

EPV0156

Effects of undergraduates' chronotypes and perceived stress on their sleep quality: A cross-sectional studyE. C.-L. Lin^{1*}, R.-R. Chen¹, J.-Y. SYU² and J. C.-T. C. C.-T. Chen¹¹Department of Nursing, National Cheng Kung University (NCKU) and Hospital, Tainan, Taiwan, ROC, Tainan and ²Psychiatric acute ward, Chiayi Branch, Taichung Veterans General Hospital, Chiayi, Taiwan, Province of China

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1508

Introduction: Undergraduate students encounter developmental challenges during their transition into adulthood. Previous studies have claimed that adults with later chronotypes usually manifest negative psychological effects: poor sleep quality, greater stress, depression, and cognitive dysfunction. However, knowledge about the relationship between chronotype, stress, and sleep quality among young adults is lacking.

Objectives: The present study investigated the relationship between undergraduates' chronotypes and perceived stress on sleep quality.

Methods: An online survey with a descriptive, cross-sectional design was conducted with a convenience sample of undergraduate students at a university in southern Taiwan. Those who were 20-25 years old and enrolled as a student were included; but who had been suspended or had deferred graduation were excluded. Students' chronotype, stress, and sleep quality were assessed with three self-reported instruments: Munich Chronotype Questionnaire (MCTQ), Perceived Stress Scale (PSS), and Pittsburgh Sleep Quality Index (PSQI).

Results: Of 161 undergraduates who completed the questionnaires, 51 reported using an alarm clock to wake and were removed from data analysis. One hundred and ten students' mean age is 20.3 and perceived moderate stress. Sixty-one percent were poor-quality sleepers. The mean chronotype score was 5.7, and 85.5% had an intermediate chronotype, while 13.6% had an evening chronotype. Chronotype and perceived stress were positively correlated with sleep quality ($p < .001$). Social jetlag was positively correlated with chronotype ($p = .036$). Undergraduate's later chronotype and higher stress perception predicted 30% of poorer sleep quality ($p < .001$).

Conclusions: Undergraduate students' chronotype and perceived stress were positively correlated and acted as predictors of the sleep quality. The findings could help to develop health-promotion interventions for these emerging adults to adjust their daily routines; and reduce their social jetlag, stress levels, and sleep disturbance.

Disclosure of Interest: None Declared

EPV0157

Acute confusional state in paediatric age - Case Report

F. Cordeiro*, T. Cartaxo, F. Reis, P. Moniz, M. Alves, C. Bayam and V. Santos

Serviço de Pedopsiquiatria, Hospital Pediátrico CHUC, Coimbra, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1509

Introduction: Acute confusional state (ACS) or delirium is an acute neuropsychiatric syndrome due to an underlying organic

pathological process. Despite its high prevalence, delirium can present a diagnostic challenge, particularly in paediatric patients. ACS can be defined as sudden impairment of mental status in a previously healthy child. The impairment varies; it may be global and severe or very specific and mild, such as impairment of short-term memory in "transient global amnesia." The most common causes of ACS in the paediatric population are high fever, drugs, traumatic brain injury (TBI), and infection and inflammation of the nervous system. Traumatic brain injury is usually associated with some impairment of consciousness, although recovery can vary depending on the severity of the trauma.

Objectives: The aim of this work is to revisit the diagnostic approach and management of ACS associated with traumatic brain injury in the paediatric population.

Methods: Case report of an acute confusional state, secondary to a TBI and a non-systematic review of the literature.

Results: A 17-year-old female was admitted to the emergency department after being injured in a car accident. She was drowsy but easily awakened. She was conscious and partially oriented in time and space. She had amnesia for the episode. She spoke fluently and coherently but was hesitant regarding the hours before the accident, which was probably due to memory impairment. She exhibited sporadic hetero-aggressive behavior during the first few hours of the examination. She had no other thought or perceptual disorders. Head CT scan showed "a thin collection of blood from the frontal interhemispheric area and a discrete subarachnoid sulcal frontobasal hemorrhage, with no other significant changes." Toxicology tests were positive for THC, cocaine, and MDMA and negative for blood alcohol. A forensic medical examination was required. After 48 hours of vigilance and improvement, she was discharged with a booked re-evaluation within a week. At the second evaluation, her mother described a change in her usual behavior with disorientation, drowsiness, difficulty managing daily life, and memory impairment. She had persecutory delusions regarding the physicians and was very agitated. She was admitted to a child and adolescent psychiatric hospital for further evaluation and stabilization. After 72 hours of inpatient stay, she fully recovered, receiving low-dose risperidone daily. She was discharged with the diagnosis of delirium due to another medical condition (TBI), acute, hyperactive. Since discharge, symptoms have not recurred even after discontinuation of antipsychotic medication.

Conclusions: Clinically, ACS can be divided into hypoactive, hyperactive, and mixed level of activity. Hyperactive forms may manifest as varying degrees of psychomotor agitation. With this case report, we'd like to raise awareness of ACS so that it's diagnosed and treated correctly and in a timely manner.

Disclosure of Interest: None Declared

EPV0158

Essence (Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations) and Spectrum Disorders - a common core?

G. C. Lima*, T. C. Rocha and J. R. A. Leal

PSYCHIATRY, CHBM, Lisbon, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1510

Introduction: The concept of *ESSENCE* was created to coin a set of clinical symptoms in early childhood, before the age of 5 to 6 years,

that may be present in several specifically undefined disorders and that may be associated with the development of more specific psychiatric disorders in adolescence and adulthood, such as Autism Spectrum Disorder, Schizophrenia or Bipolar Disorder. Those symptoms may include deficits in development, communication, language, social skills, motor coordination, attention, behavior, mood and sleep.

Objectives: To evaluate the association between Neurodevelopmental Disorders, which manifest by uncharacteristic and diffuse symptoms in early childhood, and Autism Spectrum Disorder, Schizophrenia and Bipolar Disorder.

Methods: We performed a non-systematic review of the existent literature with the keywords: "Attention Deficit"; "Hyperactivity Disorder"; "Autism Spectrum Disorder"; "ESSENCE"; "Schizophrenia"; and "Bipolar Disorder".

Results: Although *ESSENCE* is not a diagnostic term, some symptoms regarding *ESSENCE* are shared with early symptoms of different Major Psychiatric Disorders, namely speech and language delay, impulsivity, inattention, feeding difficulties, hypo/hyperactivity or other behavior problems.

There is a growing acceptance that the co-existence of disorders and the sharing of symptoms (so-called comorbidity) is a questionable concept, since we are usually not dealing with completely separate disorders.

Neurodevelopmental disorders present with frequent comorbidities and the overlap between the disorders still needs to be better studied, as in autism spectrum disorder and attention deficit hyperactivity, through a greater understanding of shared genetic and environmental factors and that reflect how early symptomatic syndromes can coexist in childhood, and later in adolescence and adulthood.

Conclusions: The concept of *ESSENCE* emphasizes the difficulty when making a diagnosis, specifically in Neurodevelopmental Disorders due to the fact that a variety of symptoms overlap. It is known that some disorders that will manifest in adulthood share symptoms with *ESSENCE*. Therefore, it is of great need to associate the current clinical findings with the present and future technologies, e.g. genetic markers, in order to identify a common core with *ESSENCE* and Major Psychiatric Disorders.

Disclosure of Interest: None Declared

EPV0159

How to adapt message to adolescents about sexuality?

H. GHABI*, A. AISSA, F. ASKRI, S. JEDDA, Y. ZGUEB and U. OUALI

AVICENNA, RAZI PSYCHIATRIC HOSPITAL, MANOUBA, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1511

Introduction: A mature and fulfilling sexuality is based on appropriate sexual education. The message must be adapted to the level of knowledge and practices of young people. Old studies dating back more than 15 years have been published.

Objectives: The objective of this study is to assess adolescents' knowledge and attitudes about sexuality.

Methods: This is a descriptive cross-sectional study conducted among 80 adolescents using an anonymous online questionnaire.

Results: The average age of the participants was 18 years old 45% had had at least one sexual intercourse, they are mostly male. Only 9% had used a method of contraception. Most of them had heard of contraceptive techniques. Young age, male gender, lack of dialogue with parents, low socio-economic status and lack of sex education were significantly associated with a low level of knowledge about sexuality.

Conclusions: The results show that adolescents had risky practices with a lack of information. More studies are needed to approve these results and improve sexual health of these teenagers thanks to targeted sensitization.

Disclosure of Interest: None Declared

EPV0160

therapeutic update in the treatment of disruptive disorder with emotional dysregulation in children and adolescents : review of the literature

H. Belhadga*, Z. ELMAATAOUI and H. KISRA

HÔPITAL PSYCHIATRIQUE UNIVERSITAIRE ARRAZI DE SALE, HÔPITAL PSYCHIATRIQUE UNIVERSITAIRE ARRAZI DE SALE, SALE, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1512

Introduction: Disruptive Mood Dysregulation Disorder (DMDD) is a new disorder that has been added to the category of mood disorders in the fifth Diagnostic and Statistical Manual of Mental Disorders to distinguish chronic non-periodic irritability from the periodic irritability of bipolar disorder. The main characteristic of DMDD is chronic and severe irritability. Because it is a new diagnostic entity, little research has been done on it and the literature on the subject is still expanding.

Objectives: The purpose of this review article is to gather information on new therapies for the treatment of this disorder in children and adolescents.

Methods: The studies related to the treatment of DMDD were collected and analyzed. This study retrieved related articles from PubMed, SpringerLink, ScienceDirect, NCBI, The American Journal of Psychiatry, and EBSCO. Use keywords "disruptive" AND "mood" AND "dysregulation" AND "disorder" OR "Treatment" AND "DMDD" OR "Drug" AND "mood" AND "disorder" OR "Treatment" AND "SMD" OR "Treatment" AND "BP" OR "Treatment" AND "ADHD" OR "Antidepressant" OR "Mental" AND "Stabilizer" OR "temper" AND "outburst" OR "aggressive" AND "antipsychotics".

Results: To date, no medication has been approved by the FDA to treat EDD. Because there are no treatment standards, drug therapy focuses on the primary symptoms of EDD, such as severe chronic irritability, temper tantrums, and comorbidities, such as ADHD. Currently, medications used by clinicians to treat patients with EDD include antidepressants (fluoxetine, sertraline, citalopram), stimulants (methylphenidate), anxiolytics mood stabilizers (sodium valproate) and antipsychotics (haloperidol, risperidone, aripiprazole in combination with methylphenidate in ADHD-EDD comorbidity), atomoxetine, guanfacine, and amantadine.

To date, no medication has been approved by the FDA to treat EDD. Because there are no treatment standards, drug therapy focuses on the primary symptoms of EDD, such as severe chronic