

Introduction Sleep symptoms, depression and anxiety often coexist and tertiary students are a population group that are increasingly recognised to be at risk. However the rates of these conditions in the tunisian population are poorly understood.

Aim The aim of this study was to evaluate sleep quality among medicine students during exam periods and identify correlations with anxiety and depression.

Methods This is a descriptive and analytical cross-sectional study. It involved students of medicine University of Sfax during the period of exams. Each student filled out demographic questionnaire, the Pittsburgh Sleep Quality Index (PSQI) to assess the quality of sleep and Hospital Anxiety and Depression scale (HAD) to screen for anxiety and depressive disorders.

Results The average age was 22.27 years. The sex ratio M/F was 0.66. The students were single in 96.7% of cases. The average score of PSQI was 6.67 ± 3.23 . According to the PSQI, 53.3% of students had poor sleep quality. The anxiety score ranged from 0 to 7 with an average of 7.47. The depression score ranged from 0 to 16 with an average of 7.47. Anxiety and depressive symptoms were present in 26.7% of students. The PSQI score was significantly correlated with anxiety ($p < 0.01$) and depression scores ($P = 0.019$).

Conclusion Anxiety and depressive symptoms are common among students during exam periods. They are associated with poor quality sleep. The establishment of a helpline for students during exam time, with psychologists and psychiatrists, would help them better manage this difficult period.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW587

Validation of the insomnia assessment scale – adapted in a community sample of portuguese pregnant women

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Introduction Pregnancy is characterized by important changes in sleep and some of them (as insomnia) predict negative outcomes, like depression, through all the perinatal period. There are few Portuguese adapted and validated instruments assessing insomnia in pregnancy.

Objective To validate the Insomnia Assessment Scale in a sample of Portuguese pregnant women.

Methods 419 pregnant women (mean age: 32.51 ± 4.759 ; weeks of gestation: 17.32 ± 4.803) answered the Insomnia Assessment Scale (IAS), constructed according to the DSM-V and the ICSID-3 criteria and presenting fourteen items: three evaluating insomnia symptoms (1 to 3); one assessing if sleep difficulties were present although there were adequate conditions to sleep (item 4); one assessing if sleep difficulties occurred three times/week (item 5); one evaluating if sleep was not restorative (item 6); three assessing daily impairment associated to insomnia symptoms (7 to 9); two assessing the use of prescribed and/or homemade medication (10 and 11); three excluding that sleep difficulties were not due to another sleep disorder, substance use, a physical condition or a mental disorder (12 to 14).

Results The IAS Kuder-Richardson alpha was very good ($\alpha = 0.85$) and none of the items increased the alpha if removed. A principal component analysis revealed a three factors solution, explaining a variance/EV of 63,74%: F1/Insomnia symptoms (items 1 to 6) (EV 36.02%; $\alpha = 0.81$); F2/Daily impairment associated to insom-

nia symptoms (items 7 to 9) (EV 18.67%; $\alpha = 0.79$); F3/Differential diagnosis (items 12 to 14) (EV 8.38%; $\alpha = 0.81$).

Conclusions The IAS adapted for Portuguese pregnant women presented good reliability and validity.

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Mindfulness and insomnia at pregnancy

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Introduction The impact of mindfulness in improving insomnia symptoms is documented in different samples (e.g. anxiety disorders; insomnia samples) and mindfulness based programs for pregnancy refer the association between mindfulness development and the reduction of insomnia symptoms/improvement of sleep.

Objective To explore differences in the Facets Mindfulness Questionnaire-10 (FMQ-10; Azevedo et al. 2015), between sleep groups, in Portuguese pregnant women.

Methods Four hundred and nineteen pregnant women (mean age: 32.51 ± 4.759 ; weeks of gestation: 17.32 ± 4.803) answered the Facets Mindfulness Questionnaire-10 and the Insomnia Assessment Scale (IAS, Marques et al., 2015). Three sleep groups were created considering all the IAS items: good sleepers (no insomnia symptoms; no associated daily impairment); insomnia symptoms groups (one/more insomnia symptoms; no associated daily impairment; exclusion of other conditions/disorders explaining the symptoms); insomniacs (one/more insomnia symptoms; one/more daily associated impairment; exclusion of other conditions/disorders explaining the symptoms).

Results There were significant differences in the total FMQ-10 score, the F1/Nonjudging of inner experience and the F2/acting with awareness, between sleep groups [respectively, $F(2.402) = 6.933$; $P = 0.001$; $F(2.406) = 10.243$; $P = 0.001$; $F(2.406) = 37.431$; $P = 0.002$]. Tukey tests indicated that the mean total FMQ-10 and F1/Nonjudging of inner experience scores of good sleepers and insomnia symptoms group were significantly higher than of the insomniacs. The mean value of F2/acting with awareness in the good sleepers was significantly higher than of the insomniacs.

Conclusions It seems important to develop mindfulness to improve sleep in pregnancy or reduce the impact of insomnia symptoms (common at pregnancy).

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Perceived causes for changes in sleep pattern in postpartum women

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Aim To investigate the causes that postpartum women most mention for changes in sleep pattern and its associations with obstetric and sleep variables and depressive symptoms.

Methods At three months postpartum 192 women fill in a booklet containing obstetric and sleep variables and the Postpartum Depression Screening Scale (PDSS; Pereira et al., 2010). If they experienced changes in their sleep pattern, they were asked about the perceived cause(s) (multiple choice). Chi-squared and Student *t* tests were applied as appropriate.

Results A total of 64.6% women referred to some cause(s); the most mentioned were feeding/baby care and older children care (32.3%) and worries (baby and life problems related) (29.5%). Women who mentioned feeding/baby and older children care as a cause did not significantly differ in relation to type of delivery, feeding method proportions and in PDSS mean scores. Women who identified worries as a cause vs. women who did not – presented significant differences in proportions of vaginal (20.0%) vs. assisted delivery (52.2%) (OR 4.444), caesarean-section (22.2%) vs. assisted delivery (52.6%) (OR 3.827), in breast-feeding (36.0%) vs. bottle-feeding (12.9%) (OR .263) and in “having trouble sleeping even when the baby is asleep” (28.0% vs. 2.9%) (OR 12.833) (all *P*<.05). PDSS mean scores were also significantly higher in women who mentioned worries as a cause (50.20 ± 20.622 vs. 58.640 ± 15.766 , *P*<0.05).

Conclusion It is important to distinguish the causes for changes in sleep pattern in postpartum women. Worries as a perceived cause have a higher impact and clinical significance than causes related to baby care demands.

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EW590

Children and sleep disturbance: A case for psychiatric intervention?

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From birth through adolescence changes occur in children's sleep architecture, schedule, and duration including several key interactions in the concomitance of sleep/wake domains and child development. Research investigating the suspected affiliation between inefficient sleep and mental dysfunction in children has been largely enigmatic. We constructed a 111-item questionnaire relative to sleep disturbance in all ages and a 12-item questionnaire specific to pediatrics to use in conjunction with nocturnal polysomnography (PSG), and medical chart reviews of children under the age of 17 referred to our institution for evaluation of SDs. We analyzed these data to create a characterization specific to children/youth (*n* = 57; age 1–16 mean 9.28; 36 male, 21, female). Examples of findings reveal a characterization distinctive from the general demographic of adults who are referred for sleep studies. For example, 55.6% presented with disabilities ranging from neurological to neuromuscular; 73.3% reported learning disabilities; 66.7% possessed a range of behavioral control challenges; half used prescribed medications for psychiatric issues (despite a paucity of psychiatric evaluation). Another example, is that post-PSG, 69.6% of this sample were diagnosed with abnormal sleep architecture which was statistically related to medication use. These data revealed a pattern of children being more likely to be referred for a professional sleep study in the presence of significant medical symptomatology. Although we found some similarities when comparing this children/youth group to adults, we also found striking differences that were opposite when comparing the age groups.

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Suicidology and suicide prevention

EW591

Impact of dialectical behavior therapy on incidence of suicidal attempts and non-suicidal self injury among a sample of Egyptian borderline personality disorder patients

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Introduction Dialectical behavior therapy (DBT) is a comprehensive psycho-social treatment developed by Marsha Linehan and originally designed for persons meeting criteria for borderline personality disorder (BPD). DBT is considered as a standard evidence based treatment for suicidal BPD patients in most international guidelines. Although its effectiveness has been proved in multiple studies across different patient populations but almost all the research was conducted in North American or European countries. The current study was the first trial to apply DBT in Egypt with a different language and culture than where the treatment was originally developed.

Objectives Assessment of incidence of suicidal attempts and non-suicidal self-injury (NSSI) among a sample of Egyptian BPD patients enrolled in an outpatient DBT program.

Aim The aim of the current study was to estimate impact of comprehensive DBT on suicidal attempts and NSSI when applied to Egyptian BPD patients.

Methods Twenty-five BPD patients, 4 males and 21 females, were included in a comprehensive outpatient DBT program for one year and incidence of suicidal attempts and NSSI were calculated.

Results Five patients only attempted suicide again with an incidence of 20% and a mean of one attempt/patient. Seven patients attempted NSSI with an incidence of 28%, an overall 22 incidents and a mean of 3 incidents/patient.

Conclusion Although this was the first time to apply DBT in an Egyptian population, DBT proved to be an effective psychotherapeutic intervention for suicidal BPD patients across regardless of different language or culture.

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Factors related to suicidal behavior in Korean patients with bipolar disorder: The effect of mixed features on suicidality

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Introduction The aim of the present study was to investigate various risk factors of suicidal behaviors, including the mixed features specifier, in Korean patients with bipolar disorder.