

with one of the drugs under study. Maximum prior antipsychotic treatment is limited to two weeks. The primary outcome measure is retention in treatment, defined as time to discontinuation of study drug. Secondary measures include changes in different dimensions of psychopathology, side effects, compliance, social needs, quality of life, substance abuse and cognitive functions

Conclusions: At present, recruitment has been concluded and more than 490 patients have been recruited and randomized. The data have been analyzed and outcome data of this sample will be presented.

Symposium: The consequences of insomnia

S05.01

A comparison of insomnia and depression in disability pension award
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Background and Aim: Depression and insomnia are common and frequently co-morbid. Both are associated with impaired occupational functioning. The objective of this historical cohort study was to compare their relative impact upon medically certified disability pension award.

Method: Data from a population-based health survey in Nord-Trøndelag County in Norway (HUNT-2) was linked with a comprehensive national social security database. Participants within working age (20-66) not already claiming disability pension were included in the study (N=37 308).

Results: We compared insomnia and depression as predictors of disability pension award between 18-48 months after the health survey. Both insomnia and depression approximately doubled the risk of disability pension award after adjustment for multiple health and sociodemographic factors. Co-occurrence was less prevalent (2.1%) than expected and produced an additive risk for pension award. 25% of the 3800 participants with insomnia had no other health condition. Due to higher prevalence, insomnia predicted more work-related disability than depression in terms of population attributable fractions.

Conclusions: Depression is consistently recognized as a major contributor to work disability and is frequently the eliciting diagnosis in disability pension award. Our results suggest that insomnia has an equally important and independent role, particularly amongst the younger group, but rarely found in official registries of disability pension causes. This suggests that this potentially treatable factor has considerable economic impact, and should receive more attention in clinical and public health management.

S05.02

Sleep disturbances and duration of sleep as risk-factors for mortality

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Objective: Study prospectively the effect of sleep-related complaints and sleep duration on all cause mortality in a general population sample.

Method: The data were gathered from the adult population from the County of Nord-Trøndelag as part of a general health survey which had a participation rate of 71.2%. Data included self-reported somatic disorders, somatic symptoms, health related behaviour, impairment, public benefits, medication use, anxiety and depression as well as anthropometric measures, blood pressure and cholesterol level.

Main outcome measure: Mortality during a 4-year period following the general health survey as recorded in the Norwegian Death register.

Results: An ordinal five point scale of sleep disturbance predicted mortality in the observation period, even in the probable over-adjusted model including all available confounders. The variables that most strongly accounted for the effects of the sleep disturbance were (in order of magnitude) somatic diagnoses, health related behaviour, anxiety and depression, subjectively reported physical impairment, educational and social differences, blood-pressure, cholesterol level, and BMI. Time in bed was strongly associated with mortality, and the association was U-shaped. Compared to the median value of 7 hours, spending either less or more time in bed predicted death.

Conclusions: Sleep disturbances as well as spending either short or long time in bed are predictors of mortality. Both predictors are robust for adjustment for multiple confounding factors.

S05.03

The effect of short sleep duration on ongoing psychiatric morbidity
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Introduction: Psychiatric morbidity in young adults can lead to a host of poor sequelae including later psychiatric disorder, welfare dependence and psychosocial disability, all worse if the disorder becomes chronic. Early intervention strategies could be enhanced by targeting those likely to have a more chronic or repetitive course.

Material and Methods: Twenty thousand young Australians, aged 17-24, were recruited into a prospective cohort study at the time of obtaining their driving license. A random sample of 5000 were recontacted a year later and 2994 completed re-survey questionnaires. Psychiatric morbidity was assessed using the Kessler 10 (cut point 21/22) and DSH was assessed by self report. Two trained research assistants and a psychiatrist then coded the open responses.

Results: Psychiatric morbidity was present in 954 of the sample at baseline. 45% of these were still cases one year later. Older age, female gender, previous deliberate self harm and symptom scores, but not substance or alcohol misuse were the baseline independent association with chronicity vs. remission. Short sleep duration was the only other independent factor, with a 10% decrease in the likelihood of having morbidity at follow up for every extra hour slept on average per night.

Discussion and Conclusions: This study suggests yet another poor outcome of short sleep duration in young adults which may aid targeting of early intervention for psychiatric morbidity.

S05.04

The effect of insomnia and sleep duration on work disability

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