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

K. Bosak[1,2*], I. Filipčić[1,2,3], I. Šimunović Filipčić[4], P. Folnegović Grošić[5], Ž. Bajić[1] and V. Grošić[1,2]

[1]Psychiatric Clinic Sveti Ivan, Zagreb; [2]Faculty of Dental Medicine and Health, Josip Juraj Strossmayer University of Osijek, Osijek; [3]School of Medicine, University of Zagreb; [4]Department of psychiatry and psychological medicine, University Hospital Center Zagreb and [5]Department of Psychiatry, University Hospital Centre Zagreb, Zagreb, Croatia
*Corresponding author.
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**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 $\geq 2$.
**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

M. Zbidi*, W. Bouali, W. Haouari, M. Kacem, S. Khouadja and L. Zarrouk

Psychiatry department, Taher sfar University hospital of mahdia tunisia, Mahdia, Tunisia
*Corresponding author.
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**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