These alterations appear to differ based on severity of injury and time since injury.

**Disclosure:** No significant relationships.
**Keywords:** Polysomnography; sleep disturbances; sleep; traumatic brain injury

## EPV1480

## Cannabidiol (CBD) and Insomnia : Literature review

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**Introduction:** Cannabidiol (CBD) is one of 113 cannabinoids identified in cannabis plants. Considered as a psycho-inactive component, recently, the Court of Justice of the European Union published a ruling in which it establishes that cannabidiol extracted from the cannabis plant should not be considered a drug under the United Nations Single Convention on Narcotic Drugs of 1961. Due to increased publicity on social media of the supposed benefits of this product, in addition to the lack of clear regulations, it is becoming a widely used treatment for sleep disorders.
**Objectives:** To analyse literature for the effect of CBD in sleep disturbances, emphasizing advantages and disadvantages of its use.
**Methods:** We carried out a literature review in Pubmed choosing those articles focused on effect of CBD in sleep disturbances.
**Results:** The review of the effect of CBD on sleep cycle suggest that medium to high doses increased REM sleep latency, and medium-low doses decreased REM sleep latency. No evidence of withdrawal syndrome was found with abrupt discontinuation of short-term treatment with CBD.
**Conclusions:** Most of the literature revised shows that the data was taken by self-questionares to CBD users. Studies suggest that a short use of medium to hight doses of CBD may improve insomnia, however, combined use with THC may result in a decrease in slow wave sleep. Longitudinal research should be done in order to understand the clinical impact of CBD on sleep.

**Disclosure:** No significant relationships.
**Keywords:** Treatment; CBD; Insomnia; sleep

## EPV1481

## Sleep characteristics in patients with substance use disorder after detoxification treatment: self-report and actigraphy data

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**Introduction:** Sleep problems are common in patients with substance use disorders (SUD) and have been related to poor treatment outcomes. Little is known about the sleep characteristics in patients with opioid and alcohol use disorders after detoxification program.
**Objectives:** To compare sleep quantitative and qualitative characteristics between patients with opioid and alcohol use disorders.
**Methods:** This is a secondary data analysis of the longitudinal data from the observational study in St. Petersburg, Russia. The sample included 75 patients (22.7% female) who received detoxification treatment for alcohol (n=49) or opioid (n=26) withdrawal. Participants completed the Pittsburgh Sleep Quality Index (PSQI) and underwent daily wrist actigrahy.
**Results:** Good internal consistency was demonstrated for self-report and actigraphy data ($r$=-0,405, p<0,01). Sleep duration and sleep onset latency were not different between alcohol and opioid groups (5.7 vs. 6.1 hours; 74 vs. 65 minutes, respectively) based on self-report data. The majority of the patients (57-100%) had sleep complaints and low quality of sleep after detoxification completion (at baseline). In both groups, the mean PSQI score had a tendency to decrease, representing better sleep quality, over the 1-week following detoxification program completion (from 12 at baseline to 10 at 1-week in alcohol group; from 13 to 12 in opioid group, $p$<0,001).
**Conclusions:** The findings show that sleep characteristics are similar in patients with different SUD and insomnia symptoms are prevalent after detoxification, suggesting the rationale for sleep assessment before hospital discharge. Despite the positive changes in sleep quality over 1-week abstinence, patients might benefit from the therapeutic sleep interventions.

**Disclosure:** This work was financially supported by a research grant from Russian Foundation for Basic Research, 18-013-00481.
**Keywords:** substance use disorder; Russia; sleep; actigraphy

## EPV1482

## Improving sleep in a population at high risk of trauma: A pilot study examining self-reported sleep, psychological symptomology and actigraphy measured night-time sleep

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**Introduction:** Sleep disturbances (SDs), such as insomnia or regular nightmares, are associated with multiple mental health disorders, most notably PTSD, where SDs are reported in up to 92% of cases. Examining the effect of changing sleep on psychological symptomology is essential to develop the evidence base on the contribution of sleep to mental resilience.
**Objectives:** To examine the effect a short skills-based sleep intervention on psychological symptomology and actigraphy measured sleep.
**Methods:** A 4-session sleep skills training programme was used to treat active SDs in participants likely to have experienced occupation-associated trauma, namely military and first responders.

**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 symptomology 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 symptomology.

**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 (β=.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 β=.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 (β=-.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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