

informed consent. A week after the initiation of treatment, her sleep pattern had improved but she became aggressive, showed low tolerability to minor frustrations and suffered from an intensification of suicidal ideation. She became extremely hostile to the personnel, had severe tantrums and deliberate self injurious behavior. Perampanel was discontinued and in less than a week her aggressive behavior succumbed. Although she was not re-exposed to Perampanel the symptoms she presented are considered a very likely adverse drug reaction. Levomepromazine 20mg/day and Lormetazepam 0.5mg/day were reinstated as a treatment for insomnia.

Conclusions: Psychiatric comorbidity is known to be a risk factor for behavioral adverse effects of Perampanel. Therefore Perampanel as a treatment for chronic insomnia needs a careful individual benefit-risk assessment and monitoring for adverse effects.

Disclosure of Interest: None Declared

EPV1051

A Challenging Sexsomnia Seen as a Deceptive Case of Depression

J. Brás^{1*}, M. Meira e Cruz^{2,3}, C. Teixeira³, R. Andrade¹ and A. P. Costa¹

¹Department of Psychiatry and Mental Health, Centro Hospitalar Tondela Viseu, Viseu; ²Sleep Unit, Centro Cardiovascular da Universidade de Lisboa, Lisbon School of Medicine and ³European Sleep Center, Lisbon, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2344

Introduction: Sleep related sexual behaviors or sexsomnias are unconscious behavioral activities that occur during sleep (e.g. parasomnias). Behaviors could range from sexual vocalizations, orgasms, sexualized movements, masturbation, or full sexual intercourse with a subsequent amnesia. Early epidemiological studies showed a prevalence of 7.1%, with a male predominance. While intended as a rare condition, leads to important physical and psychological consequences for both the patient and their bed partner. For our knowledge this is the first case of sexsomnia reported in Portugal.

Objectives: To report the clinical and psychosocial impact of a Sexsomnia case in a young woman which was misdiagnosed with depression.

Methods: Patient's clinical files consultation and literature review using Pubmed^a and the keywords: *sexsomnia*.

Results: A 18-year-old female referred to a psychiatric consultation to be assessed and treated from a diagnostic of depressive disorder. This was a young woman with a previous history of sleepwalking during childhood, with no recurrent episodes since adolescence. A familiar positive history for sleepwalking was confirmed (mother). She reported the beginning of her sleep related sexual behavior six months before the consultation, conflicting with the moment in which she started pharmacological therapy for Chron Disease, diagnosed at that time.

After she slept with her boyfriend, she was told by him about the recurrence of masturbatory activity during sleep. These episodes were told to occur as often as 1 to 2 times a night, shortly after falling asleep, with posterior amnesia for the event.

As for medical or psychiatric history, only Chron's disease is highlighted, being under control with azathioprine. Likewise, he took 1mg of melatonin/night.

Pittsburgh Sleep Quality Index at presentation was 7/21 and the STOP-Bang questionnaire revealed a low risk of Obstructive Sleep Apnea.

A Type I Polysomnographic study was performed revealing decreased sleep efficiency and fragmented sleep presenting an alternating cyclic pattern. The existence of significant respiratory events during sleep, as well as periodic movements, was excluded. Cognitive behavioral therapy by means of highlighting the need of improvement on sleep hygiene measures was prescribed and the dose of melatonin was increased up to 3mg. Despite the good clinical response, the patient discontinued the melatonin treatment mainly due to familiar and personal reasons and failed to comply with the prescribed hygienic measures, with a further worsening of the clinical condition.

Conclusions: This particularly challenging case representing the emerging medicolegal issues and psychosocial aspects related with the still poorly understood sleep disorders like sexomnia, shows up how much awareness is required from psychiatric team members to better assist and refer patients, promoting both an assertive diagnostic and an effective management.

Disclosure of Interest: None Declared

EPV1052

Moderating effect of sleep quality on the association between hospital anxiety and quality of life in patients with mild to moderate dementia; A cross-sectional study

K. Bosak^{1,2*}, I. Filipčić^{1,2,3}, Ž. Bajić¹ and V. Grošić^{1,2}

¹Psychiatric Clinic Sveti Ivan, Zagreb; ²Faculty of Dental Medicine and Health, Josip Juraj Strossmayer University of Osijek, Osijek and

³School of Medicine, University of Zagreb, Zagreb, Croatia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2345

Introduction: Anxiety and sleep disorders are common and associated comorbidities of dementia. Previous studies has proven the association between anxiety and sleep disorder with a reduced quality of life in hospitalized patients with dementia. However, it is not clear whether the sleep disorders change the association between anxiety and quality of life.

Objectives: To test the hypothesis that sleep quality modify the association between anxiety and quality of life in hospitalized patients with mild or moderate dementia.

Methods: We performed this cross-sectional study during 2017 at University Psychiatric Hospital "Sveti Ivan", Zagreb, Croatia. Data were collected on a consecutive sample of patients diagnosed with mild or moderate dementia. The outcome was the association between anxiety measured using the Hospital Anxiety and Depression Scale, and quality of life measured using the EQ-5D-5L visual-analogue scale. The independent variable was sleep quality measured using the Pittsburgh Sleep Quality Index (PSQI). We performed a moderation analysis using the Johnson-Neyman technique as implemented in Andrew F. Hayes macro "Process" Template 1, after adjusting for age, gender, education, body mass index, age at the time of onset of dementia, duration of

hospitalization, severity of condition measured using Clinical Global Impression scale and Clinical Dementia Rating Scale, treatment with antidementives by multiple linear regression.

Results: The median (interquartile range) age of 47 participants was 80 (76-83) years, 24 (51%) were women, 24 (51%) had non-specific dementia, 16 (34%) Alzheimer's Disease and 21 (46%) severe dementia. Hospital anxiety and quality of life were significantly, linearly, and inversely correlated both in bivariable, and in multivariable, adjusted analysis ($r = -0.39$; $p = 0.006$; adjusted semi-partial $r = -0.41$; $p = 0.017$). After the adjustment for all covariates, the interaction between hospital anxiety, quality of life and sleep quality was not significant. However, hospital anxiety and quality of life were significantly correlated when PSQI score was ≥ 5.6 , that is in 37% patients with the worst sleep quality.

Conclusions: We partially confirmed the hypothesis that sleep quality modifies the association between hospital anxiety and quality of life in patients with mild to moderate dementia.

Disclosure of Interest: None Declared

EPV1053

The clinical efficacy of orexin antagonists for primary insomnia- A review of the evidence

O. Vasiliu

Psychiatry Department, Dr. Carol Davila University Emergency Central Military Hospital, Bucharest, Romania
doi: 10.1192/j.eurpsy.2023.2346

Introduction: Primary insomnia is frequently present in the general population, with epidemiologic research reporting prevalence values from 10% to as high as 60%. Chronic insomnia is associated with a significant impact on professional, academic, and daily life functionality, and it also may be responsible for decreasing the quality of life. Multiple generations of drugs for insomnia have been launched in clinical use in the last decades, but each class of pharmacological agents has its shortcomings (i.e., low efficacy, risk of addiction, diurnal sedation, risk of falls and fractures, etc.). Initially, research on orexin receptor antagonists has been considered with enthusiasm, due to these agents' low risk of adverse events and good safety profile in the medium and long term.

Objectives: To assess the evidence supporting the efficiency and safety of orexin receptor antagonists in the treatment of insomnia.

Methods: A literature review was performed through the main electronic databases (PubMed, Cochrane, Clarivate/Web Of Science, and EMBASE) using the search paradigm "primary insomnia" AND "orexin receptor modulators". All papers published between January 2000 and September 2022 were included.

Results: Suvorexant is a dual antagonist of orexin 1 and 2 receptors (DORA), FDA-approved for the treatment of insomnia, both for difficulties in falling and staying asleep. Daridorexant is another DORA, approved by FDA and EMA for the same indications as suvorexant, but EMA considers „additional monitoring” necessary for this drug. Lemborexant is a DORA approved for use in US and Japan, while vorexant, which is included in the same class, is under development for the treatment of insomnia and sleep apnea (in phase 2 and 1 clinical trials, respectively). Almorexant is a DORA that was discontinued from clinical research due to hepatic safety concerns. Seltorexant is an orexin 2 receptor antagonist (SORA2) explored in phase II trials for the treatment of insomnia.

Somnolence and fatigue are the most frequently reported adverse events of DORAs, but sleepwalking and sleep driving, sleep paralysis, or hypnopompic and hypnagogic hallucinations have been described in clinical studies. Seltorexant was associated with somnolence, headache, and nausea.

Conclusions: Dual antagonism of orexin 1 and 2 receptors is a mechanism that produced three currently available drugs for insomnia, and other clinical applications of these agents are still under investigation. At least one other agent from this class is under investigation, therefore the potential clinical utility of DORAs is far from being exhausted. Also, the selective orexin 2 receptor antagonism could be a promising mechanism of action for the treatment of insomnia.

Disclosure of Interest: None Declared

EPV1054

Being mindful of our insomnia can get us to sleep? - Mindfulness approach to sleep disorders

R. B. Cohen^{1*}, I. M. Pereira², M. G. Margulho¹, M. C. Sousa¹ and B. V. Ferreira¹

¹Clínica 5 and ²Clínica 4, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2347

Introduction: Sleep disorders (e.g., insomnia) are extremely prevalent in our population and are intimately associated with distress and productivity impairment. It is estimated that between 40 to 60% of people suffering from a sleep disorder have an underlying psychiatric diagnosis.

Mindfulness, which is described as the quality or state of being self-conscious or aware of something, has shown to be a potential helpful therapy in insomnia.

Objectives: Therefore, and due to the lack of new and effective treatment approaches, we did a non-systematic review of the positive impact of mindfulness in quality of sleep.

Methods: Bibliographic research through PubMed, Web of Science and Springer Link.

Results: The mindfulness tools that may be linked to its therapeutic effects include the awareness state and conscious posture to respond when perceiving insomnia symptoms, as well as the modulation of sleep-related arousal courses. These can be primary when directly related to the inability to sleep, or secondary if considering the relationship with thoughts about sleep (such as the tendency to create bias in the attention and perception of sleep related thoughts).

Formerly, mindfulness-based cognitive therapy (MTPC) was designed for the treatment of chronic depression and has shown to be efficacious. It was hypothesized that interoceptive dysfunction in the insula, commonly observed in anxiety and depression, may respond to MTPC by the gained interoceptive awareness, which provides advantage to adapt to life challenges and ongoing adjustments.

Conclusions: Based on the currently available literature, mindfulness-based strategies may be a valuable treatment option in sleep disorders, especially for patients with concomitant mental illness. Therefore, it is necessary further research to standardize in terms of type of approach, duration, and outcome measures since it seems promising as an intervention for insomnia.

Disclosure of Interest: None Declared