

informed consent. A week after the initiation of treatment, her sleep pattern had improved but she became aggressive, showed low tolerability to minor frustrations and suffered from an intensification of suicidal ideation. She became extremely hostile to the personnel, had severe tantrums and deliberate self injurious behavior. Perampanel was discontinued and in less than a week her aggressive behavior succumbed. Although she was not re-exposed to Perampanel the symptoms she presented are considered a very likely adverse drug reaction. Levomepromazine 20mg/day and Lormetazepam 0.5mg/day were reinstated as a treatment for insomnia.

Conclusions: Psychiatric comorbidity is known to be a risk factor for behavioral adverse effects of Perampanel. Therefore Perampanel as a treatment for chronic insomnia needs a careful individual benefit-risk assessment and monitoring for adverse effects.

Disclosure of Interest: None Declared

EPV1051

A Challenging Sexsomnia Seen as a Deceptive Case of Depression

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Introduction: Sleep related sexual behaviors or sexsomnias are unconscious behavioral activities that occur during sleep (e.g. parasomnias). Behaviors could range from sexual vocalizations, orgasms, sexualized movements, masturbation, or full sexual intercourse with a subsequent amnesia. Early epidemiological studies showed a prevalence of 7.1%, with a male predominance. While intended as a rare condition, leads to important physical and psychological consequences for both the patient and their bed partner. For our knowledge this is the first case of sexsomnia reported in Portugal.

Objectives: To report the clinical and psychosocial impact of a Sexsomnia case in a young woman which was misdiagnosed with depression.

Methods: Patient's clinical files consultation and literature review using Pubmed^a and the keywords: *sexsomnia*.

Results: A 18-year-old female referred to a psychiatric consultation to be assessed and treated from a diagnostic of depressive disorder. This was a young woman with a previous history of sleepwalking during childhood, with no recurrent episodes since adolescence. A familiar positive history for sleepwalking was confirmed (mother). She reported the beginning of her sleep related sexual behavior six months before the consultation, conflicting with the moment in which she started pharmacological therapy for Chron Disease, diagnosed at that time.

After she slept with her boyfriend, she was told by him about the recurrence of masturbatory activity during sleep. These episodes were told to occur as often as 1 to 2 times a night, shortly after falling asleep, with posterior amnesia for the event.

As for medical or psychiatric history, only Chron's disease is highlighted, being under control with azathioprine. Likewise, he took 1mg of melatonin/night.

Pittsburgh Sleep Quality Index at presentation was 7/21 and the STOP-Bang questionnaire revealed a low risk of Obstructive Sleep Apnea.

A Type I Polysomnographic study was performed revealing decreased sleep efficiency and fragmented sleep presenting an alternating cyclic pattern. The existence of significant respiratory events during sleep, as well as periodic movements, was excluded. Cognitive behavioral therapy by means of highlighting the need of improvement on sleep hygiene measures was prescribed and the dose of melatonin was increased up to 3mg. Despite the good clinical response, the patient discontinued the melatonin treatment mainly due to familiar and personal reasons and failed to comply with the prescribed hygienic measures, with a further worsening of the clinical condition.

Conclusions: This particularly challenging case representing the emerging medicolegal issues and psychosocial aspects related with the still poorly understood sleep disorders like sexomnia, shows up how much awareness is required from psychiatric team members to better assist and refer patients, promoting both an assertive diagnostic and an effective management.

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EPV1052

Moderating effect of sleep quality on the association between hospital anxiety and quality of life in patients with mild to moderate dementia; A cross-sectional study

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Introduction: Anxiety and sleep disorders are common and associated comorbidities of dementia. Previous studies has proven the association between anxiety and sleep disorder with a reduced quality of life in hospitalized patients with dementia. However, it is not clear whether the sleep disorders change the association between anxiety and quality of life.

Objectives: To test the hypothesis that sleep quality modify the association between anxiety and quality of life in hospitalized patients with mild or moderate dementia.

Methods: We performed this cross-sectional study during 2017 at University Psychiatric Hospital "Sveti Ivan", Zagreb, Croatia. Data were collected on a consecutive sample of patients diagnosed with mild or moderate dementia. The outcome was the association between anxiety measured using the Hospital Anxiety and Depression Scale, and quality of life measured using the EQ-5D-5L visual-analogue scale. The independent variable was sleep quality measured using the Pittsburgh Sleep Quality Index (PSQI). We performed a moderation analysis using the Johnson-Neyman technique as implemented in Andrew F. Hayes macro "Process" Template 1, after adjusting for age, gender, education, body mass index, age at the time of onset of dementia, duration of