

**Objectives:** The aim of our study was to assess physicians' knowledge and attitudes towards sexuality in the elderly in Tunisia and to determine variables associated with the level of knowledge and the nature of attitudes in this population.

**Methods:** A descriptive and analytical study was conducted among specialists and medical residents of all specialties, practicing in Tunisia and recruited anonymously online. We included questions on socio-demographic data, medical specialty and medical training of physicians as well as a French translation of the Aging Sexual Knowledge and Attitudes Scale (ASKAS). We determined correlations between the socio-demographic and medical training variables and the ASKAS score among participants.

**Results:** We included 74 physicians in the study. Sixty-two percent of the doctors surveyed sometimes asked elderly patients about their sexuality (N=46) and the rest of the doctors never mentioned the subject during a medical consultation (N=28). The major obstacles reported when discussing sexuality with the elderly were: a feeling discomfort related to sexuality considered a taboo subject (77%), lack of information and skills (51%) and the duration and setting of the medical consultation considered inadequate (45%). The mean score for the knowledge subcategory of the Aging Sexual Knowledge and Attitudes Scale (ASKAS) was  $68.49 \pm 5.5$  and for the attitudes subcategory was  $83.74 \pm 4.2$ . These results indicated a moderate level of knowledge and moderate to negative attitudes. There was a significant and negative correlation between age and the ASKAS knowledge subcategory score ( $r = -0.75$ ,  $p = 0.026$ ), as well as a significant positive correlation between the knowledge and attitudes subcategories scores and sexology training ( $p < 0.001$ ).

The correlation between the knowledge score and the attitudes score was significant, positive, and good ( $r = 0.788$ ,  $p < 0.001$ ); the lower the level of knowledge, the more negative the attitudes regarding elderly sexuality.

**Conclusions:** There are several gaps in the knowledge and perceptions of Tunisian physicians regarding the sexuality of older subjects. Theoretical teaching and practical anti-ageing training for health professionals are needed.

**Disclosure of Interest:** None Declared

## Sleep Disorders and Stress

### EPV1018

#### Beyond Rest: Exploring the Sleep-Exercise Connection

J. Kim<sup>1,1\*</sup>, T. Kainth<sup>2</sup>, E. Garrels<sup>2</sup> and K. Tran<sup>2</sup>

<sup>1</sup>Psychiatry and <sup>2</sup>Bronxcare Health System, Bronx, United States

\*Corresponding author.

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**Introduction:** The bidirectional relationship between the effects of sleep and exercise is often underappreciated. We aim to explore the bidirectional relationship of sleep and exercise. We further discuss the prominence of poor sleep in both the athletic and general population and understand the underlying mechanisms of interdependencies between the two. The goal is to illuminate practical implications to improve both areas and optimize physical and mental health.

**Objectives:**

- To explore the bidirectional relationship between sleep and exercise

- To understand how exercise can counterbalance the adverse metabolic consequences of sleep deprivation.

**Methods:** We conducted a systemic literature review from Pubmed, Scopus, and PsychINFO using the search terms: "(exercise) and (sleep)," "(exercise performance) and (sleep)," "(sleep quality) and (exercise)." We included original studies in English conducted on age groups 18 years and older.

**Results:** Data from 31 studies shows that a significant number of athletes experience poor sleep quality and daytime sleepiness. 68.5% of Qatar Stars League soccer players and 61% of collegiate athletes in NCAA institutions report daytime fatigue several times a week. Most common causes include overtraining, hectic travel schedules, and sleeping in unfamiliar settings. Studies confirm athletes often sleep less before intense training or competitions. Sleep deficiency may lead to reduced muscular strength and endurance, mood changes, increased perceived effort, impaired cognitive processing, and diminished motor skills. Athletes averaging less than 8 hours of sleep nightly were 1.7 times more prone to injuries. Physiologically, sleep loss alters ventilation, plasma lactate concentration, hormone secretion, and inflammatory responses, hinders muscle glycogen restoration. Extended sleep restriction decreases testosterone levels, which influence muscle mass, energy, bone strength, and more. On the contrary, exercise may counter adverse metabolic impacts of sleep deprivation. High-intensity interval exercise (HIIE) has shown to nullify negative metabolic effects of sleep deprivation, suggesting exercise's protective potential.

**Conclusions:** Sleep and exercise are fundamental to maintaining physical, mental, emotional, and spiritual health. The bidirectional, interdependent relationship can be best utilized by the providers to optimize overall well being. The critical impact of adequate sleep, particularly among athletes, is frequently underestimated. Poor sleep can detrimentally affect performance, amplify injury risks, and disrupt physiological functions, yet contemporary lifestyles often downplay its significance. It is important for healthcare professionals to emphasize a balanced approach to optimize these vital aspects. Continued research can offer strategies that benefit athletes and the broader populace, aiming to uplift daily life functionality.

**Disclosure of Interest:** None Declared

### EPV1019

#### Sleeping Problems or Emerging Psychosis? A Review of Emerging Literature

J. Kim<sup>1\*</sup>, G. Gill<sup>2</sup>, S. Prasad<sup>2</sup>, N. Roshan<sup>2</sup>, B. Hasan<sup>2</sup> and S. Gunturu<sup>2</sup>

<sup>1</sup>Psychiatry and <sup>2</sup>Bronxcare Health System, Bronx, United States

\*Corresponding author.

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**Introduction:** Sleep disturbance, particularly insomnia, is prevalent across various mental health disorders. While it is a common sign in mood disorders, emerging evidence suggests that insomnia might act as a precursor or an early sign of psychosis. Our case report and literature review emphasize the importance of evaluating sleep disturbances in the diagnosis and management of mental disorders.

**Objectives:**

- To explore potential neurobiological underpinnings linking sleep disturbances to psychosis onset.
- To advocate for the importance of early identification and intervention for sleep disturbances in the broader context of preventing or managing psychotic disorders.

**Methods:** We present a case describing a young patient's first episode of psychosis, which was masked by an initial presentation of insomnia. Additionally, we conducted a review of the relationship between sleep disturbances and psychosis, with a comprehensive literature search from Pubmed, Scopus and psychINFO.

**Results:** A 20-year-old African-American male with a history of poor sleep was initially diagnosed with Major Depressive Disorder. He was treated with Bupropion, Quetiapine, and Trazodone. However, he later presented with worsening depression, odd behavior, and signs of disorganization, suggestive of a psychotic episode. After switching his medication to Risperidone 4mg twice daily, the patient's sleep and other symptoms markedly improved. Through our literature review, we identified that sleep disturbances, especially insomnia, can be a risk factor for developing psychosis. While a cross-sectional study recorded one-fourth of their study population experiencing First Episode Psychosis (FEP) with clinical insomnia, another study reported close to 80% of their study sample with early psychosis suffering from a minimum of one sleep disorder; insomnia and nightmare disorder being the most frequent. A large sample longitudinal analysis lasting one year also observed patients with sleep disorders to be twice at risk of onset and persistence of psychotic episodes. A growing body of evidence also suggests that structural brain abnormalities and neural development alterations in the early stages of psychosis may lead to sleep disturbances and subsequent psychotic symptoms. Findings suggest that thalamic dysfunction may in particular contribute to sleep spindle deficits and altered EEG microstate dynamics. These deficits are unrelated to antipsychotic medication exposure, and are also not observed in patients with other psychiatric illnesses.

**Conclusions:** While the correlation between sleep disorders and psychosis has been well-established for decades, very limited literature is available on the role of sleep in FEP. Recognizing and treating sleep disturbances is pivotal in managing psychiatric disorders, including psychosis. Thus, a comprehensive evaluation of sleep issues in patients presenting with psychiatric symptoms is imperative for accurate diagnosis and management.

**Disclosure of Interest:** None Declared

**EPV1020**

### Exploring the Interplay Between Psychosis and Sleep Disruption: Insights into Course, Insomnia, Nightmares, and Treatment

J. Camilo

Psychiatry, CHTMAD, Vila Real, Portugal  
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**Introduction:** Psychosis and sleep disruption are complex phenomena that often intertwine, influencing each other in intricate ways. This abstract delves into the dynamic relationship between psychosis and sleep disturbances, shedding light on their course, the prevalence of insomnia, the role of nightmares and dreams, and the impact of psychotic symptoms on sleep patterns. Additionally, it discusses the treatment approaches for individuals with psychosis and sleep disturbances, as well as the consequences of these interventions on both conditions.

**Objectives:** To investigate the longitudinal course of psychosis and sleep disruption, exploring their temporal connections; to assess the prevalence and characteristics of insomnia among individuals experiencing psychosis; to examine the relationship between nightmares, dreams, and psychotic experiences; to analyze the impact of psychotic symptoms on the pattern and architecture of sleep; to review current treatment modalities for individuals with co-occurring psychosis and sleep disturbances and their effects on both conditions.

**Methods:** Systematic review

**Results:** Preliminary findings indicate a bidirectional relationship between psychosis and sleep disruption, with each exacerbating the other over time. Insomnia is prevalent among individuals with psychosis, contributing to the severity of psychotic symptoms. Nightmares and disturbing dreams are common experiences, often mirroring the content of psychotic hallucinations and delusions. Psychotic symptoms disrupt sleep patterns, leading to decreased sleep efficiency and altered sleep architecture. Various treatment approaches show promise in addressing both psychosis and sleep disturbances, but further research is needed to determine their long-term effects.

**Conclusions:** The intricate interplay between psychosis and sleep disruption, emphasizing the need for a holistic approach to assessment and intervention. Understanding the course of these conditions, the high prevalence of insomnia, and the role of nightmares and dreams in the psychotic experience is crucial for developing targeted interventions. Additionally, recognizing the impact of psychotic symptoms on sleep patterns is vital for improving overall well-being. Effective treatment strategies that address both psychosis and sleep disturbances offer hope for enhanced outcomes, but ongoing research is essential to fully elucidate their potential benefits and long-term consequences.

**Disclosure of Interest:** None Declared

**EPV1021**

### The Nexus of Sleep Disorders and Violence in Patients with Schizophrenia: What do the Data Say?

K. Razki\*, A. Larnaout, C. Najar, S. Ben Aissa and R. Lansari

Psychiatry department, razi hospital, manouba, Tunisia

\*Corresponding author.

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**Introduction:** One of the common symptoms of schizophrenia is sleep disturbances, which can have a significant impact on the quality of life of patients. Several studies suggest the existence of a complex link between sleep disorders and aggressive behavior in patients with schizophrenia.