

**Conclusions:** No significant effect of H7-coil TMS on delaying relapse was observed in patients with schizophrenia and predominant negative symptoms. Median survival was not reached in either group, suggesting the need for longer follow-up to fully evaluate potential benefits. Baseline severity of negative symptoms and prior hospitalizations should be considered when assessing relapse risk in this patient population.

**Disclosure of Interest:** None Declared

## EPV1803

### Association of negative symptom dimensions with sleep efficiency in schizophrenia patients with predominant negative symptoms

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**Introduction:** Negative symptoms, such as avolition, blunted affect, or alogia, contribute to functional disability and reduced quality of life in schizophrenia. Patients with predominant negative symptoms and minimal positive symptoms represent a distinct subgroup requiring tailored therapeutic strategies. Sleep disturbances, particularly reduced sleep efficiency, are commonly reported in this population and may exacerbate the severity of negative symptoms. Understanding the differential impact of specific negative symptoms on sleep efficiency could inform individualized approaches for improving outcomes.

**Objectives:** To explore associations between distinct dimensions of negative symptoms and sleep efficiency in schizophrenia patients with predominant negative symptoms and low positive symptoms.

**Methods:** This analysis used baseline data from a randomized, sham-controlled trial on the efficacy of transcranial magnetic stimulation in schizophrenia, conducted between 2000 and 2023. The study included patients with PANSS negative subscale score > 24 and PANSS positive subscale score < 20. The outcome variable was the sleep efficiency subscale of the Pittsburgh Sleep Quality Index. Independent variables were the five SANS dimensions: blunted affect, alogia, avolition/apathy, anhedonia/asociality, and attention impairment. Quantile regression was used to assess associations, and robust standard errors were applied.

**Results:** We included 76 patients (median age 36 years, 33% women). Alogia was positively associated with sleep efficiency ( $\beta = 4.41$ ,  $p = 0.040$ ), while avolition ( $\beta = -3.61$ ,  $p = 0.014$ ) and attention impairment ( $\beta = -4.12$ ,  $p = 0.041$ ) were negatively associated. Blunted affect and anhedonia/asociality were not significantly associated with sleep efficiency.

**Conclusions:** Distinct negative symptom dimensions show differential associations with sleep efficiency in schizophrenia patients with predominant negative symptoms. Alogia's association with better sleep efficiency may reflect reduced mental arousal and fewer ruminative thoughts before sleep. Conversely,

avolition and impaired attention may worsen sleep through increased inactivity and fragmented sleep patterns. These findings suggest that targeted therapeutic interventions may be necessary to optimize sleep and overall clinical management in this subgroup of patients. Further studies are needed to explore underlying mechanisms and clinical implications of the presented associations.

**Disclosure of Interest:** None Declared

## EPV1804

### Validation of the Lithuanian version of the Brief Negative Symptoms Scale

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**Introduction:** Negative symptoms of schizophrenia include abulia, anhedonia, alogia, blunted affect, and social isolation. These symptoms strongly correlate with health-related quality of life and treatment outcomes. (Azaiez et al., 2018; Galderisi et al., 2018; Kirkpatrick et al., 2006). According to current negative symptoms diagnosis and treatment guidelines, the Brief Negative Symptom Scale (BNSS) is the instrument of choice for the psychometric evaluation of negative symptoms (Galderisi et al., 2021). Unfortunately, BNSS was not available in Lithuania.

**Objectives:** To validate the Lithuanian version of the BNSS in a Lithuanian-speaking sample.

**Methods:** We performed a double translation from English to Lithuanian and then back to English. The final version of the Lithuanian BNSS (Lit-BNSS) was finalized according to comments from two native Lithuanian-speaking experts, who evaluated the forward translation, and the representatives of the authors of the BNSS, who evaluated the back translation. We performed a validation study in an inpatient setting in a university hospital in Lithuania and asked patients diagnosed with schizophrenia spectrum diagnosis according to ICD-10 to participate in the study. We evaluated the included patients with the Positive and Negative Symptoms Scale (PANSS), Montgomery Asberg Depression Rating Scale (MADRS), Self-Evaluation of Negative Symptoms Scale (SNS), and Calgary Depression Scale for Schizophrenia (CDSS). PANSS Marder factors were calculated for more accurate PANSS scores. We check the convergent validity with the Marder negative symptoms factor, the total score of SNS, and the discriminant validity with the Marder positive symptoms factor, MADRS, and CDSS total scores.

**Results:** The study included 122 patients. The Lit-BNSS showed great internal consistency for the 13 items ( $\alpha=0.944$ ) and good consistency for six subscores ( $\alpha=0.874$ ). Convergent validity was good, with the total score of Lit-BNSS having a strong positive correlation with the Marder negative symptoms factor and a weaker correlation with the SNS total score. Discriminant validity was adequate because there were insignificant correlations with MADRS and CDSS subscores and the Marder positive symptoms factor. Correlation scores can be seen in Table 1.

**Table 1.** BNSS TS correlation with other scores. MARDER-NEG – PANSS Marder negative symptoms factor; SNS-TS- SNS total score; MARDER-POZ- PANSS Marder positive symptoms factor; MADRS – MADRS total score; CDSS-TS- CDSS total score

Variable	Correlation coefficient	p-value
MARDER-NEG	0,755	<0,001
SNS-TS	0,304	0,001
MARDER-POZ	0,171	0,064
MADRS-TS	0,085	0,361
CDSS-TS	0,472	0,117

**Conclusions:** The Lit-BNSS is a valid and effective psychometric tool for evaluating negative symptoms in a Lithuanian-speaking sample.

**Disclosure of Interest:** None Declared

## EPV1805

### Are negative symptoms evaluated with a self-assessment tool or a semi-structured interview more strongly correlated to mental health-related quality of life?

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**Introduction:** Negative symptoms are one of the core symptom groups of schizophrenia. These symptoms are highly prevalent and are proven to have a strong correlation with mental health-related quality of life. Evaluating negative symptoms using the Brief Negative Symptoms Score (BNSS), a semi-structured interview, is recommended. BNSS can be supplemented with the Self-assessment of Negative Symptoms (SNS), a self-assessment scale. It is unclear whether a semi-structured interview or a self-assessment scale is more related to the mental health-related quality of life.

**Objectives:** To evaluate whether scores BNSS or SNS are more strongly correlated with the mental health-related quality of life.

**Methods:** We performed a cross-sectional study in an inpatient clinic of a university hospital in Lithuania. Inclusion criteria were a diagnosis of schizophrenia spectrum disorder according to ICD-10, age between 18 and 65. Exclusion criteria were acute and/or severe comorbid psychiatric or somatic disorders. BNSS and SNS were used to evaluate negative symptoms. The 36-item Short Form survey (SF-36) was used to evaluate quality of life. Three independent psychiatrists evaluated the participants of the study. The first psychiatrist evaluated the negative symptoms with BNSS. The second psychiatrist handed out, collected, and scored SNS. The third psychiatrist handed out, collected, and scored SF-36. Afterward, the statistical correlation analysis was performed. Only the energy/fatigue and mental health subscores of SF-36 were included in the study to limit the correlation analysis to only the mental health-related quality of life.

**Results:** The study included 93 participants. We found that SNS scores significantly correlated with mental health-related quality of life compared. SNS had higher correlation indexes with the energy/fatigue subscore than the mental health subscore of SF-36. The strongest correlation was seen between the total score of SNS and the energy/fatigue subscore of SF-36 ( $r=-0,508$ ,  $p<0,001$ ). BNSS had

no statistically significant correlations with either the energy/fatigue or the mental health subscore of SF-36. All of the correlation coefficients can be seen in Table 1.

Variable	Correlation coefficient MH	p-value	Correlation coefficient EF	p-value
SNS SI	-0,294	0,04	-0,358	<0,001
SNS A	-0,258	0,13	-0,251	0,015
SNS AV	-0,26	0,012	-0,398	<0,001
SNS AN	-0,354	<0,001	-0,434	<0,001
SNS TS	-0,348	<0,001	-0,508	<0,001

Table 1. Correlation coefficients of SNS and SF-36 scores. MH – SF-36 mental health subscore; EF- SF-36 energy/fatigue subscore; SNS SI – SNS social isolation subscore, SNS A- SNS alogia subscore; SNS AV – SNS avolition subscore; SNS AN – SNS anhedonia subscore; SNS total score.

**Conclusions:** SNS, a self-evaluation scale, was more strongly correlated to mental health-related quality of life than scores of BNSS.

**Disclosure of Interest:** None Declared

## EPV1806

### Ekbom Syndrome: what do we know about it? A case report

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**Introduction:** Ekbom Syndrome or delusional parasitosis is a, usually monosymptomatic, somatic type of delusional disorder in which the patients are convinced they are being infested with animal parasites while no objective evidence exists to support this belief (Mumcuoglu KY, Leibovici V, Reuveni I, Bonne O. *Isr Med Assoc J.* 2018 Jul;20(7):456-460). It has also been described as a hypochondriacal psychosis that causes great suffering for the patient and those around them. (Campbell EH, Elston DM, Hawthorne JD, Beckert DR. *J Am Acad Dermatol.* 2019 May;80(5):1428-1434.)

**Objectives:** To study this syndrome in depth and learn more about these patients.

**Methods:** The Pubmed database was used to collect the available information about Ekbom syndrome since 2006. Using the search term “delusional parasitosis”. We also present the following clinical case:

A 66-year-old woman, with no history of mental health or substance abuse, came to the dermatology department for multiple pruritic wounds all over her body. She reports that when she scratches herself there is a “small ball that crackles, like a living thing”, she has tried to bring samples but has not been able to collect them, according to her. She is convinced that she is infested by parasites. In addition, in the last few weeks she has suffered significant hair loss. On physical examination she presents multiple