

Conclusions: Ketogenic diet modulates melatonin activity therefore affects sleep architecture. Meanwhile, Its impact on sleep disorders is still controversial due to the variation of its pathophysiological mechanisms.

Disclosure of Interest: None Declared

EPV1034

A Review of Current and Future Pharmacologic Treatments for Narcolepsy

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Introduction: Narcolepsy is a rare but disabling neurological disorder involving disruption of the sleep-wake cycle that is often under- or misdiagnosed (Barateau L, *et al.* J Sleep Res. 2022;31(4): e13631). It is characterized by a classical tetrad of excessive daytime sleepiness (EDS), cataplexy, hypnagogic hallucinations, and sleep paralysis. Narcolepsy is divided into 3 types: Narcolepsy Type 1 (NT1); Narcolepsy Type 2 (NT2); and Secondary Narcolepsy. The pathophysiology remains unclear but is primarily associated with loss of hypocretin (orexin) neurons involving autoimmune and genetic risk factors, particularly for NT1.

Objectives: To review the currently available therapies for the treatment of narcolepsy.

Methods: The extant literature was reviewed and discussed in the context of clinical relevance.

Results: Treatment historically has included medications developed for the treatment of other conditions such as psychostimulants (methylphenidate, modafinil/armodafinil, pemoline) and antidepressants (SSRIs, TCAs). These agents are also associated with limiting side effects in practice. In more recent years a variety of specific treatments have been approved that act on diverse pathways. Pitolisant, a histamine H3 receptor inverse agonist, is approved for the treatment of EDS or cataplexy in adult patients with narcolepsy (and children > 6 years in European Union) (Keam SJ. Paediatr Drugs. 2023;25(4):483-488). Solriamfetol, a dopamine and norepinephrine reuptake inhibitor (DNRI) is indicated to improve wakefulness in adult patients with EDS associated with narcolepsy or obstructive sleep apnea (OSA) (Winter Y, *et al.* Sleep Med. 2023;103:138-143). Sodium oxybate (SXB), a GABA_B receptor agonist, is approved for the treatment of cataplexy associated with narcolepsy and (EDS) in patients 7 years or older (Bogan RK, *et al.* CNS Drugs. 2023;37(4):323-335). Current research focuses on on-peptide hypocretin receptor-2 agonists (Saitoh T, Sakurai T. Peptides. 2023;167:171051).

Conclusions: Despite limited understanding of the pathophysiology of narcolepsy there have been substantial advances in the pharmacotherapy, including medications now approved for children. Early diagnosis and treatment are associated with better outcomes. In view of the chronic and disabling morbidity associated with narcolepsy further research and better access to appropriate medications is necessary.

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Suicidology and suicide prevention

EPV1035

Suicide planning type interventions as an evidence based alternative for no-suicide contracts

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Introduction: Suicidality is a common concern in psychiatric patients and one of the leading causes of death in adolescents and young adults. (*Adolescent health.* (2019, November 26) WHO). Some mental health professionals engage in a no-suicide contract with their patients. In this type of intervention, the patient usually agrees to not harm or kill himself/herself. There is an increasing body of evidence to support brief interventions, such as group of safety planning-type interventions (SPTIs) (McCabe *et al.* MC Psychiatry, 2018, May 3; 18(1)). Safety planning is derived from cognitive therapy and cognitive behavioral therapy used for suicide prevention.

Objectives: Our objective was to summarize and critically analyze current evidence of effectiveness of SPTIs and no-suicide contracts in suicide prevention.

Methods: We conducted a literature review to compare no-suicide contract to safety-planning interventions in suicide prevention.

Results: Although no-suicide contracts may work for some individuals, there is not enough quantitative evidence to support such contracts as clinically effective tools. A recent meta-analysis has shown that SPTIs were associated with reductions in suicidal behaviors although no effect was identified with frequency of suicidal thoughts (Nuij *et al.* (2021, April 30). *The British Journal of Psychiatry*, 219 (2), 419–426).

Conclusions: Based on the evidence and straightforward implementation of SPTIs in different clinical settings it may be a more effective alternative to no-suicide contracts.

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“Suicide Clusters: Analysis of a Sample of Completed Suicides in Spain”

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Introduction: “Cluster suicides,” also known as “suicide clusters,” refer to a phenomenon in which a series of suicides occur within a specific community, group, or geographic area within a relatively short period of time. These suicides often appear to be interconnected, either through imitation or contagion, and may involve individuals who have some form of social or emotional connection to each other.