a 5% two-sided significance level, and a 10% drop-out rate, 140 subjects will be recruited.
Results: This project explores how OXT augmentation enhances the positive effects of MBGT. It is expected that combining OXT with MBGT will significantly improve NS, stress, and affect in SSD patients. Preliminary results already show a significant reduction in social withdrawal and blunted affect in the OXT group compared to placebo.

Image 1:

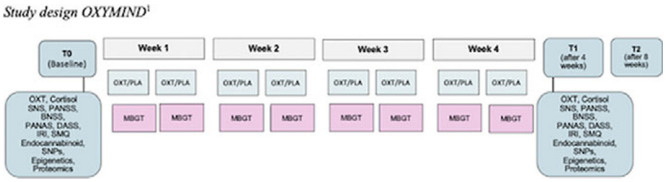
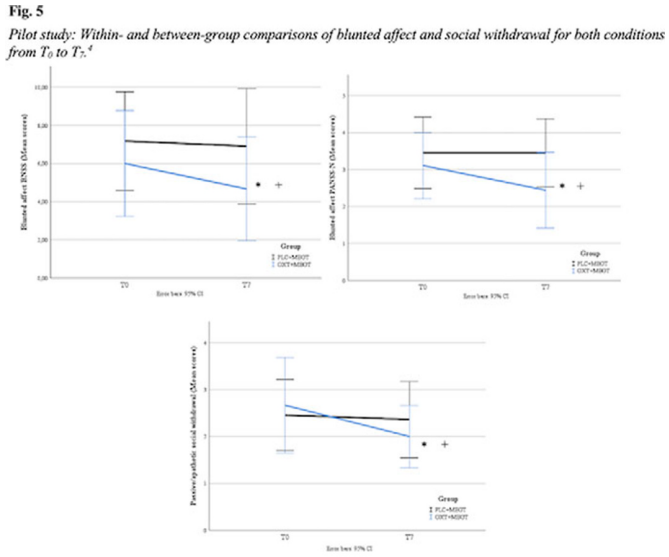


Image 2:



[3] *Note.* *$p < .05$= within group-changes using paired-samples t-tests; OXT: oxytocin; PLC: placebo; MBGT: mindfulness-based group therapy; PANSS-N: Positive and Negative Syndrome Scale – Negative Scale; BNSS: Brief Negative Symptoms Scale.
[4] *Note.* *$p < .05$= within group-changes using paired-samples t-tests; +$p < .05$= between-group changes as indicated by ANCOVA; OXT: oxytocin; PLC: placebo; MBGT: mindfulness-based group therapy; PANSS-N: Positive and Negative Syndrome Scale – Negative Scale; BNSS: Brief Negative Symptoms Scale; SNS: Self Evaluation of Negative Symptoms.

Conclusions: Current treatments for NS in SSD are insufficient, highlighting the urgent need for new or combined strategies. Evidence supports the benefits of augmented psychotherapy. This project could pave the way for innovative, personalized psychiatric treatment for SSD.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP180

Persistent shorter and longer sleep duration from infancy to childhood and its prospective association with chronic depression symptoms

R. L. M. Amos[2], B. B. Durdurak[1], A. M. Gregory[3], S. Marwaha[2] and I. Morales-Muñoz[2*]

[1]Research & Development, Birmimgham and Solihull Mental Health Foundation Trust; [2]School of Psychology, Institute for Mental Health, University of Birmingham, Birmingham and [3]Department of Psychology, Royal Holloway University of London, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.504

Introduction: Identifying early-life risk factors for chronic depression symptomology in young people, is essential to informing early targeted interventions. One highly prevalent symptom (and potential risk factor) in depression is sleep problems, such as insomnia or hypersomnia. However, most studies have measured sleep disturbances and depression symptoms at only one time point, and the prospective relationship between *persistent* shorter or longer sleep duration in childhood and *chronic depression symptoms* in adolescence through to adulthood has not been explored.
Objectives: To identify whether longitudinal trajectories of persistent shorter sleep and persistent longer sleep duration between 6 months to 7 years of age, are associated with increased risk of developing chronic depression symptoms between 13-22 years of age.
Methods: Prospective associations were explored using the Avon Longitudinal Study of Parents and Children (ALSPAC), in the UK. Childhood night-time sleep duration was parent-reported at 6, 18, and 30 months and at 3.5, 4 to 5, 5 to 6, and 6 to 7 years. Depression symptoms were self-reported via the Short Mood and Feelings Questionnaire (SMFQ) at, 12.5, 13.5, 16, 17.5, 18, 21 and 22 years of age. Latent Growth Curve Analysis was used to identify longitudinal trajectories of night-time sleep duration from 6 months to 7 years of age (i.e. longer (63%), shorter (2%), average-shorter sleep (22%) and average-longer sleep (13%)) and depression symptoms (i.e. chronic (5%), non-chronic (95%)) from 13 to 22 years. Logistic regressions were conducted to identify the prospective association between persistent shorter and persistent longer sleep trajectories and chronic depression symptoms.
Results: Preliminary results revealed that persistent shorter sleep duration across childhood was associated with increased likelihood of presenting with chronic depression symptoms, even after adjusting for the effects of sex, birthweight, maternal age, child ethnicity, family adversity and maternal socioeconomic status (OR = 1.94, 95% CIs, 1.01, 3.73 p =. 046). Persistent longer sleep however did not show significant associations.
Conclusions: A persistent pattern of shorter sleep duration across childhood is associated with chronic depression symptoms in adolescence through to adulthood. Sleep is a modifiable risk factor and targeted interventions for those presenting a sustained pattern of shorter sleep duration across childhood is suggested to prevent future mental health problems, such as depression.

Disclosure of Interest: None Declared