antipsychotic such as olanzapine (23.8%) or quetiapine (7.9%). By the end of the hospital stay, 14.3% of female patients received cariprazine monotherapy and 82.5% cariprazine combination treatment with olanzapine (30.2%) or clozapine (15.9%). Significant decrease was detected in m-SNAD total score (LS mean change from baseline: -10.95) and SNS total score (LS mean change from baseline: -9.74). Functioning increased from poor (76%) to 'manifest disabilities' according to PSP (81%).
Conclusions: In summary, female patients had significant improvement during their hospital stay in terms of negative symptoms. The most utilized pharmacotherapy during the hospital stay was cariprazine both in a form of mono- and polytherapy.

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EPP253

Relapse prevention with cariprazine: A focus on sex

C. Correll[1], Z. B. Dombi[2]*, P. Herman[2] and Á. Barabássy[2]

[1]The Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, NY, United States and [2]Gedeon Richter Plc., Budapest, Hungary
*Corresponding author.
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Introduction: Relapse refers to the recurrence of psychotic symptoms following a phase of improvement or stability. It often leads to the disruptive re-hospitalization of patients. Notably, a history of relapse is a strong indicator of future relapses and poorer outcomes. According to the literature, relapse rates might be higher in men compared to women due to better response to medication in women. Cariprazine (CAR), a D3-D2 partial agonist, has shown effectiveness in preventing relapse compared to a placebo in stabilized schizophrenia patients
Objectives: We aimed to investigate whether there is a difference in the efficacy of CAR in preventing relapse by sex.
Methods: A post-hoc analysis was conducted on data from a multicentre, randomized, double-blind, placebo-controlled, parallel-group study lasting approximately 96 weeks in adults with schizophrenia. The study included two phases: a 20-week open-label treatment phase and a double-blind treatment phase lasting up to 72 weeks. During the open-label phase, patients were stabilized on CAR at doses of 3.0-9.0 mg/day. Subsequently, they were randomized to either continue CAR (at fixed doses of 3.0, 6.0, or 9.0 mg/day) or switch to a placebo (PBO). Relapse was defined by a worsening of symptom scores on the Positive and Negative Syndrome Scale (PANSS), psychiatric hospital admission, aggressive behaviour, or suicide risk. In this analysis, patients were separately analysed based on their sex. Baseline characteristics, hazard ratios by sex during the double-blind phase were calculated.
Results: Of 200 patients, 132 (66%) were male (M) and 68 (34%) were female (F). In the female group, 57% were receiving CAR treatment, while in the male group 47% were on CAR. The mean age of the patients was between 36-41 years. The open-label baseline PANSS scores were comparable. The adherence of patients during the double-label phase was similar in all four groups (98-99%).
More relapses were documented in the placebo groups (M: 47%, F: 48%) than in the CAR groups (M: 27%, F: 21%). In females, those who received CAR during the double-blind phase had 66% less risk for relapse (HR=0.34, 95%CI= 0.14-0.82) than those who were on placebo. Similarly, male patients on cariprazine had 49% less risk for relapse (HR=0.51, 95%CI= 0.28-0.91) than those receiving placebo. The Cox regression analysis between groups showed that sex of patients did not affect the risk of relapse significantly.
Conclusions: In summary, sex does not seem to significantly influence risk of relapse. CAR decreases the risk of relapse compared to placebo in both males and females.

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EPP255

Functional Recovery Levels, Associated Clinical Features and the Role of Metabolic Syndrome in Schizophrenia Patients Followed in a University Hospital

G. Şimşek Avcı

psychiatry, Gazi university hospital, ankara, Türkiye
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Introduction: Schizophrenia is a chronic illness that causes severe disability and dysfunction.The traditional approach focusing on symptom control does not always result in improvement in functioning. Functional recovery is considered to be the achievement of social and occupational functioning and independent living in addition to symptom remission.Factors like negative symptoms, depression, cognitive dysfunction, treatment compliance, internalised stigma, and education impact functional recovery. MetS may impact functional recovery by contributing to depression, reducing treatment compliance, and impairing cognitive functions, but studies on this are limited.
Objectives: This study aimed to investigate the relationship between MetS and functional recovery in schizophrenia, along with related clinical features.
Methods: The study sample included 115 schizophrenia patients aged 18-65, who applied to Gazi University Psychiatry Outpatient Clinic, spoke Turkish, no exacerbation in the last year.Exclusion criteria were serious medical/neurological illness, alcohol/substance use disorder.MetS was diagnosed per American College of Cardiology criteria. Functional Remission of General Schzophrenia Scale (FROGS), Schizophrenia Cognition Rating Scale (SCoRS), Positive and Negative Syndrome Scale (PANSS), The Calgary Depression Scale for Schizophrenia (CDSS), Medication Adherence Rating Scale (MARS), Schedule for Assesing the Three Components of Insight (SAI), Internalized Stigma of Mental Illness Scale (ISMI) scales were applied to all participants. SPSS 22.0 was used, and $p<0.05$ was considered significant.
Results: The mean age of participants was 48.61, 54.8% were male and 44% had a high school education. MetS was 55.7% of patients. Patients with MetS had significantly lower scores of FROGS,

showed more cognitive impairment in problem solving, there were no significant differences between the groups in the other variables examined.The proportion of patients with MetS (79.7%) showing low level of functionality was higher than those without MetS.The total score of FROGS was positively correlated with years of education, scores of MARS and SAI, while it was negatively correlated with age and CDSS scores.Among the components of MetS, fasting glucose level and diastolic blood pressure were found to be significantly correlated with the scores of the FROGS.The negative predictors of functioning were found to be education level, MARS scores, MetS, SCoRS attention domain and PANSS negative scores.
Conclusions: Our results show that MetS associated with lower functionality in schizophrenia. Therefore, good metabolic control in patients with schizophrenia is important for cognitive skills and functionality as well as physical health.

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Sleep Disorders and Stress

EPP256

Effects of DORA Daridorexant on insomnia disorder in patients with comorbid unipolar and bipolar depression: data from a naturalistic longitudinal study

L. Anastasio[1]*, G. Alfi[2], G. Aquino[2], E. Annuzzi[1], G. Cerofolini[1], A. Coccoglioniti[1], M. Gambini[1], M. Pioltino[1], G. Perugi[1], A. Gemignani[1] and L. Palagini[1]

[1]Department of Neuroscience, Psychiatric Unit, Azienda Ospedaliera Universitaria Pisana (AUOP), University ofPisa, Pisa, Italy and [2]University of Pisa, Pisa, Italy
*Corresponding author.
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Introduction: Insomnia is the most *common* sleep disorder, which may *favor*, precipitate, and prolong mental disturbances, including mood disorders. *The treatment of* insomnia in the context of mood disorders may contribute to *improving* their trajectories, *possibly by* improving mood symptoms via sleep regulation. Daridorexant is a new *pharmacological option for insomnia treatment,* which is a *dual orexin receptor antagonist (DORA).*
Objectives: The aim of the present study was to treat consecutive patients with insomnia disorder with and without mental comorbidities with this new therapeutic option.
Methods: Ninety consecutive patients with insomnia disorder according to the DSM-5-TR criteria were treated with daridorexant 50 mg. Baseline, 1 month, and 3-month evaluations were performed. Demographic and clinical data were incorporated. Insomnia severity (Insomnia Severity Index-ISI), mood symptoms (Beck Depression Inventory II-BDI-II, Young Mania Rating Scale-YMRS), suicidal ideation (Suicidal Ideation Scale-SSI), and emotional dysregulation (Difficulties in Emotion Regulation Scale-DERS) were evaluated. The evaluation of psychiatric diagnosis was conducted in accordance with the DSM-5-TR criteria (SCID-5) and the concurrent use of pharmacological therapy was taken into account.
Results: The final sample included 80 patients (N° 40, 50.0% females, mean age 60 ± 13.2). Most of them (N°50 62.5%) suffered from insomnia comorbid with unipolar/bipolar depression. Repeated Anova analyses showed that ISI and DERS total score decreased across time (respectively $F=63.42$, $p<0.001$, $F=41.12$, $p<0.001$). Similarly depressive and mixed symptoms, suicidal ideation and anxiety symptoms significantly improved over time and after 3 months of treatment (respectively $F=62.45$, $p<0.001$, $F=31.48$, $p<0.001$, $F=41.14$, $p<0.001$, $F=21.44$, $p<0.001$). Analyses conducted on a subsample of patients with comorbid unipolar and bipolar disorder revealed a distinct beneficial effect on insomnia and mood symptoms. Multiple regression models demonstrated that improvement of depressive symptoms was best predicted by the improvement in emotion regulation -DERS score at T1 and T2, and the improvement in insomnia symptoms at T1. An improvement in manic symptoms-YMRS score was best predicted by an improvement in insomnia symptoms-ISI score and in emotion regulation at T1 and T2.
Conclusions: The treatment of chronic insomnia with daridorexant improved insomnia symptoms in patients with and without mental comorbidities across time. It was particularly effective in patients with unipolar and bipolar disorders, where the improvement in mood symptoms was related to the improvement in insomnia across time. These data are in line with the data showing that targeting insomnia in the context of mood disorders might be useful for improving sleep and mood symptoms by regulating the sleep system.

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EPP257

Association Between Age and Sleep Quality: Findings From a Community Health Survey

J. Jeong[1]* and J. Hong[2]

[1]Psychiatry, St. Vincent's Hospital The Catholic University of Korea, Suwon and [2]Psychiatry, Iksan Hospital , Iksan, Korea, Republic Of
*Corresponding author.
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Introduction: With increase in life expectancy, there is growing interest in quality of life. Sleep is receiving increasing attention among the elderly.
Objectives: This study aimed to investigate the changes in sleep quality with increasing age and the effect of age on the components of the Pittsburgh Sleep Quality Index (PSQI).
Methods: We used data from the Community Health Survey conducted by the Korea Center for Disease Control and Prevention in 2018. A total of 228340 participants in this nationwide survey. Sleep quality was assessed using the PSQI. Adults aged ≥ 19 years were divided into six age groups and one-way analysis of variance (one-way ANOVA) was used to compare the mean values of PSQI of each group. By comparing the scores for each PSQI component in those aged ≥ 65 years and < 65 years, we aimed to reveal the differences in special components according to age group.
Results: In total, 223334 respondents were included in the study. Based on a one-way ANOVA, the PSQI score generally increased with age. Although the average PSQI score of patients in their 40s was lower than that of patients in their 30s, there was no significant difference between the two groups ($p = 0.11$). When the PSQI