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Childhood adversity and acute stress vulnerability at adulthood: The mediating role of sleep

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Introduction: Numerous preclinical and clinical studies established the contribution of childhood adversity to acute stress vulnerability at adulthood. Several different physiological, psychological and behavioral factors have been suggested as putative mediators of this association. Sleep, and more specifically sleep disruption, has emerged as one such promising candidate. First, adverse childhood experiences have been repeatedly associated with adult sleep disorders. Second, individuals that suffer from stress-related psychopathology at adulthood often exhibit sleep disturbances, to the extent that sleep difficulties are diagnostic criteria for many of these disorders. Third, inefficient sleep pre and post exposure to acute stress was shown to increase the likelihood for maladaptive outcome, potently by impairing critical processes that occur during sleep as arousal regulation and memory consolidation.

Objectives: To date, very few studies integrated these independent lines of research. Also, previous studies mostly assessed sleep via self-reported diary or a single night measurement at laboratory settings. The current study aimed to provide a more ecological and continuous account for sleep patterns, and their putative associations with childhood adversity on the one hand and vulnerability to acute stress at adulthood on the other hand.

Methods: Ninety-six healthy adult female participants completed the well-established childhood trauma questionnaire (CTQ) before wearing a wearable sensor for seven consecutive days and nights while maintaining their regular life routine. Following that, participants all underwent an acute laboratory stress induction procedure while their psychological and endocrine responses were recorded at multiple time points throughout.

Results: Sleep patterns fully mediated the association between childhood adversity and psychological response to acute stress at adulthood (Figure 1). Specifically, elevated levels of childhood trauma were associated with more variation in sleep duration across the recording period, which in turn was associated with higher stress-induced negative affect. Interestingly, this association did not emerge with respect to mean sleep time nor with stress-induced cortisol release.

Conclusions: Results imply that childhood trauma may lead to irregular sleep patterns which in turn contribute to exaggerated emotional response to acute stress at adulthood. These findings support the mediating role of sleep in the link between childhood adversity and acute stress vulnerability at adulthood, and highlight sleep as a viable target for early or even preventive intervention.

Disclosure of Interest: None Declared

EPV1056

Daytime sleepiness among health workers affected by COVID-19 during the "OMICRON" wave

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Introduction: Excessive daytime sleepiness is a frequent symptom in the general population. It may be fleeting, due to transient circumstances, or it may be related to certain pathologies. Indeed, following their infection with SARS-COV2, several healthcare workers (HCWs) have complained of excessive daytime sleepiness. **Objectives:** This study was conducted to assess excessive daytime sleepiness in the SARS-COV2-affected HCWs during the "OMICRON" wave.

Methods: Cross-sectional descriptive study, conducted among the HCWs of Charles Nicolle Hospital with COVID-19 during the period from 22 December 2021 to 31 January 2022. Sleepiness was assessed using the Epworth Sleepiness Scale administered during the return to work medical visit.

Results: During the "OMICRON" wave, 58 HCWs joined our study. The average age was 39 +/- 10 years. The sex ratio (M/F) was 0.2. The participants had no previous history of sleep disorders. Excessive daytime sleepiness was found in 21 participants (36% of cases). Excessive daytime sleepiness was mild in 81% of cases, moderate in 14%, and severe in 5%. The category most affected was senior technicians in 57% of cases. Most of the HCWs suffering from daytime sleepiness were working in the gynecology department (19%) and the neurology department (19%).

Conclusions: Early and systematic screening for sleep disorders after any SARS-COV2 infection is necessary to ensure the good health of the HCWs and to reduce accidents and errors in professional procedures.

Disclosure of Interest: None Declared

EPV1057

Quality of sleep among trainee doctors at the Charles Nicolle Hospital during the 2nd wave of COVID19

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Introduction: Sleep quality depends on several factors such as smoking, physical activity, diet, and certain pathologies such as obstructive sleep apnoea syndrome. Indeed, following a COVID-19 infection, several trainee doctors complained about a deterioration of their sleep quality.

Objectives: To evaluate the quality of sleep of medical trainees working at Charles Nicolle Hospital who were infected by SARS-COV2.