

**Objectives:** The aim of our study was to assess physicians' knowledge and attitudes towards sexuality in the elderly in Tunisia and to determine variables associated with the level of knowledge and the nature of attitudes in this population.

**Methods:** A descriptive and analytical study was conducted among specialists and medical residents of all specialties, practicing in Tunisia and recruited anonymously online. We included questions on socio-demographic data, medical specialty and medical training of physicians as well as a French translation of the Aging Sexual Knowledge and Attitudes Scale (ASKAS). We determined correlations between the socio-demographic and medical training variables and the ASKAS score among participants.

**Results:** We included 74 physicians in the study. Sixty-two percent of the doctors surveyed sometimes asked elderly patients about their sexuality (N=46) and the rest of the doctors never mentioned the subject during a medical consultation (N=28). The major obstacles reported when discussing sexuality with the elderly were: a feeling discomfort related to sexuality considered a taboo subject (77%), lack of information and skills (51%) and the duration and setting of the medical consultation considered inadequate (45%). The mean score for the knowledge subcategory of the Aging Sexual Knowledge and Attitudes Scale (ASKAS) was  $68.49 \pm 5.5$  and for the attitudes subcategory was  $83.74 \pm 4.2$ . These results indicated a moderate level of knowledge and moderate to negative attitudes. There was a significant and negative correlation between age and the ASKAS knowledge subcategory score ( $r = -0.75$ ,  $p = 0.026$ ), as well as a significant positive correlation between the knowledge and attitudes subcategories scores and sexology training ( $p < 0.001$ ).

The correlation between the knowledge score and the attitudes score was significant, positive, and good ( $r = 0.788$ ,  $p < 0.001$ ); the lower the level of knowledge, the more negative the attitudes regarding elderly sexuality.

**Conclusions:** There are several gaps in the knowledge and perceptions of Tunisian physicians regarding the sexuality of older subjects. Theoretical teaching and practical anti-ageing training for health professionals are needed.

**Disclosure of Interest:** None Declared

## Sleep Disorders and Stress

### EPV1018

#### Beyond Rest: Exploring the Sleep-Exercise Connection

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**Introduction:** The bidirectional relationship between the effects of sleep and exercise is often underappreciated. We aim to explore the bidirectional relationship of sleep and exercise. We further discuss the prominence of poor sleep in both the athletic and general population and understand the underlying mechanisms of interdependencies between the two. The goal is to illuminate practical implications to improve both areas and optimize physical and mental health.

**Objectives:**

- To explore the bidirectional relationship between sleep and exercise

- To understand how exercise can counterbalance the adverse metabolic consequences of sleep deprivation.

**Methods:** We conducted a systemic literature review from Pubmed, Scopus, and PsychINFO using the search terms: "(exercise) and (sleep)," "(exercise performance) and (sleep)," "(sleep quality) and (exercise)." We included original studies in English conducted on age groups 18 years and older.

**Results:** Data from 31 studies shows that a significant number of athletes experience poor sleep quality and daytime sleepiness. 68.5% of Qatar Stars League soccer players and 61% of collegiate athletes in NCAA institutions report daytime fatigue several times a week. Most common causes include overtraining, hectic travel schedules, and sleeping in unfamiliar settings. Studies confirm athletes often sleep less before intense training or competitions. Sleep deficiency may lead to reduced muscular strength and endurance, mood changes, increased perceived effort, impaired cognitive processing, and diminished motor skills. Athletes averaging less than 8 hours of sleep nightly were 1.7 times more prone to injuries. Physiologically, sleep loss alters ventilation, plasma lactate concentration, hormone secretion, and inflammatory responses, hinders muscle glycogen restoration. Extended sleep restriction decreases testosterone levels, which influence muscle mass, energy, bone strength, and more. On the contrary, exercise may counter adverse metabolic impacts of sleep deprivation. High-intensity interval exercise (HIIE) has shown to nullify negative metabolic effects of sleep deprivation, suggesting exercise's protective potential.

**Conclusions:** Sleep and exercise are fundamental to maintaining physical, mental, emotional, and spiritual health. The bidirectional, interdependent relationship can be best utilized by the providers to optimize overall well being. The critical impact of adequate sleep, particularly among athletes, is frequently underestimated. Poor sleep can detrimentally affect performance, amplify injury risks, and disrupt physiological functions, yet contemporary lifestyles often downplay its significance. It is important for healthcare professionals to emphasize a balanced approach to optimize these vital aspects. Continued research can offer strategies that benefit athletes and the broader populace, aiming to uplift daily life functionality.

**Disclosure of Interest:** None Declared

### EPV1019

#### Sleeping Problems or Emerging Psychosis? A Review of Emerging Literature

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**Introduction:** Sleep disturbance, particularly insomnia, is prevalent across various mental health disorders. While it is a common sign in mood disorders, emerging evidence suggests that insomnia might act as a precursor or an early sign of psychosis. Our case report and literature review emphasize the importance of evaluating sleep disturbances in the diagnosis and management of mental disorders.