

Results: Nineteen participants were included in the study. Insomnia Severity Index (ISI) measured; difficulty sleeping, difficulty staying asleep, waking too early, sleep satisfaction, sleep interference on quality of life and total ISI insomnia score improved significantly post-treatment ($M = 9.44$, $SE = 7.35$, $p < 0.001$). No significant difference was identified post-treatment for actigraphy-measured sleep. The severity of depression ($M = 5.27$, $SE = 1.41$, $p = 0.002$), anxiety ($M = 5.07$, $SE = 1.66$, $p = 0.008$), and PTSD symptoms among participants with likely PTSD, were significantly lower following treatment ($M = 29.4$, $SE = 4.19$, $p = 0.002$).

Conclusions: A short sleep skills intervention based on CBT-I was effective at reducing self-report insomnia symptoms and severity of psychological symptomatology but failed to improve actigraphy sleep metrics. These findings highlight a differing contribution of nighttime sleep and current insomnia symptoms to the severity of self-reported psychological symptomatology.

Disclosure: No significant relationships.

Keywords: Trauma; PTSD; sleep; actigraphy

EPV1483

Interaction between cognitive, emotional and behavioral factors of sleep-related complaints in the normative sample

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Introduction: Complaints about sleep and sleepiness are widespread and are closely associated with dysfunctional beliefs about sleep, disturbed sleep hygiene and anxiety-depressive experiences (Perlis et al., 2011, Riemann et al., 2017, Sateia et al., 2017), however, the specific role and interactions of these factors are understudied.

Objectives: The aim was to reveal the relationship between cognitive, emotional and behavioral factors of subjective sleep quality, sleepiness and typical patterns of nighttime sleep in the normative sample.

Methods: 224 people 18-47 years old without diagnosed sleep disorders answered questions about their sleep patterns, filled in the Insomnia Severity Index, Dysfunctional Beliefs About Sleep Scale (Morin, 1993), Behavioral Factors of Sleep Disorders Scale (Rasskazova, 2020), Epworth Sleepiness Scale (Johns, 1991), Glasgow Thought Content Inventory (Harvey, Espie, 2004), Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983).

Results: The poorer subjective quality of sleep is predicted by more dysfunctional beliefs about sleep, cognitive arousal and disturbed sleep hygiene ($R^2 = 45.1\%$). The negative effect of cognitive arousal on sleep quality is higher in people with sleep hygiene disturbances ($\Delta R^2 = 1.4\%$, $p < .05$). Only disturbance of sleep hygiene is a predictor of sleep duration, sleepiness and the experience of insufficient sleep ($R^2 = 9.9\%$ - 12.2%), while cognitive arousal ($R^2 = 23.4\%$) and (in people with higher sleep hygiene disturbances, $\Delta R^2 = 3.5\%$, $p < .01$) negative emotions predict poorer sleep efficacy.

Conclusions: Both relationship between cognitive arousal and poorer subjective sleep and relationship between anxiety, depression and poorer sleep efficacy are stronger in people with poorer sleep hygiene. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

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Keywords: psychological factors; sleep-related complaints

EPV1484

Relative value of sleep and sleep-related complaints in people without sleep disorders: mediating role of cognitive, emotional and behavioral factors

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Introduction: High prevalence of dysfunctional beliefs about sleep and poor sleep hygiene in population (Perlis et al., 2011, Riemann et al., 2017) allow suggesting (Rasskazova, Tkhostov, 2012) a socially determined low value of sleep relative to other activities and demands.

Objectives: The aim was to reveal the role of the relative value of sleep and subjective quality of sleep in people without sleep disorders.

Methods: 172 participants 18-62 years old without diagnosed sleep disorders answered three items about their relative sleep value, filled Insomnia Severity Index, Dysfunctional Beliefs About Sleep Scale (Morin, 1993), Behavioral Factors of Sleep Disorders Scale (Rasskazova, 2020) and Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983)

Results: 56.3% -65.3% participants tend to neglect sleep for the sake of other activities in conflictual situation independent on gender and age. Sleep neglect is associated with poorer subjective sleep indirectly – through poor sleep hygiene, depressive emotions and postponement of the time to get up in the morning ($\beta = .02-.09$; 95% CI [.01-.17]). High value of healthy sleep is associated with poorer sleep quality if it leads to higher dysfunctional sleep beliefs and sleep rituals (indirect effects $\beta = .04-.16$; 95% CI [.01-.23]), but with better sleep quality if it leads to better sleep hygiene in the evening and less delay in getting up in the morning ($\beta = -.04 - -.02$; 95% CI [-.08-.00]).

Conclusions: Relative value of sleep might play a different role in the sleep regulation depending on which long-term beliefs, emotions, and behaviors it provokes. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

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Keywords: sleep-related complaints; value of sleep; psychological factors

EPV1485

Sleep impact of pandemic COVID-19 crisis on university students in Saudi Arabia and associated factors

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Introduction: COVID-19 pandemic has many psychological and physical effects. University students are among vulnerable population.

Objectives: We aimed in this study to assess sleep effects of COVID-19 pandemic on university students in Saudi Arabia.

Methods: We conducted cross-sectional study to collect responses of 5,140 participations from Saudi universities, responders completed the demographic questions, psychological scales including insomnia severity scale (ISI) between 24th and 30th of April 2020.

Results: About 41% of the sample suffered from moderate to severe insomnia. Mean ISI score was 12.9 (SD 6.62). Insomnia was associated with female gender, younger age, students from new universities, junior students, if a relative got COVID-19, having a chronic medical illness, and having a psychiatric disorder.

Conclusions: Covid-19 pandemic has clear effect on sleep among Saudi university students. Universities need to plan and implement protective and intervention strategies to deal with this important issue.

Disclosure: No significant relationships.

Keywords: Covid-19; Insomnia; University student; Saudi Arabia

EPV1486

Pharmacological Management of insomnia Associated with Parkinson's Disease

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Introduction: Parkinson's disease (PD) is a progressive neurological disorder that associates multiple psychiatric symptoms and disorders, like depression, neurocognitive impairment, sleeping disorders, etc. Insomnia is frequently detected in this population, with a prevalence of over 50% according to several studies.

Objectives: To present a case series dedicated to the treatment of insomnia in patients diagnosed with PD, who did not meet diagnostic criteria for any other psychiatric disorder.

Methods: A number of three patients (2 male, one female, mean age 65.2 years) diagnosed with PD, were evaluated for insomnia. They were all initiated on quetiapine XR 50 mg QD, and up-titrated according to the individual response. All these patients were undergoing treatment for their neurological disease, which remained stable for the next 3 months. A structured clinical evaluation was performed monthly, and safety measurements were also performed. All patients self-evaluated their insomnia severity on a 10-point visual analogic scale (VAS).

Results: After 3 months, patients reported a favorable evolution of their insomnia- VAS score improved significantly to baseline (from 7.3 to 3.3), without significant adverse events (metabolic parameters and QTc values did not change significantly during the treatment period). Daytime sleepiness was not reported as being significant by any of these patients. The mean dose of quetiapine XR used was 75 mg QD (50-150 mg QD), and the mean duration of the needed treatment for insomnia was 8.3 weeks (4-11 weeks).

Conclusions: Quetiapine XR could be useful in patients with PD-related insomnia, and the mean dose is usually below 100 mg QD.

Disclosure: No significant relationships.

Keywords: Parkinson disease; atypical antipsychotics; Insomnia

EPV1487

Somnambulism induced by Hydroxyzine

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Introduction: Somnambulism or sleepwalking could be explained by dysfunction in the regulation of slow-wave sleep. It may be caused by drugs; in the literature, cases of somnambulism that occurred by olanzapine and lithium have been reported.

Objectives: Discuss the association between somnambulism and Hydroxyzine.

Methods: We will discuss the case of a patient with bipolar disorder treated with olanzapine and lithium who experienced episodes of somnambulism after adding Hydroxyzine.

Results: A 42-year-old woman, with no history of somnambulism, followed in our department for a bipolar disorder type 1, treated with 750 mg of lithium and 20 mg of olanzapine. During her usual control, she reported insomnia Hydroxyzine was added at the dose of 50 mg. At the next medical appointment, she said that her husband had noticed that she waked up at night and she eats, she ambulates and searches things. Episodes that the patient did not remember. She was transferred to the neurologic department. She did a neurological exam, an electroencephalogram, and a brain scan, which were normal. The polysomnography confirmed the diagnosis. The neurologist retained the diagnosis of somnambulism induced by Hydroxyzine regarding the chronology of the symptoms. The somnambulism ceased after stopping Hydroxyzine.

Conclusions: Lithium and olanzapine were associated with the occurrence of somnambulism, but hydroxyzine had never been reported as a somnambulism drug inducing. Drug interaction may explain this phenomenon.

Disclosure: No significant relationships.

Keywords: sleep disorder; bipolar disorder; hydroxyzine

EPV1488

Effectiveness of drugs for insomnia treatment

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Introduction: Up to 10% of the US adult population will experience chronic insomnia, with women and elderly individuals at particularly high risk. Cognitive behavioral therapy is the core treatment for insomnia. When cognitive behavioral therapy is not enough, medications can help patients overcome the barriers and learned behaviors that prevent a good night's sleep.

Objectives: Through this research we aimed to investigate the effectiveness and safety of new drugs in the treatment of insomnia.

Methods: We try to do a Bibliographic Review in PubMed using keywords like "insomnia" "new hypnotic drugs" and "effectiveness"