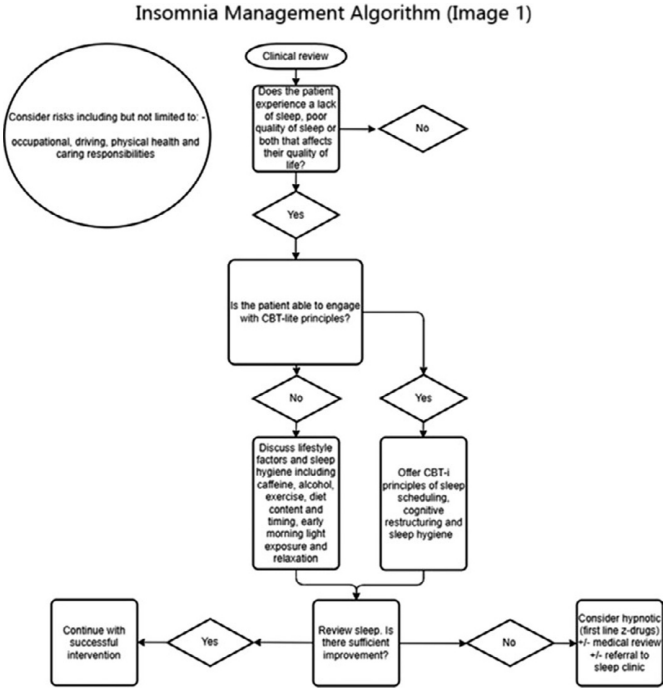
to evaluate the prevalence of insomnia and assess the impact of targeted interventions on clinical practice.
Methods: An initial audit cycle reviewed clinical records from 48 randomly selected patients seen over the previous five months. Data were collected on the identification and management of insomnia, namely the use of sleep hygiene advice, CBT-i techniques, and hypnotic prescribing. A multidisciplinary focus group informed an education programme which was delivered to the clinical team, covering sleep physiology, national treatment guidelines, and practical CBT-i principles (e.g. sleep restriction and cognitive restructuring). A simplified sleep management algorithm was developed and distributed (see image 2). Following these interventions, a second audit cycle was completed.
Results: 1) Insomnia prevalence was 58% and 63& in audit cycle 1 and 2 respectively (see all data in Table 1).
2) Sleep hygiene advice was given to 36% and 45% of relevant patients in audit cycle 1 and 2 respectively.
3) CBT-i strategies were used in 11% of cases in audit cycle 1, and increased to 27% in audit cycle 2.
4) Hypnotic prescribing remained limited. Zopiclone and promethazine were the most used. Combination hypnotic use was observed in 15% and 8% of patients in audit cycle 1 and 2 respectively.

Image 1:

Table 1

Insomnia present in last 12 months	Number of patients (Cycle 1)	Number of patients (Cycle 2)
Yes	28	30
No	20	18
Sleep hygiene discussed	**Number of patients (Cycle 1)**	**Number of patients (Cycle 2)**
No	18	18
Yes	10	15
N/A	20	15
CBTi education given	**Number of patients (Cycle 1)**	**Number of patients (Cycle 2)**
No	25	22
N/A	20	18
Yes	3	8
Sleep reviewed	**Number of patients (Cycle 1)**	**Number of patients (Cycle 2)**
Yes	45	43
No	3	5
Name of hypnotic prescribed	**Number of patients (Cycle 1)**	**Number of patients (Cycle 2)**
None	31	35
Zopiclone	4	2
Promethazine	3	4
Clonazepam	2	0
Zopiclone and clonazepam combination	2	1
Zopiclone and promethazine combination	2	0
Zopiclone and melatonin combination	1	0
Melatonin	1	0
Diazepam and promethazine combination	1	0
Melatonin and promethazine combination	1	2
Zolpidem	0	1
Diazepam and zopiclone combination	0	1
Daridorexant	0	1
Diazepam	0	1
Number of hypnotics prescribed	**Number of patients (Cycle 1)**	**Number of patients (Cycle 2)**
0	31	35
1	10	9
2	7	4
3	0	0

Image 2:



Conclusions: 1) Insomnia is common in community psychiatric practice but is often under-managed.
2) Modest improvements in the delivery of sleep hygiene and CBT-i interventions were seen following the project.
3) Sleep hygiene remains the most commonly used intervention, likely due to greater clinician familiarity and lower perceived complexity.
4) Despite being first-line treatment, CBT-i remains underutilised —potentially due to limited training, time constraints, and low clinician confidence.
5) Positive change is achievable in high-acuity settings, though sustained effort and system-level support are required.

Disclosure of Interest: None Declared

EPP292

Environmental toxicant exposure and sleep: Findings from a U.S. population study

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Introduction: Sleep plays a vital role in promoting health. Elucidating the associations between common environmental toxicants and sleep is essential to guide targeted mechanistic studies and inform preventive strategies.
Objectives: This study aims to systematically evaluate the relationships between a broad spectrum of environmental toxicants and both sleep disturbances and sleep duration.

Methods: We analyzed data from participants in the 2013–2014 and 2015–2016 waves of the National Health and Nutrition Examination Survey (NHANES) with available measurements of blood or urinary environmental toxicants, sleep disturbances, and sleep duration. A total of 82 toxicants spanning 13 categories were examined, including aromatic amines, arsenic species, bisphenols, heterocyclic aromatic amines, iodine, metals, polycyclic aromatic hydrocarbons (PAHs), volatile organic compound (VOC) metabolites, per- and polyfluoroalkyl substances (PFAS), phthalates, parabens, perchlorate, nitrate, thiocyanate, pyrethroids, herbicides, and organophosphate (OP) metabolites. An exposome-wide association study and the deletion-substitution-addition (DSA) algorithm were used to assess associations with self-reported **sleep disturbance** and duration adjusted for important covariates. Subgroup analyses stratified by sex and age were performed.
Results: Among 3,882 adults included (mean age 45.8 ± 19.0 years; 1,907 [49.1%] female), five categories of environmental toxicants (PAHs, VOCs, metals, OP metabolites, and thiocyanate) were significantly associated with sleep disturbance prevalence. Subgroup analyses revealed that females and younger individuals were more vulnerable to these toxicants than their male and older counterparts. Comparably, several environmental toxicants were associated with abnormal sleep duration, with certain pyrethoids, VOCs, parabens, and metals linked to short sleep duration (< 6 hours) and certain pyrethoids, bisphenols, and PFAS to long sleep duration (> 10 hours).

Image 1:

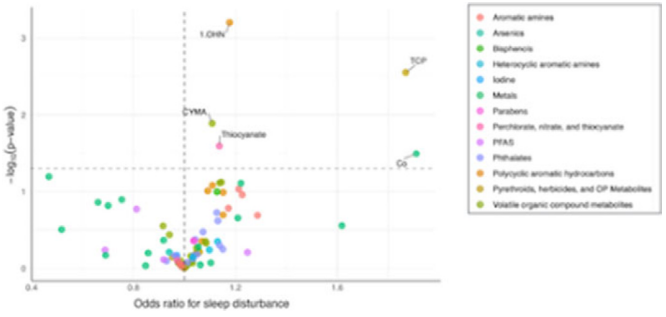


Image 2:

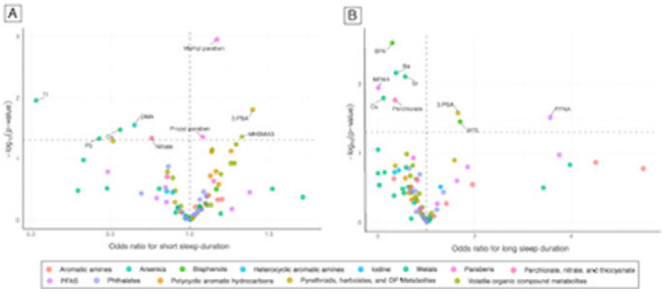
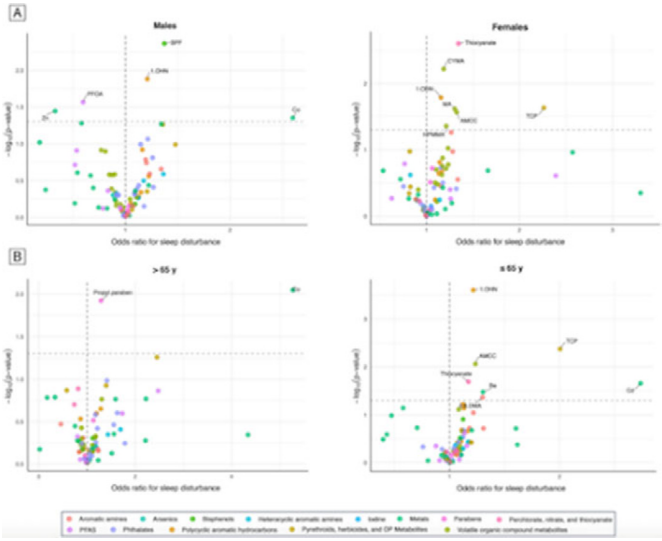


Image 3:



Conclusions: Our findings demonstrate that multiple categories of environmental toxicants are associated with both sleep disturbances and sleep duration. This study offers important insights for prioritizing environmental targets in mechanistic research on sleep regulation and supports efforts to mitigate harmful exposures.

Disclosure of Interest: None Declared

EPP293

Insomnia and Its Association with Successful Aging in the Older Indian Population: A Large Population-Based Study Based on LASI, Wave 1

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Introduction: Evidence regarding the link between insomnia and successful aging (SA) in the older generation remains scarce.
Objectives: The purpose of this study is to explore the relationship of insomnia with SA within a substantial sample of the community-dwelling Indian population.
Methods: Data were drawn from the Longitudinal Ageing Study in India (LASI), Wave 1, conducted during 2017-2018. Older participants aged 60 years and above who completed both the insomnia and SA surveys were included. Insomnia was determined by the presence of at least one of three symptoms: 1) difficulty in initiating sleep; 2) difficulty in maintaining sleep; or 3) early morning awakening, occurring 5 or more times per week. SA was assessed by five components: 1) absence of chronic diseases; 2) low probability of disability; 3) high cognitive functionality; 4) low probability of depression; and 5) active social engagement.