

**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.