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

Disclosure of Interest: None Declared

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-Nicolle 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 self harm. 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