

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".

Results: Valerian activity on sleep disturbances has been attributed to the presence of isovaleric acids and valepotriates with reported calming action and GABA reuptake inhibition with sedative effects. Considering the data presented in the literature, despite controversial and conflicting, several studies showed that valerian (160-600mg/day) improved sleep quality and reduced sleep latency and duration; also valerian seems more effective for chronic insomnia than acute episodes.

Hop has different properties: calming, sleep inducing, gastric secretion stimulating and spasmolytic.

Increasing GABAergic activity seems to be the main mechanism of action, thus inhibiting the central nervous system and also has demonstrated binding affinities to some of the melatonin and serotonin receptor. It's sedative characteristics have been confirmed in a clinical trial in association with valerian, where sleep latency and quality were improved. However, monotherapy studies showed no relevant effectiveness in sleep.

Kava Kava plant showed promising results, in rats and humans, with decrease sleep latency, better sleep quality and recuperation after sleep. However, raised concern about its potential of hepatotoxicity.

There is also promising evidence of the lavender efficacy for sleep disorders in a wide variety of populations and diseases, it was actually mentioned to be as effective as lorazepam in adults with anxiety and sleeping problems. With studies with dose of 80mg it was observed a reduction in sleep awakenings, sleep duration and overall sleep quality and anxiety.

Conclusions: There is a clear preference from the patient to natural compounds, and with almost nonexistent side effects, some herbal derivatives are showed to have positive effectiveness in mild insomnia, but nonetheless much more studies on this field are needed.

Disclosure of Interest: None Declared

EPV1024

Sleep disorders among university students as underestimated mental health problem

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Introduction: The effect of sleep disorders on the weakening of the students' mental health potential is still underestimated. Students might not openly complain of having problems with sleep, considering them insignificant. Nevertheless, sleep disorders may be the sign of actual or developing mental health problems.

Objectives: To reveal the prevalence of parasomnic and insomnic disorders in university students, who do not have health related complains.

Methods: We surveyed 77 first and second-year students of both genders by means of a questionnaire that included questions describing the signs of various sleep disorders.

Results: One third of the students revealed having parasomnic disorders in the form of dissociated sleep states – 35.1% of the respondents talk in sleep (states of somniloquy or sleep talking), 6.5% get seated on their beds, 5.2% get up from their beds (states of partial awakenings and confusional arousals), 5.2% walk around the room or house (sleepwalking, or somnambulism). Over half of the students experience night phobias (53.2%), 2.6% out of them experience them constantly. Some students' fears grow into nightmares. Half of the respondents (50.6%) state they very rarely see nightmares. Every fifth student (20.8%) sees nightmares only from time to time. 10.4% of the students see them very often or constantly. Over half of the respondents (55.8%) complain of insomnic disorders in the form of insomnia. 3.9% of them experience it constantly, 10.4% – often, 16.9% – sometimes, and 24.7% – rarely

Conclusions: The frequency of sleep disorders in students is very high. Consequently, it is important to inform university students timely about potential risks and ways to avoid them.

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EPV1025

How effective is ketogenic diet in sleep disorders ?

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Introduction: Sleep disorders vary widely and its treatment are based on a combination of life style changes and pharmacological therapy adapted to the primer health issue. Ketogenic diet has shown not only its efficacy in different health conditions, but it is also becoming a popular health trend. Could the therapeutic spectrum of ketogenic diet cover sleep disturbances ?

Objectives: The aim of our study is to evaluate the effect of ketogenic diet on sleep disorders

Methods: To identify relevant studies ,our literature review was based on the Pubmed interface and adapted for 2 databases : science direct and google scholar. We used the following key words (ketogenic diet [meSH terms]) and (sleep disorders [meSH terms]).

Results: Our research revealed 14 articles published between 2012 and 2022. We selected 8 which corresponded to the purpose of our review. The ketogenic diet affects sleep hemostasis indirectly. In fact, this diet is associated with weight loss and therefore reduction of metabolic and cardiovascular complications disturbing sleep quality. From a neurobiological perspective, this regimen based on limited carbohydrates is associated with a low Tryptophan intake which is the precursor of melatonin. But on the other hand, Ketone bodies trigger adenosine activity which promotes melatonin liberation, the sleep inducing hormone.

Conclusions: ketogenic diet modulates melatonin activity therefore affects sleep architecture. Meanwhile, Its impact on sleep disorders is still controversial due to the variation of its pathophysiological mechanisms.

Disclosure of Interest: None Declared