

**Aim** In this study, the level of self-esteem and CT in patients diagnosed with SD vs. controls are aimed to be compared. In addition, relationship between complaints of SD self-esteem and CT variable subgroups are planned to be investigated.

**Method** Twenty-four patients visited Prof. Dr. Mazhar Osman Psychiatric Hospital with matching defined criteria and 24 control counterparts statistically matching were taken sociodemographic data form, Rosenberg Self-esteem Scale (RSS) and Childhood Trauma Questionnaire (CTQ-28) was applied.

**Results** CTQ-28 averages and RSS variables which are sensitivity to criticism, depressive mood, psychosomatic symptoms, feeling threatened in interpersonal relationships, degree to participate in discussions, relationship with father were higher in patients with SD ( $P < 0.05$ ). Considering the relationship between complaints of SD and CTQ-28 subscales, physical abuse, emotional abuse, physical neglect, emotional neglect averages of patients were observed significantly different rooted by genitopelvic pain/penetration disorder and premature ejaculation and in emotional neglect by premature ejaculation and low libido combination ( $P < 0.05$ ).

**Conclusions** In literature, there are many studies that show CT leads to SD and several studies state that self-esteem is affected in patients with SD [1]. CT must be considered and determined in the goal of treatment of SD.

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

#### Reference

- [1] Reissing ED, Binik YM, Khalife S Ve Ark. Etiological correlates of vaginismus: sexual and physical abuse, sexual knowledge, sexual self-schema, and relationship adjustment. *J Sex Marital Ther* 2003;29:47–59.

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## e-Poster viewing: Sleep disorders and stress

### EV1365

#### Evaluation of depression and anxiety, and their relationship with insomnia, nightmare and demographic variables in medical students

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**Introduction** Researches showed comorbidity of sleep disorders and mental disorders.

**Objectives and aims** The current study aimed to evaluate depression and anxiety and their relationship with insomnia, nightmare and demographic variables in the medical students of Qazvin University of Medical Sciences in 2015.

**Method** The study population included 253 medical students with the age range of 18–35 years. Data were gathered using Beck depression inventory, Kettle anxiety, and insomnia and nightmare questionnaires and were analyzed by proper statistical methods.

**Results** Among the participants, 126 (49.6%) subjects had depression and 108 (42.5%) anxiety. The prevalence of depression and anxiety among the subjects with lower family income was significantly higher ( $\chi^2 = 6.75$ ,  $P = 0.03$  for depression and  $\chi^2 = 27.99$ ,  $P < 0.05$  for anxiety). There was a close relationship between depression with sleep-onset difficulty, difficulty in awakening and daily sleep attacks, and also between anxiety with sleep-onset difficulty and daily tiredness ( $P < 0.05$ ). In addition, there was a close relationship between depression and anxiety with nightmare; 16.2% of the subjects with depression and 26.5% of the ones with anxiety experienced nightmares.

**Conclusion** Results showed a relationship between nightmare, insomnia and level of family income with increasing depression and anxiety in the medical students; hence, due to the importance of medicine in human life, it is necessary to evaluate the mental health of medical students, identify and solve the relative problems such as anxiety, depression and related symptoms such as insomnia and nightmare in them.

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### EV1366

#### Insomnia and sleep state misperception: Clinical features, diagnosis, management and implications

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**Background** Insomnia is a highly prevalent complaint, largely associated with mental disease. Clinical evidence classifies insomnia in 2 subtypes: with sleep misperception (WSM) and without sleep misperception (wSM). That presents distinctive pathophysiologic pathways and different public health implications.

**Objectives** Describe the main differences between primary insomnia WSM and wSM regarding:

- clinical features;
- diagnosis;
- management;
- implications.

**Methods** We conducted a systematic review. PubMed, Embase and PsycInfo were searched from 2000–2016. The reference lists of systematic reviews, narrative synthesis and some important articles were included. Following the inclusion criteria, we selected 25 studies from 59 articles.

**Results** The prevalence of sleep-state misperception in primary insomniacs (total sleep time  $> 6.5$  h and sleep efficiency  $> 85\%$ ) is around 26%. Insomniacs with normal sleep duration showed a profile of high depression and anxiety and low ego strength, whereas insomniacs with short sleep duration showed a profile of a medical disorder.

Cortical hyperarousal is higher in insomniacs and could be related to an alteration in sleep protection mechanisms. The sleep architecture was relatively normal for the WSM comparing with the group wSM. Risk of cardiometabolic, neurocognitive morbidity and mortality, and responses to treatment are different between these two insomnia phenotypes. Patients with short sleep duration may respond better to biological treatments, whereas insomnia with normal sleep duration may respond primarily to psychological therapies.

**Conclusions** The clinical characteristics of patients with sleep-state misperception differed from those without this condition. Available research related to these conditions is expanding rapidly, but many questions remain unanswered.

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