

Conclusions: No significant effect of H7-coil TMS on delaying relapse was observed in patients with schizophrenia and predominant negative symptoms. Median survival was not reached in either group, suggesting the need for longer follow-up to fully evaluate potential benefits. Baseline severity of negative symptoms and prior hospitalizations should be considered when assessing relapse risk in this patient population.

Disclosure of Interest: None Declared

EPV1803

Association of negative symptom dimensions with sleep efficiency in schizophrenia patients with predominant negative symptoms

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doi: 10.1192/j.eurpsy.2025.2238

Introduction: Negative symptoms, such as avolition, blunted affect, or alogia, contribute to functional disability and reduced quality of life in schizophrenia. Patients with predominant negative symptoms and minimal positive symptoms represent a distinct subgroup requiring tailored therapeutic strategies. Sleep disturbances, particularly reduced sleep efficiency, are commonly reported in this population and may exacerbate the severity of negative symptoms. Understanding the differential impact of specific negative symptoms on sleep efficiency could inform individualized approaches for improving outcomes.

Objectives: To explore associations between distinct dimensions of negative symptoms and sleep efficiency in schizophrenia patients with predominant negative symptoms and low positive symptoms.

Methods: This analysis used baseline data from a randomized, sham-controlled trial on the efficacy of transcranial magnetic stimulation in schizophrenia, conducted between 2000 and 2023. The study included patients with PANSS negative subscale score > 24 and PANSS positive subscale score < 20. The outcome variable was the sleep efficiency subscale of the Pittsburgh Sleep Quality Index. Independent variables were the five SANS dimensions: blunted affect, alogia, avolition/apathy, anhedonia/asociality, and attention impairment. Quantile regression was used to assess associations, and robust standard errors were applied.

Results: We included 76 patients (median age 36 years, 33% women). Alogia was positively associated with sleep efficiency ($\beta = 4.41$, $p = 0.040$), while avolition ($\beta = -3.61$, $p = 0.014$) and attention impairment ($\beta = -4.12$, $p = 0.041$) were negatively associated. Blunted affect and anhedonia/asociality were not significantly associated with sleep efficiency.

Conclusions: Distinct negative symptom dimensions show differential associations with sleep efficiency in schizophrenia patients with predominant negative symptoms. Alogia's association with better sleep efficiency may reflect reduced mental arousal and fewer ruminative thoughts before sleep. Conversely,

avolition and impaired attention may worsen sleep through increased inactivity and fragmented sleep patterns. These findings suggest that targeted therapeutic interventions may be necessary to optimize sleep and overall clinical management in this subgroup of patients. Further studies are needed to explore underlying mechanisms and clinical implications of the presented associations.

Disclosure of Interest: None Declared

EPV1804

Validation of the Lithuanian version of the Brief Negative Symptoms Scale

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doi: 10.1192/j.eurpsy.2025.2239

Introduction: Negative symptoms of schizophrenia include abulia, anhedonia, alogia, blunted affect, and social isolation. These symptoms strongly correlate with health-related quality of life and treatment outcomes. (Azaiez et al., 2018; Galderisi et al., 2018; Kirkpatrick et al., 2006). According to current negative symptoms diagnosis and treatment guidelines, the Brief Negative Symptom Scale (BNSS) is the instrument of choice for the psychometric evaluation of negative symptoms (Galderisi et al., 2021). Unfortunately, BNSS was not available in Lithuania.

Objectives: To validate the Lithuanian version of the BNSS in a Lithuanian-speaking sample.

Methods: We performed a double translation from English to Lithuanian and then back to English. The final version of the Lithuanian BNSS (Lit-BNSS) was finalized according to comments from two native Lithuanian-speaking experts, who evaluated the forward translation, and the representatives of the authors of the BNSS, who evaluated the back translation. We performed a validation study in an inpatient setting in a university hospital in Lithuania and asked patients diagnosed with schizophrenia spectrum diagnosis according to ICD-10 to participate in the study. We evaluated the included patients with the Positive and Negative Symptoms Scale (PANSS), Montgomery Asberg Depression Rating Scale (MADRS), Self-Evaluation of Negative Symptoms Scale (SNS), and Calgary Depression Scale for Schizophrenia (CDSS). PANSS Marder factors were calculated for more accurate PANSS scores. We checked the convergent validity with the Marder negative symptoms factor, the total score of SNS, and the discriminant validity with the Marder positive symptoms factor, MADRS, and CDSS total scores.

Results: The study included 122 patients. The Lit-BNSS showed great internal consistency for the 13 items ($\alpha=0.944$) and good consistency for six subscores ($\alpha=0.874$). Convergent validity was good, with the total score of Lit-BNSS having a strong positive correlation with the Marder negative symptoms factor and a weaker correlation with the SNS total score. Discriminant validity was adequate because there were insignificant correlations with MADRS and CDSS subscores and the Marder positive symptoms factor. Correlation scores can be seen in Table 1.