

Objectives: The current study objective is to investigate the sleep quality of polypharmacy older adults and its association with depression and anxiety in this population.

Methods: A cross-sectional study was conducted in Iraq from June to August 2024. A total of 245 participants were selected from internal medicine wards in hospitals and private clinics. All participants were aged 50 years or older and had been taking five or more medications for at least 90 days. The study questionnaire comprised three main sections: demographic data, the Patient Health Questionnaire-4 (PHQ-4), and the Pittsburgh Sleep Quality Index (PSQI). A PSQI score greater than 5 was used to identify poor sleepers. The association between poor sleep and other factors was assessed by using chi-squared tests and binary logistic regression.

Results: The sample consisted of 245 polypharmacy patients, with a mean age of 61.5 ± 12.4 years. Of the participants, 150 (61%) were female and 95 (39%) were male. Anxiety was observed in 95 (38.8%) participants, depression in 96 (39.2%), and poor sleep quality in 189 (77.1%). The study found significant associations between both anxiety (OR = 3.4 [95% CI: 1.55-7.57], $p = 0.002$) and depressive symptoms (OR = 2.43 [95% CI: 1.15-5.15], $p = 0.020$) with poor sleep quality.

Conclusions: Our study suggests that Iraqi polypharmacy older adults suffer from poor sleep quality, with depression and anxiety potentially exacerbating this issue. The findings suggest that mental health support is necessary for older adults with polypharmacy.

Disclosure of Interest: None Declared

EPV1910

Sleep disorders and stress in children and adolescents with ASD

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Introduction: Sleep disorders are very common in children with neurodevelopmental disorders such as autism. Poor sleep can have detrimental effects on cognitive processes, attention, memory, language, and regulation of mood and behavior. Many people with autism have difficulty correctly processing sensory information that reaches them from both the environment and their own body. Depending on how the person with autism perceives the sensations, these can impact on sleep, causing nighttime awakenings or poor sleep conciliation. It is vitally important to evaluate nighttime rest and have knowledge of appropriate tools to improve sleep in patients with ASD.

Objectives: In this work we aim to evaluate, in a child-youth population diagnosed with ASD who have been admitted to our ASD Day Hospital during the year 2024, the prevalence of sleep disorders and their characteristics. As well as generating strategies to improve sleep conciliation and factors to take into account or avoid that may be affecting our patients.

Methods: A review is carried out of the clinical history of patients admitted to the TEA Day Hospital during the year 2024. Sleep problems are analyzed, as well as their relationship with stress. Results and measures to improve the quality of night rest in these patients are presented.

Results: From January to September 2024, a total of 26 patients with autism have been treated at the ASD Day Hospital of the University Hospital of Mutua Terrassa, in the following programs: intensive, eating problems and low functionality. Of these, 32% were women, with an average age of 11.64 and an average stay of 40 days.

More than half of the patients had sleep problems, where the majority had more than one. Among the most frequent: difficulties falling asleep (12), maintenance insomnia (8), frequent awakenings (4), night terrors (6), and the need for the presence of parents and/or sensory interventions to be able to fall asleep (12).

The main interventions carried out have consisted of: establishing adequate sleeping habits, avoiding naps, avoiding highly stimulating activities, feeling tired beforehand, adapting environmental conditions to the needs of the child and giving proprioceptive information before sleeping.

Among the most commonly used drugs we found atypical antipsychotics: olanzapine, risperidone. Some antidepressants: mirtazapine and occasionally benzodiazepines. The vast majority of children took melatonin.

Conclusions: Sleep disorders are highly prevalent in patients with ASD, but correct intervention can improve comorbid symptoms such as anxiety, stress and discomfort, which are largely related to poor sleep.

Sensory-perceptive interventions are essential to improve nighttime rest in children with ASD

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EPV1911

Daytime Sleepiness Among Healthcare Workers Following SARS-CoV-2 Infection

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Introduction: COVID-19 infections had a variety of symptoms, including a range of sleep disorders such as daytime sleepiness.

Objectives: The objective of the study was to determine the frequency and persistence of daytime Sleepiness among HCWs post-COVID-19 and analysis of related risk factors.

Methods: A prospective descriptive study was conducted over six months (January-July 2022) among HCWs at Charles-Nicollé Hospital in Tunis who contracted COVID-19. Daytime sleepiness was evaluated at three intervals: during the infection (T0), at three months, and at six months post-infection, using the Epworth Sleepiness Scale (ESS) in its French version. Anxiety and depressive symptoms were assessed with the Hospital Anxiety and Depression Scale (HAD) to examine their association with sleep disturbances.

Results: The study included 155 HCWs, with an average age of 40.2 ± 10.3 years and an average work seniority of 14.1 ± 10 years. The assessment of anxiety-depressive disorders in the study population using the HAD scale showed that anxiety symptoms were certain in 27.3% of the personnel, while depressive symptoms were certain in 21.4% of cases. Additionally, 48.1% of participants showed no

signs of anxiety, with 24.7% exhibiting doubtful symptoms. For depression, 59.1% had no symptoms, and 19.4% presented with doubtful symptomatology.

At baseline (T0), 47.1% of healthcare workers reported normal levels of sleepiness, 16.8% had moderate sleepiness, and 36.1% experienced abnormal sleepiness. By three months, these levels shifted, with 20.6% reporting normal sleepiness, 21.9% reporting moderate sleepiness, and 11.6% experiencing abnormal sleepiness. At six months, 7.7% reported normal sleepiness, 3.9% had moderate sleepiness, and 6.5% continued to experience abnormal sleepiness. Factors significantly associated with prolonged daytime sleepiness included obesity ($p = 0.005$), thrombophilia ($p = 0.004$), non-medical professional category ($p = 0.019$), hospitalization requiring oxygen therapy ($p < 10^{-3}$), and the death of a close relative due to COVID-19 ($p = 0.016$). Anxiety and/or depression, as assessed by the HAD scale, were also significantly associated with persistent sleepiness ($p = 0.03$).

Conclusions: Persistent daytime sleepiness among HCWs post-COVID-19 infection highlights the need for targeted interventions focused on sleep quality and mental health support, which could enhance well-being and facilitate their occupational reintegration.

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EPV1912

Insomnia Among Healthcare Workers Following SARS-CoV-2 Infection

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Introduction: COVID-19 infections had a variety of symptoms, including a range of sleep disorders such as insomnia.

Objectives: The objective of the study was to assess the prevalence of insomnia among healthcare workers (HCWs) following COVID-19 infection and to identify factors associated with its persistence over time.

Methods: This prospective descriptive study was conducted at Charles-Nicollé Hospital in Tunis, monitoring HCWs infected with COVID-19 over a six-month period (January-July 2022). Insomnia severity was evaluated at infection onset (T0), at three months, and at six months post-infection, using the Insomnia Severity Index (ISI) in its French version. The presence of anxiety and depression was assessed via the Hospital Anxiety and Depression Scale (HAD) to determine potential associations.

Results: The study included 155 healthcare workers, with an average age of 40.2 ± 10.3 years and an average work tenure of 14.1 ± 10 years. At baseline (J0), 42.5% of participants reported no insomnia, 21.3% had mild sub-clinical insomnia, 31% had moderate clinical insomnia, and 5.2% experienced severe clinical insomnia. At three months, the rates shifted, with 11.6% reporting no insomnia, 35.5% experiencing mild sub-clinical insomnia, and 7.1% having moderate clinical insomnia. By six months, 7.7% had no insomnia, 6.5% reported mild sub-clinical insomnia, and 3.9% continued to experience moderate

clinical insomnia. Factors significantly associated with insomnia included a history of discopathy ($p < 10^{-3}$), hospitalization ($p < 10^{-3}$), and the death of a close relative due to COVID-19 ($p = 0.012$). Additionally, significant associations were found between persistent insomnia and anxiety and/or depression ($p = 0.03$).

Conclusions: Persistent insomnia post-COVID-19 infection in HCWs underscores the importance of integrating mental health and sleep quality interventions into healthcare protocols to improve overall well-being and aid in their professional recovery.

Disclosure of Interest: None Declared

EPV1913

From childhood physical and emotional abuse to self-harm: the mediating effect of sleep disorders among a sample of male prisoners

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Introduction: According to literature, the link between childhood trauma and mental health disorders is well-established. However, focusing on the mechanisms explaining this pathway remains insufficiently studied mainly among incarcerated population.

Objectives: The current study aimed to assess the mediation effect of sleep disorders in the path from childhood physical neglect and emotional abuse to suicide and self harm behaviors among male prisoners.

Methods: We conducted a cross sectional study among incarcerated males in Mahdia prison on April 2023. The participation was anonymous, voluntary and the measurement tool was self-administrated. Illiterate participants were interviewed by investigator doctors. We assessed physical and emotional abuse using items from the validated Arabic version of the World Health Organization ACE questionnaire. Self-directed violent behaviors were subdivided into suicidal behaviours and selfharm. The Hospital Anxiety and Depression Scale and The Pittsburgh sleep quality index were also used.

Results: A total of 540 prisoners were recruited with a response rate of 74.6%. Their mean age was 33.75 ± 10.89 years. Among participants, 73% reported emotional abuse and 39.2% had experienced physical neglect during their childhood. In the six previous months, 35% of them had suicidal thoughts and 45.9% were engaged in self-harm. Anxiety and depression were screened among 83.2% and 79.6% of them respectively. During incarceration, 88.4% of prisoners reported sleep disorders.

After adjusting for anxiety and depression, we found that physical neglect and emotional abuse predict self harm behaviors through sleep disorders among male prisoners (%mediated= 28.5% and 15% respectively, $p < 0.001$).

Conclusions: Our study emphasize the need for preventing and screening childhood trauma and implementing mental health approaches in jail in order to deal with sleep disorders and to prevent suicidal behaviors among prisoners.

Disclosure of Interest: None Declared