

care and outpatients), responding to emergency contacts, and better self-harm care. This study also highlights the benefits of enhancing clinical audit systems with routinely collected data for data completeness, breadth, and depth.

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Slumber's Duel: The Upstart Orexin Receptor Antagonists Versus the Battle-Hardened Z-Drugs: Systematic Review and Meta-Analysis Unveiling a Tale of Efficacy and Safety of Two Contenders

Dr Asha Devi Dhandapani¹, Dr Sathyan Soundara Rajan¹, Dr Gaurav Uppal², Dr Sneh Babhulkar³ and Dr Betsy Marina Babu⁴

¹BCUHB, Wrexham, United Kingdom; ²Satyam Hospital, Ludhiana, India; ³Greater Glasgow and Clyde NHS Trust, Glasgow, United Kingdom and ⁴London and KSS school of Psychiatry, London, United Kingdom

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Aims: Primary insomnia, a separate diagnosis that is now included within the newly broader categorization of insomnia, greatly affects the quality of life. This meta-analysis evaluates the efficacy and safety of orexin receptor antagonists (ORAs) and Z-drugs for insomnia in adults.

Pharmacological approaches to the management of insomnia include the use of our own rendition of those generic drugs commonly referred to as ORAs and Z-drugs. Z-drugs are mainly used; nevertheless, doubts as to their long-term security remain. Targeted at orexin receptors, ORAs are novel. This system consolidates knowledge for use in clinical evaluation and management.

Methods: Accordingly, a Cochrane-Central Register of Controlled Trials Database, a Systematic review using the keywords, ORAs, and Z-drugs was conducted. The criteria for patient inclusion involved all adults diagnosed with insomnia. Measurements of the extent of benefits from the interventions were: Total sleep time, sleep onset latency, and adverse effects.

Bias was determined using SRR and overall risk of bias was determined using the ROB 2 tool. This meta-analysis was conducted by applying random effects models.

Results: Six trials showed that ORAs shortened sleep onset latency compared with zolpidem and other Z-drugs (mean difference –15.3 min, 95% CI –22.1 to –8.5). Total sleep time was similar to total time between sleep onset and wake-up in both groups. ORAs demonstrated a superior safety profile, with lower incidence of next-day somnolence (risk ratio: 0).

This was associated with a decreased risk for cognitive impairment at follow up (risk ratio: 0.65, 95% CI: 0.52–0.81) and for dependency (risk ratio: 0.38, 95% CI: 0.25–0.58).

According to the funnel plot analysis there was no significant publication bias that exists within the studies.

Conclusion: They [ORAs] are at least as effective as the Z-drugs in the management of insomnia and are safer in terms of next-day implications and withdrawal especially in elderly patients. These experiments affirm using ORAs as a first-line pharmacological remedy in chronic insomnia in adults.

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Barriers and Challenges to Mental Health Service Utilization in Khartoum, Sudan

Dr Sara Elidressi^{1,2}, Dr Rayan Ahmedalgabri³, Dr Radwa Ali⁴ and Dr Hala Elhardlu⁵

¹South London and Maudsley NHS Foundation Trust, London, United Kingdom; ²Sudan Medical Specialization Board, Khartoum, Sudan;

³University of Medical Sciences and Technology, Khartoum, Sudan;

⁴St Patrick's University Hospital, Dublin, Ireland and

⁵Northamptonshire NHS Foundation Trust, Northampton, United Kingdom

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Aims: Mental health disorders represent a significant burden globally, yet access to psychiatric care remains limited, especially in low- and middle-income countries. In Sudan, the utilization of mental health services is restricted by financial constraints, social stigma, and lack of service availability. This study aims to identify key barriers affecting mental health service utilization in Khartoum, assess the availability and affordability of essential psychotropic medications, and explore their influence on patient access to care.

Methods: A cross-sectional hospital-based study was conducted from October to December 2022 at Tigani El-mahi Psychiatric Teaching Hospital and Taha Bashar Psychiatric Hospitals in Khartoum. A stratified random sample of 384 psychiatric outpatients and their caregivers was interviewed using a structured questionnaire covering demographics, accessibility, affordability, stigma, and attitudes toward psychiatric care. Additionally, the availability of 24 essential psychotropic medications was assessed in public and private pharmacies. Ethical approval was obtained, and informed consent was secured from all participants.

Results: The most commonly reported barriers to mental health service utilization were financial constraints (34.4%), limited-service availability (21.4%), and stigma (10.9%). Over 84% of participants reported no psychiatric services within their locality, 49.5% travelled 1–3 hours, while 24.2% travelled more than 3 hours to access care. Medication shortages were significant, with the availability of essential psychiatric drugs ranging from 16.1–28.6% in public hospital pharmacies and hardly exceeding 37.5% in private pharmacies. Affordability was a major concern, with 70.3% of participants stating that prescribed medications were unaffordable and difficult to purchase. Education level was significantly associated with healthcare-seeking behaviour ($p=0.018$), with university-educated individuals more likely to seek treatment. These findings align with studies from other LMICs, where financial and accessibility challenges are similarly identified as major barriers to psychiatric service utilization.

Conclusion: Mental health service utilization in Sudan is severely impacted by financial constraints, limited-service availability, and stigma. Addressing these barriers requires integrating psychiatric care into primary healthcare, expanding community-based services, and ensuring the affordability and availability of essential psychotropic medications. Subsidized medication programmes, targeted community outreach, and mental health literacy initiatives could play a key role in improving accessibility. These findings contribute to the global discourse on mental health equity in resource-limited settings and underscore the urgent need for policy reforms and investment in mental health infrastructure.

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