

research on sexual satisfaction and function with more month intervention.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2213>

#### EV1229

### About an exhibitionism clinical case: Entity's review and state of the art exposure

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*Introduction* Exhibitionistic disorder may be present when there is sexual arousal from the exposure of one's genitals to an unsuspecting and nonconsenting person. This disorder prevalence is unknown but we know it is highly unusual in females. It generally starts at adolescence and its course is likely to vary with age. There are temperamental and environmental risk factors.

Most of what we know about exhibitionistic disorder is largely based on research with individuals convicted for criminal acts involving genital exposure, and this may represent an important bias. From a clinical case of exhibitionism, the authors intend to review this type of paraphilia from an historical, conceptual and etiologic point of view.

*Objective* To review the concept behind this diagnosis and its evolution, the comprehensive theories that attempt to justify and frame it, as well as the type of intervention currently considered to be the state of the art.

*Methods* Patient's observation and assessment, along with an extensive review of the relevant literature.

*Conclusions* Starting from a real clinical case, the authors present a general theoretical review on the subject.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2214>

## Sleep disorders and stress

#### EV1230

### Emerging treatments options for narcolepsy throughout a case

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*Background* Narcolepsy is a neurological disorder characterized by disturbances in REM sleep. The symptoms that the patient could present are excessive daytime sleepiness, cataplexy, sleep paralysis, hypnagogic hallucinations and disrupted nocturnal sleep. Its etiology is unknown. Currently, there is established pharmacotherapy for symptomatic treatment, which are often unsatisfactory.

*Objective* Review of new treatments for narcolepsy based on recent advances about its ethiopathogenesis.

*Method* Seventy-five year-old female with a personal history of arterial hypertension and obstructive sleep apnea syndrome. The patient presented several episodes of abrupt muscular weakness, nightmares, sleep paralysis and excessive daytime sleepiness.

Diagnosed of narcolepsy and treated with methylphenidate immediate-release (IR) 10 mg, alprazolam 1 mg, and trazodone 100 mg with good response.

*Results* Due to persistent symptoms, treatment was modified to osmotic-release oral system (OROS) – methylphenidate resulting on a substantial weight loss (12 kg) and persistence of symptoms. Another methylphenidate preparations were unsuccessfully tested. Currently she continues treatment based on methylphenidate release-release and she improved significantly though she sometimes presented daytime sleepiness.

*Discussion* Recent studies have shown that a loss of the hypothalamic neuropeptide hypocretin causes Narcolepsy with cataplexy and that an autoimmune mechanism may be responsible for this loss (related to HLA DQB\*0602). Pathophysiology of narcolepsy without cataplexy is less understood.

Although amphetamines and its derivatives are the mainstay of management, therapies that involve hypocretine seems to be hopeful (intranasal, peripheral or hypocretin cell transplantation). Monotherapy with GHB, H3 antagonist receptors, TRH analogs and immunotherapy are also being studied.

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

*Further reading*

Gbolaga A, Rickards H. Narcolepsy: a review. *Neuropsychiatr Dis Treat* 2011;7:507–18.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2215>

#### EV1231

### Sleep quality among medical students

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*Introduction* College students seem to be a population group that is increasingly recognized to be at risk of having sleep difficulties. Some studies revealed that medical students, in particular, are believed to be more stressed and sleep deprived than their non-medical peers.

*Aim* The present work aimed at investigating the quality of sleep among medical students at the University College of Medicine in Sfax, Tunisia.

*Methods* The study consisted of an anonymous, voluntary survey for a sample of 74 students. A two-part questionnaire was used, including demographic criteria and the Pittsburgh Sleep Quality Index (PSQI), a self-rated instrument that measures sleep habits for a month (a total score of 5 or greater is indicative of poor sleep quality).

*Results* The average age was 24 years (range 19–33) with a sex ratio almost equal to 1. In 47.3% of cases, students were married. These latter had at least one child in 34.2% of cases. A total of 39.4% of the students reported being smokers, while 25.6% of them admitted having regular alcohol consumption.

Poor sleep quality was reported by 63.5% of students with a PSQI average score of  $9.32 \pm 3.64$ .

The most correlated factors with poor sleep quality were parenthood ( $P=0.031$ ), alcohol consumption ( $P=0.004$ ) and stressful studies ( $P=0.02$ ).

*Conclusion* Poor sleep quality was pervasive among surveyed medical students and this seemed to be in relationship with some factors. This study points to the need for further evaluation of medical students' sleep problems in order to improve their performance and their quality of life as well.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2216>