Results: 33 patients, 60% women (mean 38.6 years) and 40% men (40.46 years). Men consulted for psychiatric symptoms earlier and their diagnosis is earlier than in women (men: onset 16.8 years, ASD diagnosis 27.15; women: symptoms onset 20.5 years, diagnosis 37.1 years).
The use of ILD aripiprazole is observed in 54%, with a similar proportion in both sexes (men 53%, women 55%). In patients with oral aripiprazole, scores were obtained: mild psychosocial impact in 18%, all of them women; moderate impact 18% and severe impact in 9% of cases. While the results with ILD treatment: mild impact in 30% and moderate impact in 24% of cases, not observing severity scores in aripiprazole ILD.
Conclusions: We observed a better body perception and self-esteem in women diagnosed with schizoaffective disorder and with long-term injectable aripiprazole treatment, assessing the psychosocial impact as mild. In men, the impact is greater, being observed more frequently in men with oral treatment. Continuity of follow-up and future studies will be necessary to determine other associated factors, as well as comparison with the use of other treatments.

Disclosure of Interest: None Declared

EPP0942

Biomarkers of oxidative stress and inflammation in urine samples of extremely preterm newborns and their association with risk for autism at age 6 months

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doi: 10.1192/j.eurpsy.2023.1222

Introduction: Extremely preterm birth (defined as birth before 28 weeks' gestational age) has been associated with risk of developing autism spectrum disorder (ASD) in infancy. The underlying physiopathological pathways that condition the emergence of ASD on these kids remains unknown, although there is increasing evidence that oxidative stress and inflammation play an important role.
Objectives: We investigated the association and the predictive value of marker levels with the primary outcome (risk for ASD at age 6 months, defined as presence of two or more clinical ASD "red flags" at this age), and with other demographic and clinical variables.
Methods: In a sample of N= 68 extremely preterm newborns, we collected urine samples from birth up to first week of life (T1= birth, T2=24-72 hours, T3=day 7), and analysed levels of biomarkers of oxidative stress and inflammation, and assessed risk for ASD at age 6-months. Through liquid chromatography mass spectrometry, we obtained levels of lipid peroxidation, DNA and protein oxidation metabolites, alongside levels of inflammation markers.
Results: Compared to those with no risk for ASD, patients at risk for ASD showed significantly higher levels of 14(RS)-14-F_{4t}-NeuroP at 24-72 hours of life (d=1.296, p=.018) and significantly lower levels of total isoprostanes at 24 hours of life (d=1.161, p=.048). In patients at risk for ASD, levels of 14(RS)-14-F_{4t}-NeuroP decreased significantly over time from 24-72 hours (T2) to day 7 of life (T3), p=.032.
Conclusions: In summary, we obtained a panel of urine biomarkers potentially predictive of early risk for ASD in extremely preterm newborns.

Disclosure of Interest: None Declared

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EPP0943

Influence of smoking reduction on depressive and anxiety symptoms and quality of life in smokers with type 2 diabetes: a study focusing on the role of gender

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doi: 10.1192/j.eurpsy.2023.1223

Introduction: There is a complex relationship between smoking, mental health and diabetes. On one side, there is a bidirectional relationship between tobacco and depression: smokers are more at risk to suffer from depression compared with non-smokers and smoking cessation is associated with mood improvement. Moreover, persons with depressive disorders may be particularly vulnerable to nicotine addiction and are less likely to quit smoking. On the other side, a strong association is observed between depression and diabetes. Gender and sex have also been described as influencing the associations between these different pathologies.
Objectives: Our aim was to determine if and how this relationship exist in a population with diabetes and to assess the impact of smoking reduction on depressive, anxiety symptoms and a health assessment score. We tried also to highlight the potential differences that we find between men and women.
Methods: Data were collected from a randomized controlled trial evaluating the 1-year efficacy of smoking cessation interventions in a population of smokers with type 2 diabetes. PHQ-9, GAD-7 and SF12 scores were used to assess depressive, anxiety symptoms and health assessment. We used STATA to perform data analysis.
Results: 48 participants were recruited in this study. Women represent 60,4% of the population and men 39,6%. The mean age was 61,9 years old (SD 9.93). The mean depression, anxiety and health assessment scores were 4.1 (SD 4.55), 3.4 (SD 4.83) and 3.0 (SD 0.69) respectively. There were no significant differences between women and men scores. Women tended to have higher depression and anxiety scores, whether they reduced their consumption or not. Men who decreased their smoking consumption (reducers) tended to have better mental health scores than women at baseline. In both genders, we found a trend toward improvement in depressive, anxiety and health assessment scores of participants

https://doi.org/10.1192/j.eurpsy.2023.1223 Published online by Cambridge University Press

that reduced their tobacco consumption. We assessed a loss of 1.8 (SD 2.58, p-value= 0.424) and 1.7 (SD 3.20, p-value=0.448) points to their depressive and anxiety scores respectively while non-reducers only lost 0.6 (SD 4.03*) and 0.7 (SD 2.88**) points respectively.
Conclusions: Our study suggests that differences between genders exist and that there are improvement differences in scores of people who reduced their tobacco consumption compared to people who didn't reduce their consumption. However, none of our results were significant. A study with a greater number of participants and with more strength should be done to confirm our hypotheses.

Disclosure of Interest: None Declared

EPP0944

Association of chronic somatic multimorbidites with the sleep quality in patients with mild to moderate dementia; A cross-sectional study

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doi: 10.1192/j.eurpsy.2023.1224

Introduction: As much as one fifth of hospitalized patients with dementia may have sleep disturbance which may impair daily functioning, cause lower quality of life, chronic stress and consequently even deterioration of physical health. We hypothesized that multimorbidity may be one of many causes of higher incidence of sleep disturbances in hospitalized patients with dementia. Multimorbidity may be defined as having two or more chronic medical conditions. In 2018, the U.S. Academy of Medical Sciences declared studies on multimorbidity a global priority, noting the lack of research and the clinical importance and complexity of the problem.
Objectives: To assess the association of chronic physical multimorbidity (CPM) with the quality of sleep, in population of hospitalized patients with dementia.
Methods: We performed a cross-sectional study at University Psychiatric Hospital "Sveti Ivan", Zagreb, Croatia. We selected a consecutive sample of patients diagnosed with mild or moderate dementia. The outcome was quality of sleep assessed by the Pittsburgh Sleep Quality Index. We recoded the number of chronic medical conditions from the hospital electronic health records, and defined multimorbidity as ≥ 2.
Results: After the adjustment for possible confounders: age, gender, duration of hospitalization, dementia severity and treatment, patients having a CPM had 2.5 times higher odds for sleep disturbance than patients with no, or with only one chronic medical condition (OR=2.51; 95% CI 0.60-4.41; p=0.011). This association between CPM and sleep disturbance was markedly stronger in women (OR=3.42; 95% CI 0.40-6.45; p=0.029) than in men (OR=1.73; 95% CI -0.66-4.14; p=0.145). In patients with three, and four chronic medical conditions the odds for sleep disturbance growth rapidly (OR=3.65; 95% CI 0.53-6.77; p=0.023; OR=4.71; 95% CI 1.40-8.03; p=0.007, respectively).
Conclusions: Chronic multimorbidity is associated with sleep disturbance in patients with mild or moderate dementia.

Disclosure of Interest: None Declared

EPP0945

Impact of cannabis use on Schizo-affective disorder

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doi: 10.1192/j.eurpsy.2023.1225

Introduction: Schizoaffective disorder (SAD) is a nosographic entity characterized by an association of schizophrenic symptoms with thymic episodes. Addictive substance abuse behaviours precede or appear concomitantly with thymic and/or schizophrenic symptoms for the majority of patients.
Objectives: The objective of our work was to specify the sociodemographic ,clinical and therapeutic characteristics of this population and to compare them to a group of schizophrenic patients who do not use cannabis.
Methods: This is a retrospective descriptive study of patients with Schizoaffective Disorder (SAD) meeting the criteria of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, 5th Version (DSM-5), hospitalized between January 2015 and December 2021 in the psychiatry department of the EPS Tahar Sfar Mahdia.
Results: Our sample was composed of two groups: A first group formed by patients with a positive toxicological assessment to tetrahydro-cannabinol (n=14) and a second group witha negative toxicological assessment (n=36). In SAD subjects using cannabis, the average age at first hospitalization was younger (27.5 years) than in the other groups, hospitalization was earlier (27.27 vs 33.58; p=0.04), the duration in number of days of hospitalization was greater (29.33 vs. 24.67; p=0.02) and they had required during their hospital stay a higher dosage of antipsychotics in equivalent doses of chlorpromazine (723 vs 603; p=0.04). There was a significant difference ($p \leq 0.04$) in the psychometric scales (BPRS, SAPS and SANS) in favour of patients who did not use cannabis.
Conclusions: The deleterious psychic effects of chronic cannabis use have long been suspected for a long time. Patients followed for SAD present more frequently than the reference population addictive behaviours towards cannabis which is associated with many negative events affecting clinical symptomatology, evolution, prognosis and therapeutic response.

Disclosure of Interest: None Declared