

EPV1028

Sleep satisfaction, and its correlates with stress, health and happiness in university students: cultural and gender issuesE. L. Nikolaev², S. S. Fakhraei^{1*} and T. Nikolaeva¹¹Medical Faculty and ²Department of Social and Clinical Psychology, Ulianov Chuvash State University, Cheboksary, Russian Federation

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Introduction: Sleep plays an important role in preserving mental health. University students' learning activity, habits and cultural background may negatively affect the duration and quality of sleep.

Objectives: To determine the correlations of sleep satisfaction with the level of stress, health and happiness in university students of different gender and cultural backgrounds

Methods: We have surveyed 134 university students (77 domestic students and 57 foreign students). The numbers of male and female students were the same (67 students). To determine the levels of stress, health, happiness, and sleep quality satisfaction, we used a self-rating questionnaire (Nikolaev, 2023).

Results: The general indicator of sleep satisfaction with all the respondents made up 6.22±2.4 points. We have not revealed any valid statistic differences between the satisfaction levels of males and females, domestic and foreign students ($p>.05$). The males have shown a higher level of stress than females ($p=.0004$). The higher level of health assessment was revealed by foreign students as compared with domestic students ($p=.0137$), and by males in comparison with females ($p=.0054$). We did not determine any cultural and gender differences in other parameters. ($p>.05$). According to the final correlation analysis, all the respondents showed that their level of sleep satisfaction was positively correlated with the level of health ($r=.40$) and happiness ($r=.37$), but negatively with the level of stress ($r=-.23$). Similar interrelations were seen in the male group ($r=.40$; $r=.36$; $r=-.28$). Females revealed correlations of their sleep satisfaction with health ($r=.38$) and happiness ($r=.38$), but there was no evidence of correlation with the level of stress ($p>.05$).

Conclusions: University health development programs aimed at improving their students' sleep quality, which take into account the complex of cultural and gender issues, may help enhance the students' health potential.

Disclosure of Interest: None Declared

EPV1029

Sleep architecture disturbance due to the use of benzodiazepines

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Introduction: Insomnia, which is characterized by difficulty in initiating or maintaining a physiological sleep, is a relevant clinical issue, affecting not only the elderly population (from 20% to 40%), but also the general population since 30% of adults

report problems in sleeping properly. In addition, 30-40% of adults report complaints about sleep quality lifetime, and 10-15% report chronic insomnia. Benzodiazepines (BZDs) are commonly prescribed to treat insomnia and sleep disorders. BZDs show a rapid sedative and anxiolytic effect, successfully used in the acute treatment of insomnia as well as anxiety, agitation, or anxiety associated with any type of psychiatric disorder. Their use is associated with potential side effects such as residual daytime sleepiness, ataxia, and dizziness. Long-term BZDs use may lead to drug abuse, tolerance, drug dependency, and abstinence. For instance, BZDs abrupt withdrawal can lead to severe symptoms such as insomnia and/or rebound anxiety, an increase in heart rate and blood pressure, nausea and/or vomiting, sweating, diarrhea, convulsions, and other neurological and psychiatric symptoms.

Objectives: This e-poster aimed to summarize evidence regarding the effect of BZDs treatment on human Sleep Architecture.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: benzodiazepines, sleep architecture, insomnia.

Results: Prolonged use of benzodiazepines leads to an increase of time spent in stages 2 and a decrease of time in stages 1, 3, and 4. The increased NREM stage 2 is associated with a subjective improvement in sleep quality. The decrease in NREM sleep time in stages 3 and 4 is usually associated with lesser "rest" for the brain, which leads to a lack of concentration.

Conclusions: BZDs use modified sleep architecture in the short and long term.

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EPV1031

Sleep disorders among women with post-menopausal osteoporosisA. Feki¹, I. Sellami^{2,3*}, B. Trabelsi⁴, Z. Gassara¹, S. Ben Djemaa¹, A. Abbes², M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrouf¹, Y. Mejdoub⁴ and S. Baklouti¹¹Rheumatology; ²Occupational medicine, Hedi Chaker Hospital; ³Medicine university and ⁴Preventive medicine, Hedi Chaker Hospital, Sfax, Tunisia

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Introduction: Osteoporosis (OP) is characterized by low bone mass and microarchitectural deterioration of bone tissue. Recent studies have suggested that sleep may significantly influence the pathophysiology of OP.

Objectives: In the present study, we aimed to determine sleep disorders among women with post-menopausal OP.

Methods: A cross-sectional study was conducted between January and June 2023. Patients with post-menopausal OP who visited the rheumatology department in a university hospital in Tunisia were interviewed. The Pittsburgh Sleep Quality Index (PSQI). It is a seven-component scale, including: sleep quality (C1), sleep latency (C2), sleep duration (C3), sleep efficiency (C4), sleep disturbances (C5), sleep medication use (C6), and daytime dysfunction (C7). $PSQI \leq 7$ indicated normal sleep quality, and $PSQI > 7$ indicated poor sleep quality.

Results: Ninety-three women diagnosed with post-menopausal OP were interviewed. The number of complete questionnaires was 72. The valid rate was 77.4%. All were women. The mean age was 72.5 (± 1.08). The median duration of menopause was 23 years (IIQ = [10.5-28.5]). Forty-five women were diagnosed with bone fractures (62%). Thirty-three patients (45.8%) were obese (IMC>30). The median PSQI score was 16 (IIQ = [6-18]). Forty-seven participants (65.3%) had poor sleep quality (PSQI > 7). According to the items of PSQI: the median score of sleep duration, sleep Efficiency and sleep disturbances was 1 (IIQ = [1 -2]) for each item. The median score of sleep latency was 3 (IIQ = [2-3]). For daytime dysfunction, the median score was 2 (IIQ = [0-3]).

Study analytics revealed a significant association between daytime dysfunction and the presence of bone fractures ($p=10^{-3}$), the same was with sleep disturbances and bone fractures ($p=10^{-3}$). Body mass index (BMI) was significantly and inversely associated with sleep quality ($r = -0.313$; $p = 0.007$). Sleep latency was significantly associated with physical activity ($p < 10^{-3}$).

Conclusions: In conclusion, our results suggest that sleep quality is associated with physical activity and BMI. This is consistent with the most recent evidence in the literature. These findings support expanding the scope of wellness programs to promote healthy sleep among osteoporotic women.

Disclosure of Interest: None Declared

EPV1032

The results of a study of the causes and correlations between stress and sleep disorders by medical professionals

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Introduction: Prolonged exposure to stress can adversely affect mental health and lead to mental illness, which can adversely affect the provision of medical care. It has been determined that sleep disturbances affect physical and mental health and negatively affect daily activities. Therefore, we conducted this study with the assumption that it is an opportunity to improve health care by examining the prevalence of stress in the medical profession and identifying its causes.

Objectives: To study the prevalence of stress and sleep disorders among doctors and medical professionals in Selenge Province General Hospital2. Identify some factors affecting stress and sleep disorders and their relationship

Methods: Using SRQ20, PHQ9, GAD7, and sleep disturbance questionnaires issued by WHO for doctors of primary health care institutions, according to the analytical research model, the ethics committee with the informed consent form, and the research was conducted.

Results: Doctors and medical professionals aged 23-65 participated in the study, the average life expectancy was 37.05 years. 44.44% are stressed. 8% of stressed people had severe stress, 18.89% had no sleep disorder and 81.11% had a sleep disorder. 46.67% of those

with sleep disturbances had mild sleep disturbances. But 34.44% had sleep disorders. 30% had a non-organic sleep disorder, 5.56% had lucid dreaming disorder, and 3.33% had non-organic insomnia. According to the correlation analysis, the SRQ20 stress score GAD7 anxiety score is $r=0.76$, the PHQ9 score is $r=0.74$, the sleep disturbance score is $r=0.68$, the satisfaction score is $r=-0.44$, the sleep disturbance score GAD7 score $r=0.75$, a moderate positive correlation with the PHQ9 depression score $r=0.45$, and a weak inverse correlation with the satisfaction score $r=-0.24$ was related. In the composite linear regression analysis, the stress score increased by 116.2% when the stress problem score increased by one, the anxiety problem score increased by 44.34%, the body shape problem screening questionnaire increased by 82.86%, and the depression problem score increased by one. 73.18% per increase of one, and 7.18% per increase of PHQ9 depression score was statistically significant. On the other hand, the sleep disorder score increases by 127.05% when the stress problem score increases by one, the anxiety problem score increases by 120.79% and the body shape problem detection questionnaire score increases by one.

Conclusions: Doctors and medical professionals need to increase their coping skills, psychiatric examination and diagnosis, and psychological counseling. Also, by implementing the right lifestyle habits, most of the sleep disorders of doctors and medical professionals can be normalized by themselves. Stress is associated with depression, anxiety, sleep disturbances, years of work, relationship satisfaction, psychological problems, and depression.

Disclosure of Interest: None Declared

EPV1033

How effective is ketogenic diet in sleep disorders ?

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Introduction: Sleep disorders vary widely and its treatment are based on a combination of life style changes and pharmacological therapy adapted to the primer health issue. Ketogenic diet has shown not only its efficacy in different health conditions, but it is also becoming a popular health trend. Could the therapeutic spectrum of ketogenic diet cover sleep disturbances ?

Objectives: The aim of our study is to evaluate the effect of ketogenic diet on sleep disorders

Methods: To identify relevant studies ,our literature review was based on the Pubmed interface and adapted for 2 databases : science direct and google scholar. We used the following key words (ketogenic diet [meSH terms]) and (sleep disorders [meSH terms]).

Results: Our research revealed 14 articles published between 2012 and 2022. We selected 8 which corresponded to the purpose of our review. The ketogenic diet affects sleep hemostasis indirectly. In fact, this diet is associated with weight loss and therefore reduction of metabolic and cardiovascular complications disturbing sleep quality. From a neurobiological perspective, this regimen based on limited carbohydrates is associated with a low Tryptophan intake which is the precursor of melatonin. But on the other hand, Ketone bodies trigger adenosine activity which promotes melatonin liberation, the sleep inducing hormone.