

**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  $42.5 \pm 14.02$ . The mean global PSQI score was  $9.23 \pm 4.58$ .

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  $45 \pm 12.3$  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.

**Disclosure of Interest:** None Declared

## 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".