

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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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

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

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