

## EV1370

**Personality and insomnia: The role of gender**

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**Introduction** Several epidemiological studies have been conducted to document the prevalence and correlates of insomnia. Most of them confirm their high prevalence in the general population, and a gender difference in the risk for insomnia.

**Aims** To study the role of gender in the relationship between personality (perfectionism and neuroticism) and insomnia ([IG] insomnia group, [ISG] insomnia symptoms group, and [GSG] good sleepers group).

**Methods** A total of 549 college students (80.1% females) filled in the MPS (Frost et al., 1990; Hewitt and Flett, 1991), EPI (Barton et al., 1992, 1995), and a self-reported questionnaire to assess insomnia symptoms.

**Results** No differences were found between female and male samples, concerning the dimension of perfectionism – doubts about actions. The IG and the ISG showed higher levels of doubts about actions than the GSG. However, only in female sample the IG and the ISG showed higher levels of concern over mistakes in comparison with the GSG. In males, no significant differences between the sleep groups were found, in which respects concern over mistakes. The level of extroversion was higher in the GSG, but only in male sample. In females, there were no significant differences between the sleep groups in relation to extroversion.

**Conclusions** No gender differences were found for the role of doubts about actions in insomnia. Only in females, the dimension – concern over mistakes is important in insomnia, and only in males the dimension – extroversion is important to have a good sleep. These results warrant further research.

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## EV1371

**Use of buspirone in selective serotonin reuptake inhibitor-induced sleep bruxism**

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Sleep bruxism is characterized by the involuntary clenching or grinding of the teeth during sleep and can cause severe health problems, including the destruction of tooth structure, temporo-mandibular joint dysfunction, myofascial pain, and severe sleep disturbances. Iatrogenic sleep bruxism may be common during treatment with psychotropic medications, such as anti-psychotics and antidepressants, especially selective serotonin reuptake inhibitors (SSRIs). Bruxism is a common movement disorder that affects 8–21% of the population. The majority of bruxism symptoms are mild or moderate, although rare but severe cases may lead to serious periodontal damage, temporo-mandibular dysfunction, sleep disturbances, jaw pain, and stiffness. As a result, such cases must be treated with medication. It has been hypothesized that the mechanism of SSRI-induced bruxism may involve excessive serotonergic action on the meso-cortical neurons arising from the ventral tegmental area. It has been argued that the addition of buspirone, was necessitated by the high level of resid-

ual anxiety. As a result, these symptoms may have been prevented through the use of buspirone alone. Buspirone, is an agonist of the 5-HT<sub>1A</sub> receptor that increases dopaminergic neuron, firing in the ventral tegmental area and increases the synaptic release of dopamine in the prefrontal cortex. These effects ameliorate drug-induced bruxism. Buspirone can also ameliorate extrapyramidal side effects, such as akathisia and tardive dyskinesia, and this property may be an additional explanation for the bruxism-related effects of the drug. Furthermore, buspirone may be an effective treatment for the bruxism associated with the use of these medications.

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## EV1372

**Sleep disturbances, mental toughness, and physical activity in patients with multiple sclerosis (MS) compared to healthy adolescents and young adults**

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**Background** Multiple sclerosis (MS) is the commonest chronic autoimmune demyelinating and inflammatory disease of the CNS, afflicting both body and mind. Typical symptoms are fatigue, paraesthesia and depression, along with cognitive impairments. Whereas there is extant research on fatigue, depression, and cognitive impairment of patients with MS during the clinical course, no research focused on sleep, psychological functioning, and physical activity (PA) at the moment of the diagnose. The aims of the present study were therefore to assess possible state markers of mental toughness (MT) as a dimension of psychological functioning, sleep disturbances (SD), PA among patients at the moment of the diagnose, and to compare these data with those of healthy adolescents and healthy young adults.

**Methods** A total of 23 patients with recently diagnosed MS (M = 32.31 years), 23 healthy adolescents (M = 17.43 years), and 25 healthy young adults (M = 20.72 years) took part in the study. They completed questionnaires covering socio-demographic data, MT, SD, and PA.

**Results** Patients with MS reported similar MT traits as adolescents, and an equal amount of moderate PA and SD as young adults. Further, patients reported a lower level of vigorous PA, compared to healthy adolescents and young adults.

**Conclusions** Compared to healthy adolescents and young adults, patients at the moment of the diagnose of MS reported similar MT traits, SD and moderate PA. The pattern of results suggests that at the moment of the diagnose MS is not predictable by poor MT, poor sleep, and decreased level of moderate PA.

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