

Conclusions: Patients with PD require a multidisciplinary approach by a trained medical team. Clinicians should titrate dopamine replacement agents with caution, especially for those experiencing mood disorders, because they might increase the patient's impulsivity, "assisting" a depressive patient with suicidal ideation to finally commit suicide.

Disclosure of Interest: None Declared

EPV1058

When sleep disorders in patients with bipolar disorder indicate a risk of suicidal behavior

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doi: 10.1192/j.eurpsy.2024.1637

Introduction: Sleep disturbances and suicidal behaviors are common among patients with type II bipolar disorder (BDII), but the relationship between the two is unclear. Investigating this connection is important to identify interventions that can improve the quality of life and reduce the risk of suicide in this population.

Objectives: Our study's objective is to examine the association between sleep disorders and suicidal behavior in patients with type II bipolar disorder (BDII).

Methods: In order to comprehensively investigate the association between sleep disturbances and suicidal behaviors among individuals diagnosed with type II bipolar disorder (TBI), we conducted a cross-sectional, descriptive, and analytical study over a duration of one month, specifically from the 1st to the 31st of October 2022. Our research was conducted within the follow-up unit of the mental health department at Nabeul Hospital, Tunisia, with the aim of capturing a diverse range of participants representative of the population of interest.

To ensure the integrity and accuracy of our findings, we meticulously selected participants who met specific eligibility criteria. This included individuals aged between 18 and 60 years, who had a confirmed diagnosis of type II bipolar disorder according to the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM V). Furthermore, we sought to include participants who were psychiatrically stable, meaning they had not required hospitalization in the six months preceding the study.

The Pittsburgh Sleep Quality Index (PSQI) was used to evaluate the participants' sleep quality over a one-month period, while the Suicidal Behavior Questionnaire-Revised (SBQ-R) was used to assess suicidal behavior. The data was gathered through a questionnaire that prioritized ethical concerns, including obtaining informed consent from participants and maintaining confidentiality and anonymity throughout the study.

Results: In this study, we enrolled 40 male patients with a mean age of 36 ± 13.2 years and evaluated their sleep quality and suicidal behaviors. The results showed that the participants had a mean PSQI score of 7.28 ± 3.35 , indicating that the overall sleep quality was not optimal. Specifically, 65% of the participants had poor sleep

quality (> 5), and 45% reported poor sleep ($PSQI \geq 8$). The mean SBQ-R score was 10.3 ± 3.6 , indicating a moderate level of suicidal behavior. Interestingly, we found a statistically significant correlation between PSQI and SBQ-R subscales, particularly with regard to suicidal thoughts ($p=0.003$) and suicide attempts ($p=0.002$).

Conclusions: Our study found a strong link between sleep problems and suicidal behavior in people with type II bipolar disorder. This highlights the need to address sleep issues to reduce suicide risk in these patients.

Disclosure of Interest: None Declared

EPV1059

Anhedonia and suicidal ideation in young people with early psychosis: findings from a 2-year Italian follow-up study.

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doi: 10.1192/j.eurpsy.2024.1638

Introduction: Hedonic deficits have been extensively studied in schizophrenia, but little is known about their association with suicidal ideation in early psychosis. Along the clinical staging of psychosis, also Ultra-High Risk (UHR) individuals are characterized by hedonic deficits, which are currently considered as putative predictors of both psychosis conversion and poor social/role functioning.

Objectives: The aim of this research was to examine the relationship between anhedonia and suicidal thoughts across a 2-year follow-up period in people with First Episode Psychosis (FEP) and at Ultra High Risk (UHR) of psychosis.

Methods: Ninety-six UHR and 146 FEP, aged 13–35 years, completed the Comprehensive Assessment of At-Risk Mental States (CAARMS) and the Beck Depression Inventory-II (BDI-II). The BDI-II "Anhedonia" subscale score to assess anhedonia and the CAARMS "Depression" item 7.2 subscore to measure depression were used across the 2 years of follow-up. Hierarchical regression analyses were performed.

Results: No difference in anhedonia scores between FEP and UHR individuals was found. In the FEP group, a significant enduring association between anhedonia and suicidal ideation was found at baseline and across the follow-up, independent of clinical depression. In the UHR subgroup, the enduring relationship between anhedonia and suicidal thoughts were not completely independent from depression severity.

Conclusions: Anhedonia is relevant in predicting suicidal ideation in early psychosis. Specific pharmacological and/or psychosocial interventions on anhedonia within specialized EIP program could reduce suicide risk overtime.

Disclosure of Interest: None Declared