

EPV1914

Management of insomnia evaluated by the Psychiatry Interconsultation in a patient with a comorbid medical condition

A. Blanco Barrón^{1*}, M. T. González Salvador¹,
A. Castiglioni García-Diego¹ and M. Magariños López¹

¹Psychiatry, Hospital Puerta de Hierro, Madrid, Spain

*Corresponding author.

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Introduction: Insomnia, affecting about one-third of adults and worsening with age, impacts individual's health, social life, and occupational functioning. Therefore, untreated insomnia can lead to depression. Although it can appear as an independent symptom, it most often presents as a comorbid disorder.

This paper discusses the case of a 71-year-old man with acute necrotizing pancreatitis and history of multiple admissions for recurrent abdominal pain, was assessed by Psychiatry for a possible adaptive disorder. He was diagnosed with persistent insomnia linked to his medical condition and secondary low mood. Sleep hygiene and various medications were recommended but proved ineffective. Eventually, an orexin antagonist, daridorexant, was prescribed.

Objectives: The aim of this work is to orient, within the wide range of psychopharmacology available for the treatment of insomnia, the effectiveness and advantages of the use of daridorexant in patients with comorbid medical pathology.

Methods: To evaluate the efficacy of the drug in improving the quantity and quality of sleep, and the diurnal impact of insomnia, the Athens scale, consisting of 8 items, was used. It has been completed with a sleep diary that provides specific information on sleep. The results obtained were compared with those published by means of a literature search in PubMed.

Permission is requested from the patient to present this case anonymously.

Results: After 30 days of treatment with daridorexant, the Athens Scale score decreased, with a perceived improvement in nocturnal rest (quantity and quality of sleep) and daytime impact of insomnia, with good tolerance and no side effects.

Conclusions: The pharmacological treatment of insomnia has undergone important advances in the last two decades. The treatment of insomnia is multidisciplinary and will depend on its etiology. There seems to be no single, first-choice pharmacological treatment for insomnia, which is why the options are varied and wide-ranging. The management of this disorder seeks two fundamental objectives: to improve the quality of sleep and to improve daytime symptoms. Both are improved in this patient with the help of daridorexant. The review of the available literature supports the observed case, being daridorexant a safe and effective option for the treatment of insomnia. It is worth mentioning that in Spain, daridorexant has been approved in September 2023, so the clinical experience at present is scarce.

In our patient the drug has been well tolerated, with no reported side effects or variations in analytical parameters. With respect to insomnia, anxious and negative expectations regarding sleep, concern about the potential consequences of not sleeping enough or not sleeping well have decreased and, in short, the quality of sleep, functionality during the day, and even mood have improved in general terms.

Disclosure of Interest: None Declared

EPV1915

Treatment of persistent insomnia in patients with benzodiazepine addiction: a case report

A. Castiglioni García-Diego^{1*}, A. Blanco Barrón¹,
M. T. González Salvador¹, M. Magariños López¹
and I. Álvarez Correa²

¹Psiquiatría and ²Hospital Universitario Puerta de Hierro Majadahonda, Madrid, Spain

*Corresponding author.

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Introduction: The diagnosis of persistent insomnia according to DSM-5 and ICD 11 is based on clinical criteria, specially in relation to dissatisfaction with the quantity/quality of sleep and the discomfort or impairment of social and occupational functioning that it generates. On the other hand, in 2023, Spain has positioned itself as the world leader in the consumption of benzodiazepines.

We present the case of a 62-year-old man admitted to neurosurgery for a cerebrospinal fluid fistula and evaluated by the liaison psychiatry for persistent insomnia. The patient was abusing benzodiazepines to improve his night's rest. Different drugs are prescribed to improve sleep and avoid abusive consumption of benzodiazepines such as trazodone, quetiapine, clonidine, gabapentin with little or no improvement of insomnia. Finally, a dual orexin receptor antagonist, daridorexant, is prescribed and its effectiveness is evaluated.

Objectives: The aim of this work is to evaluate the effectiveness of daridorexant in persistent insomnia, as well as to assess the possibility of its use in benzodiazepine addiction for hypnotic purposes.

Methods: The Oviedo Sleep Questionnaire (COS), which is a structured and hetero-applied instrument, was administered to facilitate the diagnosis and monitoring of sleep pre and post treatment.

A literature search was carried out in PubMed and the conclusions found in the literature were compared with the clinical case presented.

Permission is requested from the patient to present this case anonymously.

Results: After 30 days of treatment with daridorexant, the COS score decreased, and improvement was also observed in the anamnesis, without verbalizing complaints that could be interpreted as side effects.

Regarding lorazepam consumption, this could be gradually reduced until its withdrawal.

Conclusions: Daridorexant is a drug that may be effective in resolving persistent insomnia in patients addicted to benzodiazepines for hypnotic purposes.

The review of the available literature suggests that daridorexant is a safe and effective option for the treatment of persistent insomnia. This has been fulfilled in our patient, given that he has not reported side effects, that the analytical parameters have not changed since its introduction and that it has improved in general terms the quality of sleep and functionality during the day. On the other hand, since the hypnotic purpose of lorazepam was replaced by daridorexant, the former could be withdrawn, which opens the door to the possibility that we are dealing with a drug that reduces the consumption of benzodiazepines.

It should be borne in mind that in Spain daridorexant was recently approved in September 2023, with not much experience in practice.

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EPV1916

Relationships Between Fatigue, Aggressiveness, Insomnia, and Sleep Quality Among Nurses

A. M. Cybulska^{1*}, K. Rachubińska¹, E. Grochans¹, I. Malicka-Szymoniak² and D. Schneider-Matyka¹

¹Department of Nursing, Pomeranian Medical University in Szczecin and ²Independent Public Provincial Hospital in Szczecin, Szczecin, Poland

*Corresponding author.

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Introduction: Nurses often face situations where they must deal with aggression from patients or even coworkers. This challenge can have negative consequences for both medical staff and patients.

Objectives: The aim of this study is to examine the relationship between the level of aggression, the severity of fatigue, and the occurrence of sleep disorders among nursing staff.

Methods: The study was conducted in Szczecin and was survey-based, involving 241 nurses working in surgical wards, medical wards, outpatient clinics, and the emergency department. The following tools were used to collect data: a custom survey, the Fatigue Severity Scale (FSS), the Athens Insomnia Scale (AIS), the Buss-Perry Aggression Questionnaire (BPAQ), and the Pittsburgh Sleep Quality Index (PSQI).

Results: It was found that a greater tendency toward overall aggression, verbal aggression, and higher levels of anger and hostility were associated with more severe insomnia problems ($p < 0.05$). Data analysis showed statistically significant correlations ($p < 0.05$) between overall, physical, and verbal aggression, as well as hostility (based on BPAQ) and sleep quality (based on PSQI). A statistically significant positive correlation ($p < 0.05$) was also found between fatigue levels (FSS) and sleep quality (PSQI) — the higher the level of fatigue, the worse the sleep quality.

Table 1. Comparison of results according to BPAQ and AIS, PSQI

Examined Traits	AIS		PSQI	
	r	p	r	p
BPAQ: Total Aggression	0,297	<0,001	0,227	<0,001
BPAQ: Verbal Aggression	0,143	0,026	0,147	0,022
BPAQ: Anger	0,202	0,002	0,118	0,068
BPAQ: Hostility	0,353	0,001	0,317	<0,001

Conclusions: There is a link between aggression levels, fatigue, and sleep disorders. Individuals with stronger tendencies toward aggression were more likely to experience insomnia and sleep problems. Those with higher levels of fatigue also experienced more frequent insomnia and sleep disturbances. Preventive and therapeutic measures are necessary to improve the health of nursing staff.

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EPV1917

Defenestration in the Context of Adult Parasomnia: Diagnostic Challenges and Clinical Considerations

O. De Juan Viladegut^{1*}, H. Andreu Gracia¹, L. Olivier Mayorga¹, L. Bueno Sanya¹, E. Cesari¹, J. I. Mena¹, I. Ochandiano¹, S. Salmerón¹ and L. Pintor¹

¹Servei de Psiquiatria, Institut Clínic de Neurociències, Barcelona, Spain

*Corresponding author.

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Introduction: Abnormal motor and behavioral phenomena during sleep are part of a broader category of sleep behaviour disorder, which may manifest during different stages—either during sleep, wakefulness, or the transitions between these states. Such occurrences are particularly prevalent during early childhood, affecting approximately 15-20% of pediatric populations, while about 4% of adults experience similar events. These sleep disturbances are generally categorized into simple behaviors or more complex behaviors.

Objectives: This case report describes a clinical presentation involving defenestration in the context of parasomnia, with initial concerns about a possible suicide attempt. The objective is to highlight the diagnostic challenges in such cases and emphasize the importance of distinguishing between parasomnia-related behavior and intentional self-harm.

Methods: The patient is a 24-year-old male, born in the US, and currently living in Barcelona as part of a study exchange program. He has been consuming 1SCU of cannabis daily since adolescence. He denies any personal or family psychiatric history but reports experiencing episodes of sleepwalking during his childhood and teenage years.

On presentation, the patient sustained multiple traumatic injuries following an accidental fall from a second-floor window. The event was witnessed by neighbors, who alerted emergency services. The patient has no memories of the event and denies suicidal intent. In the hours preceding the incident, the patient consumed approximately 2SDE of alcohol, but he denies the use of any other substances at the time. Additional testing, including CT of the brain and EEG, revealed no significant abnormalities.

Results: This case presents a diagnostic dilemma, as initial suspicions pointed toward a possible suicide attempt. However, the patient's history of sleepwalking, especially during childhood, suggests a parasomnia-related etiology. It is crucial to differentiate between childhood-onset sleepwalking, which is often linked to genetic and developmental factors, and sleepwalking that persists or re-emerges in adulthood, which is more strongly associated with psychopathological factors. The persistence of parasomnias in adults may indicate an underlying psychiatric condition.

Conclusions: This case underscores the complexities in diagnosing parasomnias, particularly when severe and potentially dangerous behaviors are involved. While the patient's history of sleepwalking and lack of psychiatry history suggest a parasomnia-related etiology, the persistence of such behaviors into adulthood warrants careful evaluation for underlying psychopathological factors. Early recognition and accurate diagnosis are paramount to providing effective care and preventing recurrence of such episodes. This case highlights the importance of a multidisciplinary approach, integrating neurology and psychiatry to offer tailored interventions.

Disclosure of Interest: None Declared