mean HbA1c was 36.08mmol/mol and no patients had a HbA1c in the pre-diabetic or diabetic range. 29.2% of Asian patients had a raised TG:HDL ratio.

We used the diagnostic criteria of metabolic syndrome as at least 3 of: waist circumference >102cm for men or 89cm for women, triglyceride >1.7mmol/L, HDL <1.0mmol/L for men or <1.3mmol/L for women, BP >130/85 or fasting BM >5.6. This identified 20.7% of Asian patients as having metabolic syndrome. However, only 3 patients (10.3%) had all 5 parameters recorded, suggesting there could be unidentified patients with metabolic syndrome.

Conclusion: The majority of Asian patients on the EIS caseload had a raised BMI, highlighting a potential area of intervention to improve health outcomes. Some Asian patients have raised blood pressure, increased TG:HDL ratio and metabolic syndrome. This study identifies low rates of measurement of metabolic parameters; it is striking that 89.7% of patients did not have all the recorded data that is needed to make a diagnosis of metabolic syndrome. It is likely that there are unidentified patients with metabolic syndrome who are not able to access appropriate lifestyle support and medical treatment to improve health outcomes.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Sleep and Cognition in Depression– A Feasibility Study

Dr Jennifer Burgess[1], Miss Alice Mitchell[1], Dr Kirstie Anderson[2], Dr Peter Gallagher[1], Prof Hamish and McAllister-Williams[1,3]

[1]Newcastle University, NewcastleuponTyne, United Kingdom; [2]Newcastle Hospitals NHS Foundation Trust, NewcastleuponTyne, United Kingdom and [3]Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, NewcastleuponTyne, United Kingdom

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Aims: Over 90% of patients with depression report troublesome sleep-wake disturbances, and patients with depression are more likely to have comorbid sleep disorders such as insomnia. They also display small but significant deficits in a variety of cognitive domains, and both sleep and cognitive problems can persist into remission. Sleep disturbances also adversely affect cognition, however due to heterogeneity of methods and results in the extant literature, further research is required to assess how sleep disturbances affect cognition in depression.

Methods: Forty participants aged 18–65 with unipolar depression and 40 gender- and age-matched controls were recruited to this naturalistic observational study. Baseline measures of mood and sleep were completed, and participants then wore a triaxial accelerometer (actigraph) and completed a sleep diary. At the second study visit 14 days later participants completed a battery of neuropsychological tasks, including the Psychomotor Vigilance (PVT), Continuous Performance (CPT), Digit Symbol Substitution (DSST), and Trail-Making-Test (TMT).

Results: Following exclusions, 34 participants in each group were included in the final analysis. In the depression group the average age was 49.5, 53% were female, and 94% White British Ethnicity. 44.1% were diagnosed with comorbid disorders (e.g. anxiety) and were prescribed a median 2 psychotropic medications. Eight patients were not currently depressed as assessed by the Hamilton Depression Rating Scale. The depression group were significantly more likely to report insomnia symptoms than controls, and although there was no difference in the average hours of night-time sleep (depression=6.39, control=6.69), the depression group had a significantly lower Sleep Regularity Index and more nights of short sleep (depression=6, control=4). There were no significant group differences between the primary outcomes PVT and CPT, however the depression group demonstrated significantly slower DSST and TMT-A performance. There were few significant correlations between sleep and cognitive variables, with the strongest observed between insomnia symptoms and slower DSST performance. Multiple regression analyses showed that insomnia symptoms, but not actigraph-measured hours of sleep, moderated the relationship between depression symptoms and PVT performance.

Conclusion: In this study, participants with depression reported significantly more insomnia, and had a less regular sleep schedule than controls. There were no group differences on the primary outcome sustained attention tasks, but the depression group demonstrated significantly slower psychomotor processing. The relationship between depression symptoms and sustained attention was moderated by insomnia symptoms but not average hours of sleep.

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Stalking Threat and Violent Behaviours in Erotomania: A Scoping Review of the Literature

Miss Corinne Calkam[1], Prof Vaughan Bell[1], Dr Alan Underwood[2,3,4], Miss Kayla Gaw[5] and Dr Artemis Igoumenou[1,6,5]

[1]University College London (UCL), London, United Kingdom; [2]Queen Mary University of London (QMUL), London, United Kingdom; [3]North London Forensic Service, London,United Kingdom; [4]Stalking Threat Assessment Centre (S-TAC), London, United Kingdom; [5]Centre for Addiction and Mental Health (CAMH), Toronto, Canada and [6]University of Toronto, Toronto, Canada

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Aims: Erotomanic delusions involve the fixed false belief that another person (often of higher social status) is in love with the individual. Although rare, erotomania is clinically significant due to its association with stalking, harassment, and, in some cases, serious violence. Risk assessment framework deficits have contributed to fragmented understanding of factors associated with violent escalation. Existing evidence is largely confined to case reports and case series, limiting systematic synthesis of clinical and contextual risk factors. This scoping review aimed to synthesise published case-level evidence on erotomania associated with stalking and/or violent behaviour. The primary objective was to identify individual, clinical, and contextual factors linked to stalking or violence in people with erotomanic delusions. Secondary objectives were to describe the nature and severity of violence and to identify gaps in the literature.

Methods: A literature search was conducted in January 2026 using six databases. Eligible publications included case reports, case series, and observational or qualitative studies describing erotomanic delusions in connection with stalking or violence. Data were extracted using Covidence capturing socio-demographic, clinical and criminological factors. Results were synthesised descriptively and reported as frequencies and percentages overall and by sex. Fifty publications comprising 87 cases were included.

Results: The sample included 51 males (58.6%) and 36 females (41.4%), with a mean age of 36.0 years (SD 11.7). Most individuals were single, socially isolated and had unstable living arrangements. Erotomanic delusions were most commonly described in the context of a primary diagnosis of a psychotic illness (90.8%). Co-occurring delusional themes were common, particularly referential, persecutory, and grandiose delusions.