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.

Disclosure of Interest: None Declared

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

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doi: 10.1192/j.eurpsy.2025.567

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.

Disclosure of Interest: L. Anastasio: None Declared, G. Alfi: None Declared, G. Aquino: None Declared, E. Annuzzi: None Declared, G. Cerofolini: None Declared, A. Coccoglioniti: None Declared, M. Gambini: None Declared, M. Pioltino: None Declared, G. Perugi: None Declared, A. Gemignani: None Declared, L. Palagini Consultant of: Consultancy for Laura Palagini, Bruno, Idorsia, Fidia, Pfizer, Sanofi

EPP257

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

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doi: 10.1192/j.eurpsy.2025.568

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

component was compared between the population aged over and under 65 years, the population aged ≥ 65 years scored higher in most components. In contrast, daytime dysfunction scored higher in the population aged < 65 years.
Conclusions: Sleep quality tends to decrease with increasing age. Several factors, including physiological changes, underlying physical conditions, and psychosocial factors, may contribute to a decrease in sleep quality with age.

Disclosure of Interest: None Declared

EPP260

Sleep Deprivation's Effect on Circadian Genes Expression and Its Associtations with Depression Symtoms and Psychomotor Abilities

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doi: 10.1192/j.eurpsy.2025.570

Introduction: Sleep deprivation (SD) is a global health concern that impairs cognitive and psychomotor functions (PF). While it can temporarily improve mood, its effects on mood and connection to depressive symptoms (DS) remain unclear. These impacts may involve circadian rhythm gene regulation, though distinct evidence from human studies is lacking.
Objectives: To assess the impact of SD on the expression of circadian rhythm regulation genes and its associations with the alleviation of DS. Additionally, to explore the relationship between changes in gene expression and PF following SD.
Methods: Participants (n = 72) underwent a baseline sleep assessment by polysomnography (PSG), later being subjected to SD. In total, evaluation of mood And cognitive functions (Bimanual Eye-Hand Coordination Test - BEHCT) was conducted four times, pre/post PSG and SD. Moreover, circadian rhythm regulation genes expression: Circadian Locomotor Output Cycles Kaput (CLOCK), Brain and muscle Arnt-like protein-1 (BMAL1), Period Circadian Regulator 1 (PER1), Cryptochrome Circadian Regulator 1 (CRY1), Nuclear Receptor Subfamily 1 Group D Member 1 (NR1D1) and Neuronal PAS Domain Protein 2 (NPAS2) was evaluated. Participants were divided into respondents (RE, n = 49) and non-respondents (NR, n = 23) depending on changes in DS under the influence of SD by the Montgomery–Åsberg Depression Rating Scale evalluation.
Results: No relationship was found between BEHCT parameters and the studied genes in the entire study group. NRs exhibited a negative correlation in number of motor function errors in relation to all examined genes of CLOCK (r=-0.52, p=0.02), BMAL1 (r=-0.55, p=0.007), CRY1(r=-0.45, p=0.048), PER1(r=-0.6, p=0.023), and NR1D1 (r=-0.19, p=0.523) is except for NPAS2. Additionally, In NRs, the BEHCT error time negatively correlated with the PER1 and NR1D1 (r=-0.6, p=0.006; r=-0.52, p=0.045; respectively). In contrast, within the RE group, only NPAS2 expression showed a positive correlation with the number of errors (r= 0.35, p=0.049).
Conclusions: Reduced expression of CLOCK, BMAL1, CRY1, PER1, and NR1D1 is associated with impaired PF, only in individuals with worsening DS after SD. Increased NPAS2 expression appears to be an orgin of reduced PF results in the RE group. These genes, integral to the circadian system's feedback loop, may mediate the complex effects of SD on mood and cognitive function, warranting further investigation.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP261

Perinatal depression and psychiatric comorbidities during the life course: a Swedish nationwide register based study

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doi: 10.1192/j.eurpsy.2025.571

Introduction: Women with a history of major depression are at risk of perinatal depression (PND). The associations between PND and other types of psychiatric disorders are less clear, although a recent GWAS revealed genetic correlations with almost all psychiatric disorders.
Objectives: The aim of this study was to examine the association between PND and overall, and 17 type-specific, psychiatric disorders in a life course approach.
Methods: Leveraging Swedish nationwide health register and primary care data, we included all birthing women diagnosed with depression or prescribed for antidepressants during pregnancy or within a year postpartum, i.e., women with PND (n=122,720), during 2001-2022. Using incidence density sampling, we matched each case to 10 unaffected birthing women. We ascertained any diagnosis of psychiatric disorder over the lifetime from the National Patient Register. Using multivariable conditional logistic regressions, we estimated the association between PND and any, or subtypes of, psychiatric disorders dated before or after the PND diagnosis in a liftecourse approach. Moreover, we conducted a nested case control study to investigate the association of psychiatric disorders and subsequent PND, and a matched cohort study to investigate PND and subsequent psychiatric disorders.
Results: In preliminary results, at a mean age of 31.0, we found that PND was highly associated with any other psychiatric disorders (adjusted odds ratio (aOR)=9.02, 95%CI 8.9-9.2). The association remained when excluding depression (aOR=6.2, 95%CI 6.1-6.3), and was comparable for psychiatric disorders dated before PND diagnosis (aOR = 9.0), whereas attenuated for diagnoses dated after PND (OR= 3.9). Most pronounced association was noted for bipolar, personality disorders, depression, and anxiety. The association was stronger in primiparous women and in women born ourside of Europe (p-for interaction <0.001).
Conclusions: Throughout life course, PND is associated with psychiatric disorders, particularly with bipolar disorder, personality disorder, depression and anxiety. These findings may shed light on shared genetic/risk factors between PND and other psychiatric disorders.

Disclosure of Interest: None Declared