depending on the distance of the object from the light source. This makes them visibly different from sunlight. This study aims to investigate the efficacy of collimated light therapy, which uses a reflective parabola placed behind an LED to generate a parallel light beam, brightly illuminating a whole room in the patient's home (Collimated Light Therapy), similar to natural sunlight.
Objectives: H1.0) To measure the difference in symptom severity between baseline and after 4 weeks of treatment using the SIGH-SAD questionnaire on SAD symptoms. H1.1) To assess the difference in symptom severity between baseline and after 4 weeks of treatment using the BDI-SAD. H1.2) To determine the fraction of patients in remission after 4 weeks.
Methods: This study includes adult patients diagnosed with SAD according to DSM-5-TR criteria. Participants must be at home for at least 6 hours in the morning and afternoon (before 19:00) on at least 5 days per week. Exclusion criteria include a history of manic episodes, light therapy in the previous 4 months, and recent changes in antidepressant medication. We will test hypotheses H1.0 and H1.1 using independent-sample t-tests to compare average scores on the SIGH-SAD and BDI-SAD scales between the collimated light therapy and standard light therapy groups after four weeks. Hypothesis H1.2 will be tested with a chi-square test for association, comparing remission rates between the two groups after two and four weeks.
Results: Our hypotheses are: (1) Home-based collimated light therapy for at least 6 hours/day reduces winter depression symptoms more than standard light therapy (light box, 10,000 lux, 30 minutes/day) after four weeks, as measured by the SIGH-SAD. (2) After four weeks, collimated light therapy shows greater improvement in symptoms as measured by the BDI-SAD. (3) Collimated light therapy results in a higher fraction of patients in remission after four weeks.
Conclusions: This trial is the first RCT to compare the efficacy of collimated light therapy with standard light therapy for treating SAD. This groundbreaking trial could open a new therapeutic frontier, offering a potentially more effective option for patients suffering from SAD.

Disclosure of Interest: None Declared

EPV0614

Paroxetin in the treatment of depressive symptoms and insomnia

E. S. Gisbert[1]* and M. J. A. Abildua[1]

[1]PSYCHIATRY/NEUROLOGY, HOSPITAL UNIVERSITARIO INFANTA SOFIA, SAN SEBASTIAN DE LOS REYES, Spain
*Corresponding author.
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Introduction: OBJECTIVES: Insomnia is the most prevalent sleep disorder in the general population and depresive symtoms, and one of the most frequent reasons for consultation in the Sleep Units. Paroxetin is an antidepresive also effective on the structure of sleep.
Objectives: We describe the study that evaluates Paroxetin in patients with depression and insomnia.
Methods: Observational retrospective study of 40 patients with depression and insomnia. All patients attended in Neurology or Psychiatry Consultation, from November 2022 to November 2023. They were treated with Paroxetin 30 mgrs. We reviewed age, sex, depressive symtoms and insomnia, and the results of paroxetin for insomnia after 6 months of treatment, measured by the improvement of 3 or more points in the ISI and Pittsburgh scales, as well as the average of hours of sleep gained. The depressive symtoms measured with Hamilton scales.
Results: RESULTS: 40 patients with depression and insomnia, 24 women (60%), 16 men (40%). Average age 46,5 years
Main etiology: depression 40 cases (100%). After the treatment with Paroxetin the total number of hours of sleep improves in 2.5 hours, the scale ISI improves by 6 points (± 2.1 SD, p=0.02), and Pittsburgh scale improves in 4 points (± 1.7, p =0.04). The Hamilton scales improves in 19 points. The treatment was abandoned by 2 patients (5%): 1 due to pregnancy wish and 1 due digestive symtoms.
Conclusions: CONCLUSION: The Paroxetin 30 mgrs/day improves the quality of sleep measured by ISI and Pittsburgh scales (statistically significant), and improves the depressive symtoms.

Disclosure of Interest: None Declared

EPV0615

Unwanted pregnancy, abortion and suicidal behaviour

N. M. Szeifert[1,2], O. Pesthy[3,4] and X. Gonda[5]*

[1]Department of Sports Medicine, Semmelweis University; [2]Doctoral School of Psychology, ELTE Eötvös Lóránd University; [3]Institute of Cognitive Neuroscience and Psychology, HUN-REN Research Centre for Natural Sciences; [4]Institute of Psychology, ELTE Eötvös Lóránd University and [5]Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary
*Corresponding author.
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Introduction: Previous studies have shown that unwanted pregnancy and abortion, particularly in adolescents, are associated with a higher risk of suicidal thoughts and behaviors. Moreover, women with a history of abortion faced a significantly higher risk of various mental health problems, including suicidal behaviors, compared to those who did not undergo abortion. This is often due to a combination of psychological and social pressures. Factors such as the feeling of shame, social isolation, and a sense of being a burden can exacerbate the mental distress that pregnant women or adolescents experience, especially when the pregnancy is unplanned. Additionally, women who attempted suicide often report high levels of stress related to social expectations, family conflict, and lack of support during pregnancy. In some cases, individuals who were born from unwanted pregnancies or whose mother attempted abortions have also shown a higher risk of suicidal behavior later in life. However, our understanding of the risk and protective factors is uncomplete.
Objectives: In our study the connection between unwanted pregnancy, abortion and suicide attempts were analysed and identify their role as potential suicide risk factors.
Methods: : Structural clinical interview was used to explore trauma history of induced abortion and unwanted pregnancy. 324 subjects were involved in the analysis. 134 of them with history of suicide, 135 clinical sample without suicide history 55 non-clinical sample. We assessed the moderator effect of the attachment style and childhood trauma using the Adult Attachment Scale (AAS) and the Childhood Trauma Questionnaire (CTQ).
Results: We found no significant effects regarding whether the individual was born from unwanted pregnancies (β = -1.509, p = 0.110, OR = 0.221), and whether they lost their child (β = 0.247, p =