

Introduction: Sexual minority individuals face unique challenges in mental and sexual health, emotion regulation, and well-being. Although understanding the complex dynamics among these variables in the context of diverse sexual orientations and gender identities is crucial to supporting and tailoring comprehensive interventions, limited research has investigated their overlapping relationships and intersections.

Objectives: The current study aims to examine the connections between mental health, sexual health, emotion regulation, and well-being among sexual minority and heterosexual individuals in Israel. The main purpose was to provide a comprehensive understanding of the unique challenges sexual minority individuals face.

Methods: The study included 465 participants, 324 (70%) were identified as heterosexual individuals and 119 (26%) as sexual minority individuals. Various variables were assessed using an online anonymous questionnaire, including mental health (anxiety, depression, suicide ideation, substance use disorder), sexual health (sex-related distress, problematic pornography use, compulsive sexual behavior disorder), emotion-regulation, and well-being. Between-group differences were analyzed using Mann-Whitney U tests. Network analysis was conducted to examine the centrality and edges of relationships between variables within each group.

Results: Significant differences were found between the heterosexual and sexual minority groups across the measured variables. Sexual minority individuals reported higher levels of psychopathology, lower sexual health, as well as lower levels of emotion regulation and well-being compared to heterosexual individuals. Network analysis revealed that the number of diagnosed psychopathologies and depression were central nodes in the sexual minority group, while sexual functioning played a central role in the heterosexual group. The sexual minority group's network showed less stability, suggesting distinct subpopulations within this group.

Conclusions: This study contributes to understanding the unique mental and sexual challenges sexual minority individuals face and the intersections between mental health, sexual health, emotion regulation, and well-being. These findings highlight the importance for mental health professionals to acknowledge and address these connections, emphasizing the need for tailored psychosocial interventions that integrate sexual health.

Disclosure of Interest: None Declared

EPV1907

The Impact of Personality Traits on Mental Stress and Stigmatization in HIV+ Cases

E. ILGIN^{1*}, Ö. Yanartaş¹ and S. Göktaş²

¹Psychiatry, Marmara University and ²Psychology, Yeditepe University, Istanbul, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2322

Introduction: HIV (Human Immunodeficiency Virus) is a virus that damages the immune system, weakening the body's ability to defend against infections and certain types of cancer. If left untreated, HIV can progress to an advanced stage known as AIDS (Acquired Immunodeficiency Syndrome). HIV can be transmitted through blood, sexual contact, from mother to child during childbirth, or through breastfeeding. Today, with antiretroviral treatments, it is possible for individuals living with HIV to lead healthy

and long lives. In addition to health issues, HIV-positive individuals face mental stress and societal stigmatization. Their personality traits play a significant role in determining the level of mental stress they experience and their ability to cope with stigma. We have developed a survey for HIV-positive individuals addressing these aspects.

Objectives: This study, aimed to observe how HIV-positive individuals cope with societal stigmatization and the mental stress they experience based on their personality types, as well as the connection between these factors.

Methods: The study's survey was prepared using the open-source platform 'Google Forms' and will be administered in person. The tests used in this study are widely accessible and have been validated for reliability and validity in Turkey. Specifically, we utilized the Enneagram, the HIV Stigma Scale developed by Berger and colleagues, and the Hospital Anxiety and Depression Scale developed by Zigmond and Snaith. The study has no commercial purpose. The analysis was conducted on a total of 63 respondents, consisting of 45 men and 18 women.

Results: In the study, data were collected from 63 individuals, 71.4% of whom were male (n=45) and 28.6% female (n=18). The average age of participants was 39.69 years (range 20-77). It was observed that individuals with primary education were the most stigmatized, while those with middle school education experienced the least stigmatization. The most common personality type among both men and women was Type 2 (the helper). According to the data, participants had an average stigma score of 94.9.

Conclusions: The study did not find a significant relationship between age and stigmatization, nor between gender and stigmatization. Personality types that perceived the highest levels of stigmatization were Type 2 and Type 8, with average scores of 108. Conversely, the personality type that perceived the lowest levels of stigmatization was Type 5, with an average score of 74. These findings highlight that certain personality types may be more susceptible to experiencing or perceiving stigmatization, while others may experience it less. Further research could explore the underlying factors influencing these perceptions and their implications for support and intervention strategies.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPV1909

Association between Anxiety and Depression with Sleep Quality among Iraqi Polypharmacy Older Adults: A Cross-Sectional Study

G. Alhashem¹, M. Aldawoudi^{1*} and M. AlZayadi¹

¹Pharmacy, AlSafwa University College, Karbala, Iraq

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2323

Introduction: Many definitions have been proposed for polypharmacy, but the most common is the concurrent use of five or more medications. It is a growing concern among older adults and is associated with numerous adverse effects and drug-drug interactions. Beyond its impact on physical health, research suggests that polypharmacy may also affect mental health, which could potentially be linked to poor sleep quality.

Objectives: The current study objective is to investigate the sleep quality of polypharmacy older adults and its association with depression and anxiety in this population.

Methods: A cross-sectional study was conducted in Iraq from June to August 2024. A total of 245 participants were selected from internal medicine wards in hospitals and private clinics. All participants were aged 50 years or older and had been taking five or more medications for at least 90 days. The study questionnaire comprised three main sections: demographic data, the Patient Health Questionnaire-4 (PHQ-4), and the Pittsburgh Sleep Quality Index (PSQI). A PSQI score greater than 5 was used to identify poor sleepers. The association between poor sleep and other factors was assessed by using chi-squared tests and binary logistic regression.

Results: The sample consisted of 245 polypharmacy patients, with a mean age of 61.5 ± 12.4 years. Of the participants, 150 (61%) were female and 95 (39%) were male. Anxiety was observed in 95 (38.8%) participants, depression in 96 (39.2%), and poor sleep quality in 189 (77.1%). The study found significant associations between both anxiety (OR = 3.4 [95% CI: 1.55-7.57], $p = 0.002$) and depressive symptoms (OR = 2.43 [95% CI: 1.15-5.15], $p = 0.020$) with poor sleep quality.

Conclusions: Our study suggests that Iraqi polypharmacy older adults suffer from poor sleep quality, with depression and anxiety potentially exacerbating this issue. The findings suggest that mental health support is necessary for older adults with polypharmacy.

Disclosure of Interest: None Declared

EPV1910

Sleep disorders and stress in children and adolescents with ASD

A. Alvarez^{1*}, N. Santamaria¹, V. Bote¹, R. Medina¹, J. A. Monreal¹, B. Sánchez¹ and A. Hervás¹

¹Mental Health, University Hospital Mutua Terrassa, Terrassa, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2324

Introduction: Sleep disorders are very common in children with neurodevelopmental disorders such as autism. Poor sleep can have detrimental effects on cognitive processes, attention, memory, language, and regulation of mood and behavior. Many people with autism have difficulty correctly processing sensory information that reaches them from both the environment and their own body. Depending on how the person with autism perceives the sensations, these can impact on sleep, causing nighttime awakenings or poor sleep conciliation. It is vitally important to evaluate nighttime rest and have knowledge of appropriate tools to improve sleep in patients with ASD.

Objectives: In this work we aim to evaluate, in a child-youth population diagnosed with ASD who have been admitted to our ASD Day Hospital during the year 2024, the prevalence of sleep disorders and their characteristics. As well as generating strategies to improve sleep conciliation and factors to take into account or avoid that may be affecting our patients.

Methods: A review is carried out of the clinical history of patients admitted to the TEA Day Hospital during the year 2024. Sleep problems are analyzed, as well as their relationship with stress. Results and measures to improve the quality of night rest in these patients are presented.

Results: From January to September 2024, a total of 26 patients with autism have been treated at the ASD Day Hospital of the University Hospital of Mutua Terrassa, in the following programs: intensive, eating problems and low functionality. Of these, 32% were women, with an average age of 11.64 and an average stay of 40 days.

More than half of the patients had sleep problems, where the majority had more than one. Among the most frequent: difficulties falling asleep (12), maintenance insomnia (8), frequent awakenings (4), night terrors (6), and the need for the presence of parents and/or sensory interventions to be able to fall asleep (12).

The main interventions carried out have consisted of: establishing adequate sleeping habits, avoiding naps, avoiding highly stimulating activities, feeling tired beforehand, adapting environmental conditions to the needs of the child and giving proprioceptive information before sleeping.

Among the most commonly used drugs we found atypical antipsychotics: olanzapine, risperidone. Some antidepressants: mirtazapine and occasionally benzodiazepines. The vast majority of children took melatonin.

Conclusions: Sleep disorders are highly prevalent in patients with ASD, but correct intervention can improve comorbid symptoms such as anxiety, stress and discomfort, which are largely related to poor sleep.

Sensory-perceptive interventions are essential to improve nighttime rest in children with ASD

Disclosure of Interest: None Declared

EPV1911

Daytime Sleepiness Among Healthcare Workers Following SARS-CoV-2 Infection

E. Bechrifa^{1*}, D. Brahim¹, N. Mechergui², I. Youssef³, M. Mersni¹, G. Bahri¹, H. Ben Said⁴, M. Bani¹ and N. Laadhari¹

¹Occupational Medicine Department, Charles Nicolle Hospital;

²Occupational Medicine Department, Habib Thameur Hospital;

³Occupational Medicine Department, Mongi Slim Hospital and

⁴Occupational Medicine Department, Maternity and Neonatology Center, Tunis, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2325

Introduction: COVID-19 infections had a variety of symptoms, including a range of sleep disorders such as daytime sleepiness.

Objectives: The objective of the study was to determine the frequency and persistence of daytime Sleepiness among HCWs post-COVID-19 and analysis of related risk factors.

Methods: A prospective descriptive study was conducted over six months (January-July 2022) among HCWs at Charles-Nicollé Hospital in Tunis who contracted COVID-19. Daytime sleepiness was evaluated at three intervals: during the infection (T0), at three months, and at six months post-infection, using the Epworth Sleepiness Scale (ESS) in its French version. Anxiety and depressive symptoms were assessed with the Hospital Anxiety and Depression Scale (HAD) to examine their association with sleep disturbances.

Results: The study included 155 HCWs, with an average age of 40.2 ± 10.3 years and an average work seniority of 14.1 ± 10 years. The assessment of anxiety-depressive disorders in the study population using the HAD scale showed that anxiety symptoms were certain in 27.3% of the personnel, while depressive symptoms were certain in 21.4% of cases. Additionally, 48.1% of participants showed no