

Results: Ninety-three women diagnosed with post-menopausal OP were interviewed. the number of complete questionnaires was 72. The valid rate was 77.4%. All were women. The mean age was 72.5 (± 1.08). The median duration of menopause was 23 years (IIQ = [10.5-28.5]). Forty-five women were diagnosed with bone fractures (62%). Thirty-three patients (45.8%) were obese (IMC>30). The median PSQI score was 16 (IIQ = [6-18]). Forty-seven participants (65.3%) had poor sleep quality (PSQI > 7). According to the items of PSQI: the median score of sleep duration, sleep Efficiency and sleep disturbances was 1 (IIQ = [1 -2]) for each item. The median score of sleep latency was 3 (IIQ = [2-3]). For daytime dysfunction, the median score was 2 (IIQ = [0-3]).

Study analytics revealed a significant association between daytime dysfunction and the presence of bone fractures ($p=10^{-3}$), the same was with sleep disturbances and bone fractures ($p=10^{-3}$). Body mass index (BMI) was significantly and inversely associated with sleep quality ($r= -0.313$; $p= 0.007$). Sleep latency was significantly associated with physical activity ($p<10^{-3}$).

Conclusions: In conclusion, our results suggest that sleep quality is associated with physical activity and BMI. This is consistent with the most recent evidence in the literature. These findings support expanding the scope of wellness programs to promote healthy sleep among osteoporotic women.

Disclosure of Interest: None Declared

EPV1032

The results of a study of the causes and correlations between stress and sleep disorders by medical professionals

P. Sarantuya^{1*}, B. Purev¹ and T. Myatav²

¹medical department, Etugen university and ²Avicenna science center, Ulaanbaatar, Mongolia

*Corresponding author.

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Introduction: Prolonged exposure to stress can adversely affect mental health and lead to mental illness, which can adversely affect the provision of medical care. It has been determined that sleep disturbances affect physical and mental health and negatively affect daily activities. Therefore, we conducted this study with the assumption that it is an opportunity to improve health care by examining the prevalence of stress in the medical profession and identifying its causes.

Objectives: To study the prevalence of stress and sleep disorders among doctors and medical professionals in Selenge Province General Hospital2. Identify some factors affecting stress and sleep disorders and their relationship

Methods: Using SRQ20, PHQ9, GAD7, and sleep disturbance questionnaires issued by WHO for doctors of primary health care institutions, according to the analytical research model, the ethics committee with the informed consent form, and the research was conducted.

Results: Doctors and medical professionals aged 23-65 participated in the study, the average life expectancy was 37.05 years. 44.44% are stressed. 8% of stressed people had severe stress, 18.89% had no sleep disorder and 81.11% had a sleep disorder. 46.67% of those

with sleep disturbances had mild sleep disturbances. But 34.44% had sleep disorders. 30% had a non-organic sleep disorder, 5.56% had lucid dreaming disorder, and 3.33% had non-organic insomnia. According to the correlation analysis, the SRQ20 stress score GAD7 anxiety score is $r=0.76$, the PHQ9 score is $r=0.74$, the sleep disturbance score is $r=0.68$, the satisfaction score is $r=-0.44$, the sleep disturbance score GAD7 score $r=0.75$, a moderate positive correlation with the PHQ9 depression score $r=0.45$, and a weak inverse correlation with the satisfaction score $r=-0.24$ was related. In the composite linear regression analysis, the stress score increased by 116.2% when the stress problem score increased by one, the anxiety problem score increased by 44.34%, the body shape problem screening questionnaire increased by 82.86%, and the depression problem score increased by one. 73.18% per increase of one, and 7.18% per increase of PHQ9 depression score was statistically significant. On the other hand, the sleep disorder score increases by 127.05% when the stress problem score increases by one, the anxiety problem score increases by 120.79% and the body shape problem detection questionnaire score increases by one.

Conclusions: Doctors and medical professionals need to increase their coping skills, psychiatric examination and diagnosis, and psychological counseling. Also, by implementing the right lifestyle habits, most of the sleep disorders of doctors and medical professionals can be normalized by themselves. Stress is associated with depression, anxiety, sleep disturbances, years of work, relationship satisfaction, psychological problems, and depression.

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EPV1033

How effective is ketogenic diet in sleep disorders ?

N. Kouki*, A. maamri, N. kouki, M. A. zaafrane, A. Hajri and H. zalila

Outpatient psychiatry department, Razi hospital, manouba, Tunisia

*Corresponding author.

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Introduction: Sleep disorders vary widely and its treatment are based on a combination of life style changes and pharmacological therapy adapted to the primer health issue. Ketogenic diet has shown not only its efficacy in different health conditions, but it is also becoming a popular health trend. Could the therapeutic spectrum of ketogenic diet cover sleep disturbances ?

Objectives: The aim of our study is to evaluate the effect of ketogenic diet on sleep disorders

Methods: To identify relevant studies ,our literature review was based on the Pubmed interface and adapted for 2 databases : science direct and google scholar. We used the following key words (ketogenic diet [meSH terms]) and (sleep disorders [meSH terms]).

Results: Our research revealed 14 articles published between 2012 and 2022. We selected 8 which corresponded to the purpose of our review. The ketogenic diet affects sleep hemostasis indirectly. In fact, this diet is associated with weight loss and therefore reduction of metabolic and cardiovascular complications disturbing sleep quality. From a neurobiological perspective, this regimen based on limited carbohydrates is associated with a low Tryptophan intake which is the precursor of melatonin. But on the other hand, Ketone bodies trigger adenosine activity which promotes melatonin liberation, the sleep inducing hormone.

Conclusions: Ketogenic diet modulates melatonin activity therefore affects sleep architecture. Meanwhile, Its impact on sleep disorders is still controversial due to the variation of its pathophysiological mechanisms.

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EPV1034

A Review of Current and Future Pharmacologic Treatments for Narcolepsy

P. Chue^{1,2*}, J. Chue², M. Tate², A. Andreiev² and A. Abba-Aji¹

¹Psychiatry, University of Alberta and ²Clinical Trials and Research Program, Edmonton, Canada

*Corresponding author.

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Introduction: Narcolepsy is a rare but disabling neurological disorder involving disruption of the sleep-wake cycle that is often under- or misdiagnosed (Barateau L, *et al.* J Sleep Res. 2022;31(4): e13631). It is characterized by a classical tetrad of excessive daytime sleepiness (EDS), cataplexy, hypnagogic hallucinations, and sleep paralysis. Narcolepsy is divided into 3 types: Narcolepsy Type 1 (NT1); Narcolepsy Type 2 (NT2); and Secondary Narcolepsy. The pathophysiology remains unclear but is primarily associated with loss of hypocretin (orexin) neurons involving autoimmune and genetic risk factors, particularly for NT1.

Objectives: To review the currently available therapies for the treatment of narcolepsy.

Methods: The extant literature was reviewed and discussed in the context of clinical relevance.

Results: Treatment historically has included medications developed for the treatment of other conditions such as psychostimulants (methylphenidate, modafinil/armodafinil, pemoline) and antidepressants (SSRIs, TCAs). These agents are also associated with limiting side effects in practice. In more recent years a variety of specific treatments have been approved that act on diverse pathways. Pitolisant, a histamine H3 receptor inverse agonist, is approved for the treatment of EDS or cataplexy in adult patients with narcolepsy (and children > 6 years in European Union) (Keam SJ. *Paediatr Drugs*. 2023;25(4):483-488). Solriamfetol, a dopamine and norepinephrine reuptake inhibitor (DNRI) is indicated to improve wakefulness in adult patients with EDS associated with narcolepsy or obstructive sleep apnea (OSA) (Winter Y, *et al.* *Sleep Med*. 2023;103:138-143). Sodium oxybate (SXB), a GABA_B receptor agonist, is approved for the treatment of cataplexy associated with narcolepsy and (EDS) in patients 7 years or older (Bogan RK, *et al.* *CNS Drugs*. 2023;37(4):323-335). Current research focuses on on-peptide hypocretin receptor-2 agonists (Saitoh T, Sakurai T. *Peptides*. 2023;167:171051).

Conclusions: Despite limited understanding of the pathophysiology of narcolepsy there have been substantial advances in the pharmacotherapy, including medications now approved for children. Early diagnosis and treatment are associated with better outcomes. In view of the chronic and disabling morbidity associated with narcolepsy further research and better access to appropriate medications is necessary.

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Suicidology and suicide prevention

EPV1035

Suicide planning type interventions as an evidence based alternative for no-suicide contracts

A. Garbacka^{1*} and M. Bzowska²

¹Child and Adolescent Psychiatry, Uzdrowisko Konstancin Zdroj, Konstancin-Jeziorna and ²Psychiatry Private Practice, Warsaw, Poland

*Corresponding author.

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Introduction: Suicidality is a common concern in psychiatric patients and one of the leading causes of death in adolescents and young adults. (*Adolescent health*. (2019, November 26) WHO). Some mental health professionals engage in a no-suicide contract with their patients. In this type of intervention, the patient usually agrees to not harm or kill himself/herself. There is an increasing body of evidence to support brief interventions, such as group of safety planning-type interventions (SPTIs) (McCabe *et al.* *MC Psychiatry*, 2018, May 3; 18(1)). Safety planning is derived from cognitive therapy and cognitive behavioral therapy used for suicide prevention.

Objectives: Our objective was to summarize and critically analyze current evidence of effectiveness of SPTIs and no-suicide contracts in suicide prevention.

Methods: We conducted a literature review to compare no-suicide contract to safety-planning interventions in suicide prevention.

Results: Although no-suicide contracts may work for some individuals, there is not enough quantitative evidence to support such contracts as clinically effective tools. A recent meta-analysis has shown that SPTIs were associated with reductions in suicidal behaviors although no effect was identified with frequency of suicidal thoughts (Nuij *et al.* (2021, April 30). *The British Journal of Psychiatry*, 219 (2), 419–426).

Conclusions: Based on the evidence and straightforward implementation of SPTIs in different clinical settings it may be a more effective alternative to no-suicide contracts.

Disclosure of Interest: None Declared

EPV1036

“Suicide Clusters: Analysis of a Sample of Completed Suicides in Spain”

A. M. G. Alvarez*, J. J. M. Jambrina, I. F. Arias, L. P. Gómez, N. A. Alvargonzalez and C. P. Miranda

Psychiatry, Hospital San Agustín, Aviles, Spain

*Corresponding author.

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Introduction: “Cluster suicides,” also known as “suicide clusters,” refer to a phenomenon in which a series of suicides occur within a specific community, group, or geographic area within a relatively short period of time. These suicides often appear to be interconnected, either through imitation or contagion, and may involve individuals who have some form of social or emotional connection to each other.