

of negative symptom models validity through the course of the illness.

Objectives: In the light of this observations, we investigated, the external validity of the five-factor model and the hierarchical model of the BNSS in subjects with schizophrenia, looking at associations with cognition, social cognition, functioning and functional capacity at baseline and at four years follow-up.

Methods: NS were assessed in 612 subjects with schizophrenia using the Brief Negative Symptom Scale at the baseline and after 4-year follow-up. State of the art assessment instruments were used to assess cognitive and functioning related variables. Structural equation models (SEM) that included the NS models and 4 external variables were used to our aim.

Results: According to recent multicenter studies, our results confirmed the validity of the 5-factor- and the hierarchical-model of negative symptoms. In particular, these 2 models proved to be equivalent in terms of fit to the data at baseline and follow-up. As regard to the relationship of the two BNSS models with external variables, we found that there was a similar pattern of associations at the two time points despite minor variations.

Conclusions: The five factor and the hierarchical models provide an optimal conceptualization of negative symptoms in relation to external variables. The similar pattern of associations with external variables of the two models at the two time points despite minor variations, suggests that the simple and widely used 5-factor solution provides the best balance between parsimony and granularity to summarize BNSS structure. This data is of important relevance with consequent implications in the study of pathophysiological mechanisms and the development of targeted treatments for NS.

Disclosure of Interest: None Declared

EPP0279

Representations of long-acting antipsychotics in patients at the Arrazi hospital in Salé Morocco

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Introduction: Since the appearance of long-acting antipsychotics (LAPAs) and given the high frequency of non-adherence to treatment in psychotic disorders, LAPAs have recognized a resurgence of interest in the psychiatric literature. These long-acting drugs may pose ethical issues (e.g. limitation of freedom).

Objectives: The present study aims to determine the representations of long-acting antipsychotics in patients followed at Arrazi Hospital in Salé.

Methods: Descriptive study carried out with patients hospitalized at the Arrazi hospital in Salé and those followed in consultation who are on APAP or who have already used it. The collection of information is done using an exploitation sheet

Results: APAPs have been used for less than 5 years by 53.8% of patients. 84.6% of participants do not use APAP by choice, in 79.2% of cases it was the doctor's decision and in 20.8% of cases it was the family's choice. Monotherapy treatment was the most cited benefit by our patients (76.9%). The route of administration of APAP by intramuscular injection is the problem encountered in 57.7% of our

patients, while 1.5% of patients find no inconvenience for the use of these psychotropics.

Conclusions: Negative beliefs associated with the treatment contribute to a very large part to the lack of compliance, on the contrary, long-acting antipsychotics may be better accepted by patients when taking into account the patients' beliefs and preferences in the development of the treatment. therapeutic project

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Sleep Disorders and Stress

EPP0281

Evaluation of serotonin and serotonin transporter levels among Obstructive Sleep Apnea patients

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Introduction: Obstructive sleep apnea (OSA) is characterized by recurrent pauses in breathing during sleep leading to sleep fragmentation and further excessive daytime sleepiness. Therefore, OSA patients are at high risk of suffering from complications from psychiatric disorders. Serotonin is a known neurotransmitter and together with serotonin transporter (SERT) is involved in the development of depression and insomnia.

Objectives: The study aimed to evaluate serotonin and SERT levels among OSA and healthy individuals and their association with insomnia and depression symptoms.

Methods: Forty individuals following polysomnography (PSG), based on the apnea-hypopnea index (AHI), were divided into 2 groups: the OSA group (AHI \geq 30; n=20) and the control group (AHI $<$ 5; n=20). Participants filled out questionnaires: Beck Depression Inventory (BDI) and Athens Insomnia Scale (AIS). Peripheral blood was collected in the morning after PSG. Protein concentrations were measured using ELISA. Further groups were divided into subgroups based on the standard cut-off points: without AIS (-) and with AIS (+) insomnia symptoms (AIS $>$ 5) and without BDI (-) and with BDI (+) depression symptoms (BDI $>$ 19).

Results: No differences between the OSA and control groups in serotonin (128.8 (73.4 – 209.0) vs. 132.7 (69.9 – 214.6) ng/ml, p=0.805 and SERT (55.8 (39.7 – 64.80) vs. 576.4 (424.2 – 658.3) pg/ml, p=0.564) levels were observed. In OSA group SERT level correlated with AHI (r=0.409, p=0.043), desaturation index (r=0.504, p=0.024) and mean oxygen desaturation during night (r=-0.522, p=0.018), while serotonin level was associated with BMI (r=0.550, p=0.012), but not PSG parameters. Serotonin level was higher in the AIS (+) group but only in healthy individuals. Further, serotonin levels decreased in the BDI (+) group, yet this finding was observed only in the control group.

Conclusions: The results show that serotonin levels are associated with the presence of insomnia in depression, but quite interestingly only among healthy individuals. The association between oxygen desaturation and SERT levels suggests the involvement of hypoxia

in the serotonin signaling pathway. Yet further studies on larger populations are needed to better understand the mechanisms responsible for the development of psychiatric complications in OSA patients.

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EPP0282

Discrepancy between objective and subjective measurements of sleep quality: the role of panic-agoraphobic spectrum

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Introduction: There is evidence that anxiety and depressive symptoms may lead individuals to under-estimate their own sleep quality, particularly among younger subjects (aged <45 yrs).

Objectives: The aim of this study was to investigate the discrepancy between objective and subjective measurements of sleep quality in a sample of healthy control subjects (HCs) with no Axis I mental disorders, and the possible impact of panic-agoraphobic spectrum symptoms.

Methods: A total of 117 HCs (65 males and 97 females; Age: 35.3±14yrs) were evaluated by the: Panic Agoraphobic Spectrum-Self Report (PAS-SR), to investigate panic spectrum; the Pittsburgh Sleep Quality Index (PSQI) and actigraphy, respectively for the subjective and the objective sleep efficiency (SE) measures. Groups were divided according to the congruence between SE-actigraphic vs SE-PSQI ("Accurate", "Underestimate", "Overestimate"), establishing as a threshold an SE>85% as a measure of good SE. Regression analyses were conducted to assess the association between PAS-SR domains and the discrepancy between objective and subjective measurements, controlling confounding factors such as age, gender and BMI

Results: Since our data showed that a low sleep quality was associated with a greater age and that higher PAS-SR scores were associated with younger age, we used a sub-sample of 117 participants with age <45 years and comparing the 3 groups of subjects created on the basis of the discrepancy: Accurate, N = 74 (63.2 %), "Overestimate group", N= 23 (19.7 %), "Underestimate group": N=20 (17.1 %), we found a statistically significant difference among groups in the PAS.SR separation anxiety domain (p value=0.032), with a multinomial regression model confirming this domain contributed significantly to the differentiation between the three groups with higher symptoms being associated with a higher probability of belonging to the "underestimate" group.

Conclusions: Our results suggest that the discrepancy between objective and subjective sleep efficiency measurements in HCs could be affected by panic spectrum symptoms, particularly separation anxiety.

Disclosure of Interest: None Declared

EPP0284

Sleep Quality in Medical Students of a Portuguese University: a cross-sectional Study

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Introduction: Sleep is a complex physiological process present in all living beings, performing essential functions for various biological functions. The prevalence of sleep disorders has increased exponentially, as well as studies relating to sleep patterns of the general population.

University students are especially vulnerable to a decrease in sleep quality, particularly medical students. Even so, the literature on sleep quality in medical students is scarce, especially when referring to Portugal, where studies are almost non-existent.

Objectives: To evaluate sleep quality in medical students and to analyze the differences in sleep quality according to age, sex, cohabitation and physical activity. It is also intended to compare the sleep quality of medical students throughout the various phases of the medical course.

Methods: This is a cross-sectional study involving medical students at the University of Beira Interior, Covilhã, Portugal. All medical students were invited to complete the Pittsburgh Sleep Quality Index (PSQI), which has been validated for the portuguese population. First, the scores obtained in each of the components of the PSQI and the global PSQI score were analyzed for the global population. Lastly, the global PSQI score was correlated with each of the sociodemographic variables to verify the existence of a statistically significant relationship.

Results: 296 students completed the instrument. Of these, 62.2% classify their sleep quality as good; 42.4% scored 2 in the sleep latency component; 50% reported sleeping 6 to 7 hours; 73.9% stated an adequate sleep efficiency; 85.5% mentioned few or no sleep disturbances; 83,8% said they never used sleep medication; and 60.8% had low or no sleepiness or daytime dysfunction.

As for the overall PSQI score, 72.6% of the students had a score greater than 5, indicating a poor quality of sleep. 74.7% of female respondents have a low quality of sleep, as well as 67.7% of male respondents. Likewise, 91.3% of students who live alone have poor sleep quality, as well as 76.8% of those living with family members and 69.8% of those living with colleagues.

Regarding the course year, 82.4% of the first-year students report a poor quality of sleep, as well as 77.5% of the second-year students, 72.1% of the third-year students, 77.8% of the fourth-year, 65.8% of the fifth-year students and 71.4% of the sixth-year students.

Conclusions: Medical students seem to be more likely to have poor sleep quality, especially when compared to other university students. Thus, further studies are needed to prove this susceptibility as well as therapeutic interventions aimed at improving sleep parameters.

Disclosure of Interest: None Declared