed in patients with other psychiatric illnesses.

Conclusions: While the correlation between sleep disorders and psychosis has been well-established for decades, very limited literature is available on the role of sleep in FEP. Recognizing and treating sleep disturbances is pivotal in managing psychiatric disorders, including psychosis. Thus, a comprehensive evaluation of sleep issues in patients presenting with psychiatric symptoms is imperative for accurate diagnosis and management.

Disclosure of Interest: None Declared

EPV1020

Exploring the Interplay Between Psychosis and Sleep Disruption: Insights into Course, Insomnia, Nightmares, and Treatment

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Introduction: Psychosis and sleep disruption are complex phenomena that often intertwine, influencing each other in intricate ways. This abstract delves into the dynamic relationship between psychosis and sleep disturbances, shedding light on their course, the prevalence of insomnia, the role of nightmares and dreams, and the impact of psychotic symptoms on sleep patterns. Additionally, it discusses the treatment approaches for individuals with psychosis and sleep disturbances, as well as the consequences of these interventions on both conditions.

Objectives: To investigate the longitudinal course of psychosis and sleep disruption, exploring their temporal connections; to assess the prevalence and characteristics of insomnia among individuals experiencing psychosis; to examine the relationship between nightmares, dreams, and psychotic experiences; to analyze the impact of psychotic symptoms on the pattern and architecture of sleep; to review current treatment modalities for individuals with co-occurring psychosis and sleep disturbances and their effects on both conditions.

Methods: Systematic review

Results: Preliminary findings indicate a bidirectional relationship between psychosis and sleep disruption, with each exacerbating the other over time. Insomnia is prevalent among individuals with psychosis, contributing to the severity of psychotic symptoms. Nightmares and disturbing dreams are common experiences, often mirroring the content of psychotic hallucinations and delusions. Psychotic symptoms disrupt sleep patterns, leading to decreased sleep efficiency and altered sleep architecture. Various treatment approaches show promise in addressing both psychosis and sleep disturbances, but further research is needed to determine their long-term effects.

Conclusions: The intricate interplay between psychosis and sleep disruption, emphasizing the need for a holistic approach to assessment and intervention. Understanding the course of these conditions, the high prevalence of insomnia, and the role of nightmares and dreams in the psychotic experience is crucial for developing targeted interventions. Additionally, recognizing the impact of psychotic symptoms on sleep patterns is vital for improving overall well-being. Effective treatment strategies that address both psychosis and sleep disturbances offer hope for enhanced outcomes, but ongoing research is essential to fully elucidate their potential benefits and long-term consequences.

Disclosure of Interest: None Declared

EPV1021

The Nexus of Sleep Disorders and Violence in Patients with Schizophrenia: What do the Data Say?

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Introduction: One of the common symptoms of schizophrenia is sleep disturbances, which can have a significant impact on the quality of life of patients. Several studies suggest the existence of a complex link between sleep disorders and aggressive behavior in patients with schizophrenia.

Objectives: to determine the impact of sleep disorders on aggressive behavior in patients with schizophrenia.

Methods: We conducted a cross-sectional, descriptive, and analytical study that took place over a period of one month (from 1st to 31st March 2023) with patients consulting the post-cure of Psychiatry Service D at Razi Hospital, Tunisia. We included patients diagnosed with schizophrenia according to DSM5, and stabilized on a psychiatric plan. We used the Pittsburgh Sleep Quality Index (PSQI) to assess sleep quality over a period of one month. The Buss & Perry Aggression Questionnaire (QABP) was used to measure aspects of aggression. We used the Adult Social Relationships Scales (ASRS), part of the National Institute of Health (NIH) toolkit, assessing six domains of social relationships: perceived rejection, perceived hostility, loneliness, friendship, instrumental support and emotional support.

Results: We collected data from 40 male patients with a mean age of 42.5 ± 14.02 . The mean global PSQI score was 9.23 ± 4.58 .

Ten patients were on typical antipsychotics, 25 patients were on atypical antipsychotics, and the remaining five patients were on a combination therapy (both atypical and typical antipsychotics). Regarding the use of benzodiazepines, 34 patients were taking lorazepam at a dose of 2.5 to 5 mg per day. The mean QABP global score was 45 ± 12.3 out of 72.

For the subjective evaluation, all patients self-reported feeling "irritable," "dysphoric," "unable to communicate with others," and "wanting to break objects" when they experienced insomnia. We found a statistically significant association between QABP and daytime dysfunction ($p=0.003$).

The overall PSQI score was higher, and statistically significantly associated, in patients who reported low emotional support ($p=0.018$) and perceived social rejection ($p=0.04$).

Conclusions: An integrated approach that includes the evaluation of sleep disorders, as well as the prevention and management of violence, can play a key role in the overall improvement of the mental health of patients with schizophrenia.

Disclosure of Interest: None Declared

EPV1022

The impact of sleep deprivation on symptoms of anxiety, depression, stress and on the quality of life in medical staff

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Introduction: Sleep deprivation is studied in medical staff, as it is a target group more exposed to chronic lack of sleep compared to the normal population. Chronic sleep deprivation has an important impact in the lifestyle of health workers and in their productivity.

Objectives: The study aims to examine the impact of sleep deprivation on medical staff, who work night-shifts and / or 24 hours on the symptoms of anxiety, depression, stress and quality of life.

Methods: This is a quantitative, cross-sectional study. The research instruments used are two: the DASS-42 questionnaire for measuring the level of symptoms of anxiety, depression, stress and the quality of life questionnaire (WHOQOL-Bref), which was validated before the study. In the study sample participated $N = 199$ medical staff (primary doctor, resident, nurse) from several specialties. Inclusive criteria are: medical staff, who work night-shifts and / or 24 hours; age 23 - 67 years; have not been previously diagnosed with anxiety disorder and episodes of depressive disorder.

Results: Referring to the DASS-42 scoring, the symptoms of depression in the medical staff are: normal 64.8%, mild 8.5%, moderate 21.1%, severe 4.5% and extremely severe 1%. Referring to the points collected from the DASS-42 questions on the symptoms of anxiety in medical staff, it results: normal 53.3%, mild 8%, moderate 17.1%, severe 14.1% and extremely severe 7.5%. Based on the points collected from the DASS-42 questions on stress symptoms in medical staff, it results: normal 54.3%, mild 18.6%, moderate 17.1%, severe 9% and extremely severe 1%. Also, the lower the level of stress, anxiety and depression the higher the quality of life. ($p.01$, $p.05$). Total WHO- Quality of life ($F = 3.447$, $p \leq .05$) and physical health ($F = 6.482$, $p \leq .05$) show significant differences between the educational level, where it is higher among medical staff with postgraduate education.

Conclusions: Working night-shifts and/or 24 hours affects the mild and moderate onset of symptoms of anxiety, depression and stress. The level of stress symptoms is perceived higher in females. The overall quality of life is perceived as average according to the Likert scale. Sleep deprivation affects free time. Medical staff have a restricted free time. The level of anxiety, depression and has a direct impact in the quality of life. The overall quality of life and physical health are rated higher in medical staff with postgraduate education.

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EPV1023

A systematic review of effectiveness and safety of some herbal compounds as treatment for primary insomnia

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Introduction: Sleep related disorders affect around 30% of people all over the world, and evidence shows that 10% require therapeutic intervention. Insomnia represents the most common disturbance of sleep, defined as the experience of poor sleep for at least 1 month. Most of primary insomnia can be prevented by a proper lifestyle and sleep hygiene rules. Regardless, hypnotic drugs and widely prescribed, and most times, long-term used, which is not recommended because of its negative side effects.

Objectives: Review the scientific evidence about effectiveness of plant extracts for insomnia, natural products with practically no side-effects, and thus be possible to reduce or even avoid the use of hypnotic drugs.

Methods: The Medline database through the Pubmed search engine was used with the following keywords: "insomnia" and "herbal compounds".