

conditions as stated in the following paper, (Bischof et al. Swiss Arch Neurol Psychiatr Psychother. 2021;172:w03198)

Methods: Survey with open questions collecting needs and competences expected to fulfil in Switzerland were distributed in 5 different medical colleagues in an observer status between August 2022 and September 2023.

Results: Response rate was 62,5 %. Main reasons for the migration were considering better perspectives in education and professional development in the goal country, coming push factors as the current work situation in the original country to the fore. Support regarding the local language and an overview of the interprofessional communication were outlined as the advantage of the internship prior to the duties as a psychiatric trainee.

Conclusions: An structured on-boarding program is a demand for the newcomers - majority of trainees from foreign countries - to step in better in the Swiss health system. Elements of the Spanish trainee system could be adapted for a suitable allocation and integration process in the goal country.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP0733

The Impact of Sleep Deprivation in the Treatment of Depression: A Literature Review

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Introduction: Depression is a pervasive and debilitating mental health disorder that affects millions of individuals worldwide. Despite the availability of various treatment modalities, a significant proportion of patients continue to experience inadequate symptom relief and persistent emotional suffering. Sleep disturbance is a common symptom of depression, and emerging evidence suggests that manipulating sleep patterns through sleep deprivation may hold potential therapeutic benefits. This literature review aims to explore the role of sleep deprivation as an adjunctive treatment for depression, shedding light on its mechanisms and potential outcomes.

Objectives: To investigate the historical context and theoretical underpinnings of sleep deprivation in depression treatment; to examine the methods and protocols used in studies involving sleep deprivation as a therapeutic intervention for depression; to analyze the empirical evidence regarding the efficacy of sleep deprivation in ameliorating depressive symptoms; to assess the safety and feasibility of implementing sleep deprivation in clinical practice; to discuss the potential mechanisms underlying the antidepressant effects of sleep deprivation.

Methods: A systematic review of the literature was conducted.

Results: The review identified a diverse body of literature exploring the potential benefits of sleep deprivation in depression treatment. Preliminary findings suggest that acute sleep deprivation may lead to rapid and transient improvements in mood among individuals with depression. Various protocols, including total and partial sleep deprivation, have been investigated, demonstrating differential effects on depressive symptoms. Additionally, potential

mechanisms underlying these effects, such as alterations in neurochemical pathways and circadian rhythms, have been proposed.

Conclusions: Sleep deprivation as an adjunctive treatment for depression is a promising but complex intervention that requires further investigation. While some studies have reported significant improvements in mood following sleep deprivation, the sustainability of these effects and the potential long-term consequences remain uncertain. Moreover, the optimal protocols, safety guidelines, and patient selection criteria need to be established for clinical application. Future research should focus on elucidating the mechanisms involved and conducting well-designed randomized controlled trials to determine the efficacy and safety of sleep deprivation in the context of depression treatment. This review underscores the importance of considering sleep as a modifiable factor in the comprehensive management of depression.

Disclosure of Interest: None Declared

Training in Psychiatry

EPP0734

Psychiatry resident physician duty hours, resting times and European Working Time Directive compliance in Spain

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Introduction: There is a growing interest in understanding the impact of duty hours and resting times on training outcomes and the well-being of resident physicians. Psychiatry resident's duty hours in Spain comprise a regular working schedule of 37.5h per week and a minimum of 4 mandatory on-call shifts. The most recent duty hours regulations in Spain were transposed from the European Working Time Directive (EWTd). According to Spanish Law, doctors cannot work for more than 48h per week and need to have resting times per day (at least 12h), per week (at least 36h) as well as annual leave (at least a month). However, there is practically no data on this situation in psychiatry resident physicians.

Objectives: Our aim is firstly, to describe the number of shifts performed by psychiatry resident physicians in Spain. Secondly, to describe compliance with the daily and weekly rests compared to those set in national and European law. Finally, to analyse the difference by demographic variables (gender and year of residency), in both the number of on-call duty shifts and compliance with rests.

Methods: A descriptive cross-sectional study was designed through an online survey adapted from the existing literature. The target population were Spanish psychiatry resident physicians undergoing PGT who started their specialist training during the years 2018–2021. The survey was disseminated through the Spanish regional medical councils to all active psychiatry resident physicians by mail as well as through informal communication channels. The study was authorised by the Spanish Medical Organization's General Assembly which is the highest ethical and deontological body of physicians in Spain.

Results: 55 responses were obtained, of which 61.82% identified as females. The mean number of on-call shifts in the last 3 months was 14.05. This mean was highest in women 14.32 and in the cohort of 2020 15.46 (first year of residency). Among the resident physicians surveyed, 66.07% exceeded the 48h per week limit set by the EWTD and 7% of them did not rest after a 24-h on-call shift. Furthermore, 22% of respondents did not have a day-off after a Saturday on-call shift. The mean working hours when not resting after an on-call-shift were 7 hours. The comparison by gender and year of residency of the main variables can be seen in figures 1 and 2 respectively.

Image:

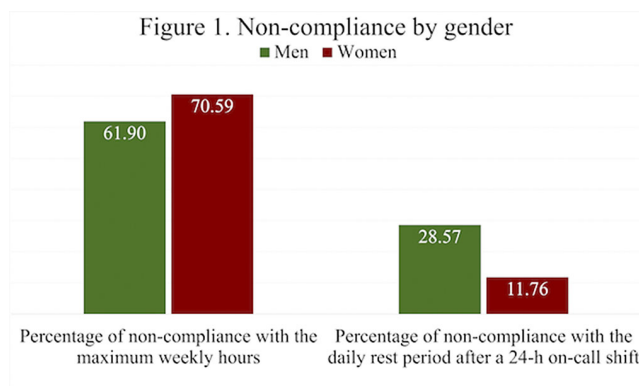
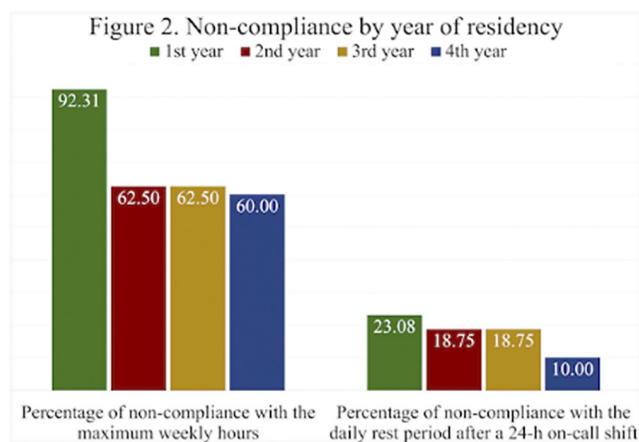


Image 2:



Conclusions: Psychiatry resident physicians in Spain greatly exceed the established 48 h/week EWTD limit. Likewise, non-compliance with labour regulations regarding mandatory rest after on-call duty and minimum weekly rest periods are observed. Differences can be seen by gender and year of residency. The situation described could potentially create a high-risk situation for the health and psychosocial well-being of resident physicians, hinder learning outcomes and could lead to suboptimal patient care.

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Sleep Disorders and Stress

EPP0735

Differences in habenula and septal nuclei and resting state functional connectivity (RSFC) in the presence or absence of clinically significant insomnia in patients with MDD

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Introduction: There are differences in clinical presentation with and without insomnia in MDD, and it is expected that there are brain biological differences that contribute to this, but functional MRI studies of MDD with insomnia vs MDD without insomnia are scarce. In particular, few studies have examined resting state functional connectivity (RSFC) seeding the habenula and septal nuclei, which play key roles in both mood and sleep.

Objectives: The purpose of this study is to determine whether there are differences in habenula and septal nuclei and RSFC in the presence or absence of clinically significant insomnia in patients with MDD.

Methods: To identify the effects of insomnia in MDD group, one-way ANCOVA covariate control was used to compare differences of RSFC between MDD_w/INS and MDD_wo/INS group. The potential confounders (i.e., age, sex, education years, and total score of HDRS-17) were adjusted in this analysis. To examine the relationship between RSFC and clinical sleep questionnaires (i.e., ISI and PSQI) in the participants with MDD, Pearson's partial correlation analysis controlling same potential confounders was performed by using Fisher-transformed correlation coefficients and scores of ISI and PSQI. For comparing the difference of RSFC between MDD and HC, the analysis was also performed with ANCOVA controlling for age, sex, education years.

Results: The analysis in this study included 36 in the MDD_w/INS group, 21 participants in the MDD_wo/INS group, and 38 in the healthy controls (HC) group. The main finding of this study was that MDD with insomnia showed increased RSFC in Habe_L - Rolandic_Oper_R, Habe_L - Cuneus_R, Habe_R - Thal_Pul_R,