

care. A longer average length of stay (23.7 days) underscores treatment complexity, while a low mortality rate (0.26%) signals effective medical care. In essence, these findings inform tailored mental health policies to enhance service quality and prioritize patient-centered approaches.

Disclosure of Interest: None Declared

EPP0728

Sexuality in schizophrenia: Perception of signals of sexual interest

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Introduction: There is emerging evidence that people with schizophrenia (SCH) struggle to form romantic relationships and are often dissatisfied with their sex lives. Intimate relationships are perceived as normalizing and related to a person's recovery and better medication adherence. Nevertheless, this area remains scientifically unaddressed, and patients with SCH generally do not feel adequately supported in terms of their sexual health.

Objectives: The study aims to assess whether challenges in establishing sexual relationships could be connected to: a) decreased salience of sexual intimacy and/or b) compromised ability to detect, recognize, and react to signals of sexual interest.

Methods: Forty-three patients with SCH (29 males and 14 females) and a control group of twenty-four participants (11 males and 13 females) were exposed to our first experiment, the Circular attention task. This task was designed to evaluate the salience of erotic stimuli compared to neutral ones. At the beginning of each trial, a black fixation circle appeared in the middle of the screen. When a fixation of 250 ms or longer was detected within the circular area of interest (AOI) around the fixation circle, the fixation circle disappeared, and a pair of erotic/neutral pictures appeared. During the experiment, the eye movements were measured using the eye-tracking device Eyelink 1000plus. For data analysis, we used Wilcoxon signed-rank test to assess the differences between the mean latency to first fixation, mean duration of first fixation, and mean proportion of time spent gazing at the stimulus both for sexual and neutral pictures in the whole sample regardless of sex and patient status. More detailed analysis was performed using 2 (sex: male, female) x 2 (status: patient, control) two-way ANOVA.

Results: Considering the whole sample there was a significant difference in mean latency to first fixation ($W = 707$, $p = 0.007$, $r_{rb} = -0.379$) and mean duration of first fixation ($W = 1923$, $p < 0.001$, $r_{rb} = 0.739$). There was a shorter latency to first fixations towards sexual pictures ($M = 952.33$ ms) than to neutral pictures ($M = 1005.30$ ms). First fixations were longer for sexual pictures ($M = 280.96$ ms) than for neutral pictures ($M = 243.73$ ms). There was an effect overall in the sample towards the sexual pictures, but it was not different for participants based on their sex or patient status.

Conclusions: Findings revealed that interest in explicit sexual stimuli does not differ based on sex or patient status. Patients with

SCH appear to find explicit erotic signals sexually salient, suggesting their interest in sexual intimacy. Our study will further investigate whether persons with SCH are able to interpret, recognize and respond to signals of sexual interest. Based on our results, the guidelines for sexological remediation will be developed.

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EPP0729

The role of long-acting antipsychotics in illness relapse: an observational study

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Introduction: In patients affected by Schizophrenia and Bipolar Disorder disorders the use of antipsychotic drugs is essential in preventing the exacerbation of symptoms. The use of long-acting injectable (LAI) antipsychotics is considered an important treatment option. The aim of this study was to evaluate the incidence and predictors of relapse during antipsychotic treatment with LAIs in a sample of psychiatric outpatients up to a year after the start of long-acting therapy.

Objectives: The study included 103 adult patients admitted to the psychiatric unit of Sant'Andrea University Hospital in Rome.

Methods: We evaluated duration of untreated illness, previous treatments, substance abuse, suicidal status, LAI dose, and use of other medicines for association with new episodes of illness or of symptomatic worsening as well as hospitalization, using bivariate and multivariate analyses.

Results: Seventy-three patients were diagnosed with schizophrenia spectrum and 30 with bipolar disorders. Age at study entry averaged 36.7 years ($SD = 11.55$). 40.8% of patients were women. The mean age at onset were 23.11 ($SD = 7.0$). All the other information were reported in Table 1. On 103 patients undergoing with LAI treatment for a year only 9 (8.7%) patients had a relapse during the study period. The two groups differed according to the presence of hospitalization during the 12 months before the LAI treatment ($p = .022$), in particular patients with relapse were more hospitalized than patients with no relapse (62.5% vs. 21.7%). Moreover, group with relapse were more at risk of suicide during the 12 months before the LAI treatment than the other group, for both suicidal ideation (11.1% vs. 4.3%; $p = .015$) and attempt (25.0% vs. 3.2%; $p = .049$). Finally, the two groups differed according to the side effects reported during the year of LAI treatment ($\chi^2 = 38.48$; $p < .001$). Specifically, patients' group with relapse reported more side effects caused by parkinsonism (25.0% vs. 1.1%) and tremor (25.0% vs. 0%). No differences were found for the other variables (See table 1).

Image:

Variables	Mean or %		Statistic	p-value
	Relapse	No Relapse		
Cases (n)	9 (8.7)	94 (91.3)		
Women (%)	66.7	38.3		.154*
Age	37.22±9.88	36.70±11.74	U=402.5	.811
Onset age	25.89±7.28	22.84±6.97	U=299.5	.159
Diagnosis			$\chi^2 = 1.55$.213
SS	8 (88.9)	65 (69.1)		
BD	1 (11.1)	29 (30.9)		
Comorbidity	6 (66.7)	33 (35.1)		.079*
Substance abuse	2 (22.2)	25 (26.6)		1.0*
Family history (%)			$\chi^2 = 1.07$.585
Any psychiatric diagnoses	1 (11.1)	16 (17.0)		
Schizophrenia	3 (33.3)	18 (19.1)		
Untreated illness: DUI (mos)	45.77±90.7	17.25±48.16	U= 359.5	.419
Treatments before LAI (%)				
Any antidepressant	2 (22.2)	17 (18.1)		.670*
Mood-stabilizer	4 (44.4)	54 (57.4)		.499*
First gen. antipsychotic	3 (33.3)	26 (28.0)		.711*
Second gen. antipsychotic	9 (100)	67 (72.0)		.107*
Hospitalized \leq 12 mos before LAI	5 (62.5)	20 (21.7)		.022*
Hospitalized at start of LAI (%)	3 (33.3)	24 (25.8)		.696*
Suicide risk \leq 12 mos before LAI (%)				
Ideation	3 (37.5)	5 (5.4)		.015*
Attempt	2 (25.0)	3 (3.2)		.049*
Suicide risk at start of LAI (%)				
Ideation	1 (11.1)	4 (4.3)		.373*
Attempt	0 (0.0)	2 (2.1)		1.0*
Side effects of LAI during 12 mos treatment			$\chi^2 = 38.45$	<.001***
Parkinsonism	2 (25.0)	1 (1.1)		
Tremor	2 (25.0)	0 (0.0)		
Hyperprolactinemia	0 (0.0)	3 (3.3)		
Metabolic disorders	0 (0.0)	2 (2.2)		
Post Injection Syndrome	0 (0.0)	1 (1.1)		

Conclusions: In conclusion, our observations confirm the importance of LAI therapy in real world. However, our results indicate that these drugs might not prevent subsequent exacerbations for a proportion of individuals whose illness is stabilised on continuous antipsychotic treatment. Extra pyramidal symptoms in particular might have pathophysiological implications for relapse.

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Sleep Disorders and Stress

EPP0730

Evaluation of daytime sleepiness and insomnia symptoms in OSA patients with a characterization of symptom-defined phenotypes and their involvement in depression comorbidity

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Introduction: Recent studies have emphasized the importance of clinical manifestations, such as insomnia and sleepiness, in defining phenotypes of obstructive sleep apnea (OSA), shifting from a focus on OSA severity and sleep structure.

Objectives: The study aimed to characterize insomnia and sleepiness associated with OSA phenotypes and assess their involvement in depression symptoms (DS) in OSA.

Methods: A total of 181 participants undergoing polysomnography (PSG) were asked to fill out questionnaires, including Epworth Sleepiness Scale (ESS), Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI), and Beck Depression Index (BDI). They were categorized into phenotypes: insomnia-sleepiness (I+S; ESS \geq 11; ISI \geq 15; n=20), sleepiness (S; ESS \geq 11; ISI<15; n=22), insomnia (I; ESS<11; ISI \geq 15) and asymptomatic (A; ESS<11; ISI<15; n=55).

Results: A linear regression model for BDI score ($R^2=0.357$, $p<0.001$) included ISI score and subjective to objective sleep latency ratio. ISI score was a predictive factor for mild and moderate DS (OR=1.226, $p<0.001$ and OR=1.392, $p=0.002$, respectively). I and I+S phenotypes are characterized by higher BDI scores ($p<0.001$ and $p=0.015$), longer subjective sleep latency ($p=0.008$ and $p=0.041$), and shorter subjective total sleep time (TST; $p=0.049$ and $p=0.006$), compared to A. Furthermore, the I and I+S groups had shorter subjective TST than S ($p=0.028$ and $p=0.047$). I and I+S had higher BDI scores than A ($p<0.001$ and $p=0.015$, respectively) and S ($p<0.001$ and $p=0.017$, respectively). I phenotype was associated with the risk of mild and moderate DS (OR=5.614, $p<0.001$ and OR=9.550, $p=0.008$ respectively). Moreover, the I+S phenotype presented an even greater risk for mild DS (OR=10.286, $p<0.001$).

Conclusions: The study suggests that using clinical features for OSA phenotyping holds promise for finding OSA individuals with increased risk for the occurrence of DS.

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Training in Psychiatry

EPP0732

Psychiatric brain gain in Switzerland. Competency-based onboarding.

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Introduction: In the last 30 years, Switzerland has been established as a destination country for psychiatric trainees. The needed competences for the work as a trainee deviate regarding colleagues from foreign countries though, hindering a viable solid development professional without specific on-boarding program. A similar approach to the figure of tutor anchored in the Spanish postgraduate medical training is still missing in the Swiss medical System. Hereby we performed a survey in the new colleagues who are part from the medical team in an observer status before beginning with the responsibilities as a trainee.

Objectives: Recognizing competences and needs of the onboarding in current trainees that are still allocating because of the work