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Introduction   Seventy percent of patients with panic disorder (PD) have sleep impairment. Cognitive behavior therapy (CBT) effectively treats PD, but the concomitant effect on sleep is understudied. Physical exercise (PE) improves sleep, but this has not been investigated in patients with PD.

Objective   To compare the effects of CBT or PE on sleep in PD-patients, and to determine potential mechanisms of action.

Methods   Thirty-six PD-patients were randomized to either group CBT for PD or regular PE. Sleep was assessed pre/post with the Pittsburgh sleep quality index. Effects were investigated with repeated measures ANOVA and t-tests. Expected mediators were added to the general linear model to assess mediation.

Results   The effect of time was significant, $F(1.33) = 10.11$, $P = 0.003$, but not the interaction (Time × group), $F(1.33) = .48$, $P = 0.49$. Symptoms were significantly reduced from pre- to post-treatment: PE, $t(16) = 3.03$, $P = .008$, and CBT, $t(17) = 2.18$, $P = 0.044$. CBT-patients changed significantly ($P < 0.05$) on Sleep quality, $t(17) = 2.47$ and Sleep disturbance, $t(17) = 2.38$. PE-patients changed significantly on sleep duration, $t(16) = 2.58$ and sleep disturbance, $t(16) = 2.58$. A significant interaction with change in fear of bodily symptoms, $F(1.16) = 5.53$, $P = .032$, and with change in depression-level, $F(1.16) = 12.13$, $P = 0.003$ was only found for CBT. A significant interaction with change in physical fitness, $F(1.15) = 5.01$, $P = .041$, was only found for PE.

Conclusion   Both interventions improve sleep in PD-patients, but differently. The findings also suggest that these changes are related to different mechanisms for PE and CBT.

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

EW0007

Explanatory and confirmatory factor structure of beck anxiety inventory in college sample

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Introduction   The Beck anxiety inventory (BAI) is a widely used 21-item self-report inventory used to assess anxiety levels in adults and adolescents in both clinical and non-clinical populations. The values for each item are summed yielding an overall or total score for all 21 symptoms that can range between 0 and 63 points. A total score of 0–7 is interpreted as a "Minimal" level of anxiety; 8–15 as "Mild"; 16–25 as "Moderate", and; 26–63 as "Severe". There is no study until this date that examines the Explanatory and confirmatory factor structure factor structure of BAI in college student in Kuwait.

Objectives   The current study investigated the original four-factor structure of the (BAI) in non-clinical sample of college students.

Methods   Sample one consisted of 540 males and females while sample two consisted of 600 males and females from Kuwait University undergraduates. The Arabic version of BAI was administered to participants. Explanatory factor analysis based on sample one and conformity factor analysis based on sample 2.

Results   The results revealed four factor structures of BAI in the two samples of Kuwaiti students. Which included neurophysiological, subjective, autonomic, and panic factors.

Conclusions   The results of both confirmatory and exploratory factor analysis indicated that the original four-factor structures of the BAI do provide the best fit for the college sample.

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

EW0008

Playing video games – Psychical threat to adults?

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Background   Video games become increasingly popular form of spending free time, therefore they are often a research subject. Researchers focus mainly on video games influence over children's psyche and their social interactions, although video games can also have an impact on adult's behaviour.

Objectives   Incidence of social anxiety disorder and impulsiveness among video game players and non-players.

Material and methods   An anonymous online survey included 263 students of medical university of Silesia (112 M and 151 W). In study group, 142 people (54%) declared to be players. Questionnaire contained questions about playing time, Barratt Impulsiveness Scale and Liebowitz Social Anxiety Scale. Statistical analyses were performed using the statistical software package Statistica 12.

Results   Using Liebowitz Scale in 168 (64.86%) all studied people lack of phobia was found, moderate social phobia 39 (15.06%), marked social phobia 26 (10.03%), severe social phobia 17 (6.56%) and very severe social phobia 9 (3.47%). There was no statistical significance between players and non-players (test Chi^2 $P = 0.6521$). Also in Barratt Scale statistical significance was not found in attentional impulsiveness (test U M-W $P = 0.3267$) and in Motor impulsiveness (test U M-W $P = 0.3140$). Statistical significance was observed in Non-planning impulsiveness (players: 23.68 V non-players: 22.02; test U M-W $P = 0.0036$).

Conclusions   The study did not show clear influence adult's video games playing over social phobia and impulsiveness occurrence.

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

EW0009

Utilization unspecialized care of patients with anxiety disorder

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Introduction   The greatest social and economic burden is divided between the three main anxiety disorders: social phobia (SF), generalized anxiety disorder (GAD) and panic disorder (PD).

Objectives   To examine the pathways of patients with PD, SF and GAD since the beginning of the first anxiety symptoms and before the first course of a standardized treatment in a specialized mental health facility.

Aims   To evaluate the period of delay in seeking specialized care and to identify the main ways of seeking medical/non-medical care.