adolescents in understanding and awareness of sleep and circadian health. Beyond traditional classroom education, self-discovery and knowledge application with experiential tasks can better develop their perspectives and advocate in their community.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP184

Effectiveness of EMDR Therapy on Cognitive Performances in Patients with Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder: A 6-Month Follow-Up Study

T. B. Jannini[1]*, L. Longo[2], R. Rossi[2], M. Gagliano[2], A. Pompeo[2], A. Di Mario[2], C. Niolu[2], A. Siracusano[2] and G. Di Lorenzo[2]

[1]Department of Experimental Medicine and [2]Department of Systems Medicine, Tor Vergata University of Rome, Rome, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.508

Introduction: Complex post-traumatic stress disorder (cPTSD) is a clinical entity characterized not only by the typical symptoms of hyperarousal, avoidance, and flashbacks but also by disturbances in self-organization. Given the well-known association between trauma and cognitive deficits, it is common to observe a significant prevalence of such alterations among patients with cPTSD.
Objectives: The aim of this study is therefore to assess cognitive functioning in response to treatment using Eye Movement Desensitization and Reprocessing (EMDR).
Methods: Fifty-eight patients were recruited and divided into two groups (28 PTSD; 23 cPTSD), to whom scales for post-traumatic symptomatology (Impact of Event Scale – revised – IES-R; Clinician-Administered PTSD Scale – CAPS), along with cognitive tests (MATRICS Consensus Cognitive Battery - MCCB), were administered. The patients were evaluated at baseline (T0) and 6 months after the completion of the last EMDR session (T6).
Results: EMDR was effective in the treatment of post-traumatic symptomatology (IES-R; CAPS - $p<0.001$). The PTSD group showed improvement in the domains of verbal learning (RAVLT), visual attention (TMT-A), and working memory (CBTT) ($p<0.05$). The cPTSD group reported improvement in the verbal learning domain ($p<0.05$).
Conclusions: In addition to clinical symptomatology, EMDR has been shown to be effective in treating cognitive deficits in patients with PTSD and cPTSD. However, further studies are needed to confirm the results and identify the underlying mechanisms of this effect.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP185

Nightmares and childhood trauma in depression and insomnia among adolescents: A pilot study

Y. Li[1]*, H. F. Sit[1], Y. L. Wong[1] and S. X. Li[1,2]

[1]Department of Psychology and [2]The State Key Laboratory of Brain and Cognitive Sciences, The University of Hong Kong, Hong Kong, Hong Kong
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.509

Introduction: Nightmares have been linked to childhood trauma and an increased risk for mental health problems, such as depression. Meanwhile, there is a high comrobdity of nightmares and insomnia. Yet relatively few studies have compared the clinical presentations of nightmares in different clinical groups. Additionally, considering the close association between childhood trauma, insomnia, and depression, there might exist potential unique interactions between childhood trauma and clinical diagnoses on nightmare experience.
Objectives: This case-control study aimed to compare nightmare-related parameters (i.e., frequency, distress, severity, and impairment), and childhood trauma among adolescents with depression only (DG), insomnia only (IG), and healthy control (HG) groups. We explored the interaction between diagnosis and childhood trauma on nightmare parameters.
Methods: Participants completed a clinical interview to ascertain their eligibility. Data on demographic and clinical information, childhood trauma as assessed by the childhood trauma Questionnaire (CTQ) , and nightmare-related parameters, including nightmare frequency, nightmare distress, nightmare severity, and nightmare impairment, were analysed in the current study. Analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA) were used to examine the group differences, and regression analysis was used to examine the interaction effect on study variables.
Results: Adolescents with insomnia ($N = 31$; age 16.84 ± 1.88 years; female: 54.8%), female: 55.2%), depression ($N = 22$; age 17.50 ± 2.18 years; female: 54.5%) and healthy controls ($N = 31$; age 16.84 ± 1.88 years; female: 54.8%) were recruited. Compared to the HG, the IG and DG had greater nightmare distress (IG: $p = .024$; DG: $p = .005$) and nightmare impairment (IG: $p = .007$; DG: $p = .031$), but not nightmare frequency. However, only DG showed significantly higher nightmare severity ($p = .038$). No other significant differences were found in nightmare parameters between IG and DG (all $p > .05$). For childhood trauma, only DG showed significantly higher scores in emotional abuse ($p = .013$), emotional neglect ($p = .021$), and physical neglect ($p = .012$). No interaction effect of childhood trauma and clinical diagnosis was found on nightmare-related parameters (all $p > .05$).
Conclusions: This study showed that adolescents with insomnia or depression exhibited greater nightmare-related distress and impairment. Higher nightmare severity may be a unique characteristic in adolescents with depression but not for insomnia. Despite the depression group reporting significantly more childhood traumatic experiences, the potential interaction effect between diagnosis and childhood trauma was not observed on nightmare-related parameters. Future research may examine the relationship between the relevant variables in a larger sample size using a longitudinal design.

Disclosure of Interest: Y. Li: None Declared, H. F. Sit: None Declared, Y. L. Wong: None Declared, S. X. Li Grant / Research support from: This work was funded by Seed Fund for Basic Research, The University of Hong Kong and General Research Fund (Ref. 17613820), Research Grants Council, University Grants Committee, Hong Kong SAR, China.

Post-Traumatic Stress Disorder

EPP186

Acupuncture in trauma-related disorders – the novel treatment approach with acupuncture-based exposition (ABE) method

A. Sobieraj Bunse[1,2]*, J. Schottdorf[3] and R. Musil[1,2]

[1]Ludwig Maximilian Universität, Munich; [2]Privatklinik Oberberg, Bad Toelz and [3]Private Practise, Friedberg, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.510

Introduction: The evaluation of trauma-related disorders is becoming increasingly significant in psychiatric assessments. According to the DSM-5, these disorders are categorized as Post-Traumatic Stress Disorder (PTSD), Acute Stress Disorder, Adjustment Disorders, Prolonged Grief Disorder, Reactive Attachment Disorder, and other specified trauma- and stressor-related disorders. International guidelines on post-traumatic symptoms report positive outcomes with trauma-focused cognitive-behavioral therapy and EMDR, as well as non-trauma-focused therapies, such as relaxation techniques. Acupuncture and acupressure techniques can be used not only for treating symptoms but also for addressing associated sleep disorders, headaches and affective disorders. These methods are clinically applied to patients with traumatic events, primarily as ear acupuncture using the NADA protocol, along with 'Battlefield Acupuncture,' which has been established among American soldiers. In our clinical work, we use a unique protocol called Acupuncture-Based Exposition (ABE) (Schottdorf & Musil, 2017).
Objectives: The assessment of the effectiveness of the newly developed method of Acupuncture-Based Exposure (ABE).
Methods: The ABE (Acupuncture-Based Exposition) method was developed by Dr. Schottdorf and investigated by Dr. Musil and has already been clinically applied in their practice and clinic to a variety of patients. It has also been invetigated in an initial pilot study focusing on Type I trauma-related disorders, post-embitterment disorder as well as postpartum depression, and pain disorders. During ABE sessions, after a basic acupuncture treatment, patients are guided to visualize images of their traumatic experiences. The resulting physical sensations and emotions are addressed through corresponding acupuncture points until their intensity decreases. Finally, the imagined images are faded out using points on the head. Patients subsequently report a significant reduction in the burden of intrusive memories.
Results: In an initial case series involving 24 patients with trauma-related symptoms, an average reduction in trauma-specific symptoms was observed after just 3.95 sessions, as measured by the Impact of Events Scale-Revised (IES-R), from 55.6 ± 23.0 to 16.2 ± 21.1 (Wilcoxon test: $p < 0.002$). Additionally, a decrease in depressive symptoms was noted, measured by the Beck Depression Inventory, from 38.3 ± 8.0 to 25.6 ± 8.0 (Wilcoxon test: $p < 0.001$) (Schottdorf, 2018). So far, there have been no investigations into the mechanisms of action of ABE beyond clinical experience and initial data from clinical pilot projects.
Conclusions: Particularly, integrating acupuncture as an adjunct to conventional treatments for mental disorders appears to offer promising results. Further clinical research in the field of acupuncture and the ABE method is necessary.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP187

Effect of daridorexant on wakefulness throughout the night: Post-hoc analysis of a randomised, double-blind, active reference (zolpidem) study in patients with insomnia disorder

B. Steiniger-Brach[1], O. Briasoulis[1]*, A. Olivieri[1], S. Pain[1], L. Palagini[2], D. Kunz[3] and P.-A. Geoffroy[4,5,6]

[1]Idorsia Pharmaceuticals Ltd., Allschwil, Switzerland; [2]Department of Neuroscience, Section of Psychiatry, University of Pisa, Pisa, Italy; [3]Clinic for Sleep & Chronomedicine, St. Hedwig-Krankenhaus, Große Hamburger Straße 5-11, 10115, Berlin, Germany; [4]GHU Paris - Psychiatry & Neurosciences; [5]Université de Paris, NeuroDiderot, Inserm and [6]Département de Psychiatrie et d'Addictologie, AP-HP, GHU Paris Nord, DMU Neurosciences, Hôpital Bichat - Claude Bernard, Paris, France
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.511

Introduction: Daridorexant, a dual orexin receptor antagonist [DORA] which works by selectively reducing the orexin-induced wake signalling, has been shown to induce a dose-dependent reduction in wake time after sleep onset [WASO] in patients with insomnia disorder (Dauvilliers et al. Ann Neurol 2020; 87 347–356).
Objectives: This exploratory analysis examined the efficacy of daridorexant in reducing the duration of awakenings in each quarter of the night, when compared to placebo and to the GABA-receptor agonist zolpidem, which induces sleep through widespread CNS sedation.
Methods: This was a multi-centre, double-blind trial (NCT02839200), including adult (18–64y) patients with insomnia randomized (1:1:1:1:1:1) to placebo, daridorexant (5, 10, 25, or 50mg), or zolpidem (10mg) for 30 days. Polysomnography [PSG]-determined WASO was evaluated using descriptive statistics by quarter of the night (Q1–Q4) i.e. every 2 hours over 8 hours at Days 1 & 2, 15 & 16, and 28 & 29. Baseline was defined as the mean of the two PSG nights during the run-in period and Days 1&2 as the mean of the first two PSG treatment nights; Days 15&16 and 28&29 were defined similarly.
Results: Dose-dependent decreases in mean change from baseline in Q1–Q4 WASO were observed with daridorexant (5–50mg) at Days 1 & 2 (**Figure 1**). Whereas the approved doses of daridorexant (25mg and 50mg) provided similar response to zolpidem 10mg in the first half of the night, mean reductions from baseline in WASO were numerically greater with daridorexant 50mg versus zolpidem 10mg during the second half of the night – with the difference most pronounced in the fourth quarter (mean WASO change from baseline Q3: –13.49 min versus –9.73 min; Q4: –17.51 min versus –7.81 min). Similar effects were seen at Days 15 & 16, and Days 28 & 29.