

of negative symptom models validity through the course of the illness.

**Objectives:** In the light of this observations, we investigated, the external validity of the five-factor model and the hierarchical model of the BNSS in subjects with schizophrenia, looking at associations with cognition, social cognition, functioning and functional capacity at baseline and at four years follow-up.

**Methods:** NS were assessed in 612 subjects with schizophrenia using the Brief Negative Symptom Scale at the baseline and after 4-year follow-up. State of the art assessment instruments were used to assess cognitive and functioning related variables. Structural equation models (SEM) that included the NS models and 4 external variables were used to our aim.

**Results:** According to recent multicenter studies, our results confirmed the validity of the 5-factor- and the hierarchical-model of negative symptoms. In particular, these 2 models proved to be equivalent in terms of fit to the data at baseline and follow-up. As regard to the relationship of the two BNSS models with external variables, we found that there was a similar pattern of associations at the two time points despite minor variations.

**Conclusions:** The five factor and the hierarchical models provide an optimal conceptualization of negative symptoms in relation to external variables. The similar pattern of associations with external variables of the two models at the two time points despite minor variations, suggests that the simple and widely used 5-factor solution provides the best balance between parsimony and granularity to summarize BNSS structure. This data is of important relevance with consequent implications in the study of pathophysiological mechanisms and the development of targeted treatments for NS.

**Disclosure of Interest:** None Declared

## EPP0279

### Representations of long-acting antipsychotics in patients at the Arrazi hospital in Salé Morocco

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**Introduction:** Since the appearance of long-acting antipsychotics (LAPAs) and given the high frequency of non-adherence to treatment in psychotic disorders, LAPAs have recognized a resurgence of interest in the psychiatric literature. These long-acting drugs may pose ethical issues (e.g. limitation of freedom).

**Objectives:** The present study aims to determine the representations of long-acting antipsychotics in patients followed at Arrazi Hospital in Salé.

**Methods:** Descriptive study carried out with patients hospitalized at the Arrazi hospital in Salé and those followed in consultation who are on APAP or who have already used it. The collection of information is done using an exploitation sheet

**Results:** APAPs have been used for less than 5 years by 53.8% of patients. 84.6% of participants do not use APAP by choice, in 79.2% of cases it was the doctor's decision and in 20.8% of cases it was the family's choice. Monotherapy treatment was the most cited benefit by our patients (76.9%). The route of administration of APAP by intramuscular injection is the problem encountered in 57.7% of our

patients, while 1.5% of patients find no inconvenience for the use of these psychotropics.

**Conclusions:** Negative beliefs associated with the treatment contribute to a very large part to the lack of compliance, on the contrary, long-acting antipsychotics may be better accepted by patients when taking into account the patients' beliefs and preferences in the development of the treatment. therapeutic project

**Disclosure of Interest:** None Declared

## Sleep Disorders and Stress

### EPP0281

#### Evaluation of serotonin and serotonin transporter levels among Obstructive Sleep Apnea patients

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**Introduction:** Obstructive sleep apnea (OSA) is characterized by recurrent pauses in breathing during sleep leading to sleep fragmentation and further excessive daytime sleepiness. Therefore, OSA patients are at high risk of suffering from complications from psychiatric disorders. Serotonin is a known neurotransmitter and together with serotonin transporter (SERT) is involved in the development of depression and insomnia.

**Objectives:** The study aimed to evaluate serotonin and SERT levels among OSA and healthy individuals and their association with insomnia and depression symptoms.

**Methods:** Forty individuals following polysomnography (PSG), based on the apnea-hypopnea index (AHI), were divided into 2 groups: the OSA group (AHI $\geq$ 30; n=20) and the control group (AHI $<$ 5; n=20). Participants filled out questionnaires: Beck Depression Inventory (BDI) and Athens Insomnia Scale (AIS). Peripheral blood was collected in the morning after PSG. Protein concentrations were measured using ELISA. Further groups were divided into subgroups based on the standard cut-off points: without AIS (-) and with AIS (+) insomnia symptoms (AIS $>$ 5) and without BDI (-) and with BDI (+) depression symptoms (BDI $>$ 19).

**Results:** No differences between the OSA and control groups in serotonin (128.8 (73.4 – 209.0) vs. 132.7 (69.9 – 214.6) ng/ml, p=0.805 and SERT (55.8 (39.7 – 64.80) vs. 576.4 (424.2 – 658.3) pg/ml, p=0.564) levels were observed. In OSA group SERT level correlated with AHI (r=0.409, p=0.043), desaturation index (r=0.504, p=0.024) and mean oxygen desaturation during night (r=-0.522, p=0.018), while serotonin level was associated with BMI (r=0.550, p=0.012), but not PSG parameters. Serotonin level was higher in the AIS (+) group but only in healthy individuals. Further, serotonin levels decreased in the BDI (+) group, yet this finding was observed only in the control group.

**Conclusions:** The results show that serotonin levels are associated with the presence of insomnia in depression, but quite interestingly only among healthy individuals. The association between oxygen desaturation and SERT levels suggests the involvement of hypoxia