EPP1290

Antidepressants effect on sexual dysfunction in men with PTSD

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doi: 10.1192/j.eurpsy.2021.1474

Introduction: Various therapeutic approaches for post-traumatic stress disorder have been the subject of numerous studies. Antidepressants are sometimes used in PTSD. They improve the symptoms of PTSD. But their effect is not clear on the sexual dysfunctions that accompany this disorder.
Objectives: The aim of this study is to display the effect of antidepressants on sexual dysfunctions in men with PTSD.
Methods: A total of 30 male patients with PTSD were included in this study. The International Erectile Function Index (IIEF15) was used to assess sexual dysfunction in participants before treatment and two months after starting antidepressant treatment.
Results: Half of the patients (50%) used sertraline, 23% paroxetine, 20% fluoxetine and 7% escitalopram.The mean IIEF-15 score was 51.16 $\pm$ 6.82 in patients with PTSD before initiation of treatment. The average scores of the areas of sexuality studied by this scale were 3.93 $\pm$ 0.52 for sexual desire; 18.80 $\pm$ 5.68 for erectile function; 8.93 $\pm$ 8.97 for orgasmic function; 5.13 $\pm$ 1.10 for satisfaction with intercourse and 4.13 $\pm$ 1.16 for overall satisfaction. After 2 months of use of the antidepressant treatment, there was a statistically significant improvement in sexual functions: significant increase in the total score of the IIEF15 ($p < 0.001$), and in the mean scores of the areas of sexuality.
Conclusions: Antidepressant treatment could, by improving post-traumatic symptoms, improve sexual dysfunction.

Keywords: Antidepressant; Sexual Dysfunction; ptsd

Sleep disorders & stress

EPP1289

Sleep quality, sensory processing abilities and work performance for adults with attention deficit hyperactive disorder

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doi: 10.1192/j.eurpsy.2021.1475

Introduction: Poor sleep quality has been reported among adults with attention-deficit hyperactive disorder (ADHD) and has been associated with reduced sensory-processing abilities and low work performance. However, the relationships among sleep quality, sensory processing and the insufficient work performance of adults with ADHD is still unclear.
Objectives: Following the World Health Organization's international classification of functioning, disability and health concepts, this study compares sleep quality and sensory processing (body functions) and work performance (participation) of adults with ADHD to those of controls, and examines the relationships among those components in adults with ADHD.
Methods: Participants were 69 adults with ADHD and 52 age- and gender-matched controls. All completed a sociodemographic questionnaire, the Mini Sleep Questionnaire, the Adult/Adolescent Sensory Profile and the Occupational Questionnaire.
Results: Compared to controls, the adults with ADHD showed significantly poorer body functions (sleep quality and sensory processing patterns) and lower work performance. Significant correlations were found between sleep quality and sensory-processing abilities and between sleep quality and work performance among adults with ADHD. Regression analysis revealed that for adults with ADHD, sleep quality accounted for 22.0%, and sensory sensitivity accounted for 10.9%, of the variance of their work performance.
Conclusions: Sleep quality, together with sensory processing patterns, has a significant influence on work performance of adults with ADHD. Because work is a vital occupation for adults, these body functions need to be considered in clinical settings, and further research on this topic is required for better understanding of the phenomena.
Keyword: ADHD add Sleep quality add work performance add sensory processing

EPP1290

Sleep and personality in college students: A preliminary study

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doi: 10.1192/j.eurpsy.2021.1476

Introduction: Sleep represents an important process in the stable behavioural and emotional functioning of the individual and is an important health indicator. Personality is related with academic and occupational achievement, quality of interpersonal relationships, but also with sleep. Concerning personality, individuals with lower emotional stability have greater sensitivity to stress and maladaptive sleep-related behaviour.
Objectives: The main goal of this study is to analyze the relation between sleep quality and personality in college students.
Methods: This study employed a correlational design. A sample of 220 Portuguese students (84.9% females), with mean age of 19.5 years (sd=3.4), from different health courses, filled in the Pittsburgh Sleep Quality Questionnaire and HEXACO-60, during a single individual session. A descriptive statistical analysis, a Pearson correlation analyses and the t Student test, for independent samples, were performed.
Results: The results showed a predominance of poor sleep quality among students (96.3%). The more prevalent HEXACO dimensions are: Conscientiousness (X=32.6; sd=4.2) and Emotionality (X=31.2; sd=5.2). When exploring personality differences between sleep groups (GSG=Good Sleep Group; PSG=Poor Sleep Group) a significant difference was found in mean scores of the dimension Emotionality. It was observed that the PSG revealed higher levels of Emotionality than the GSG (PSG=31.5; sd=5.1; PSG=26.3; sd=4.0; $p < .05$).

Conclusions: College students self-report a poor sleep and the prevalent personality dimensions are Conscientiousness and Emotionality. Students with higher levels of Emotionality (fearfulness, anxiety, dependence and sentimentality) presented a poor sleep. To conclude, mediation studies are needed in order to better understanding the link between personality and sleep.

Keywords: Personality; College students; sleep quality; Emotionality

EPP1291

Perinatal depression as a risk-factor for infant sleep disturbances: Subjective data from a case-control study

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doi: 10.1192/j.eurpsy.2021.1477

Introduction: Perinatal period is characterized by a broad range of physical, psychological and relational changes. Maternal perinatal depression (PD) is defined as an episode of major depression with the onset from pregnancy to the first year after delivery. Depressive symptoms influence the earlier mother-child interaction and impact on child cognitive, affective and behavioral development.
Objectives: Purpose of our study was to evaluate the consequences of PD on sleep-wake patterns in the early stages of infant development. We aim to investigate the presence of poor sleep in infants/toddlers and also to identify differences in sleep ecology variables.
Methods: We enrolled, from December 2019 to September 2020, a clinical sample of children born from women with PD (N=19, m.a. =13,7, SD= 7,6) and a healthy control group (N=21, m.a.=15,5, SD=5,43). Infant sleep data were obtained from the Brief Infant Sleep Questionnaire (BISQ). Poor sleepers were defined by the following criteria: >3 night wakings, nocturnal wakefulness >1 hr or total sleep duration <9 hr. Maternal depression was assessed with clinical and psychometric evaluation. T-test was used for comparison between the two samples.
Results: Statistical analysis indicates that there were not significant differences between the two groups concerning night wakings (p= .678), nocturnal wakefulness (p= .815), total sleep duration (p= .209) and nocturnal sleep onset time (p= .475).
Conclusions: Our findings suggest that PD is not a risk-factor in the onset of infant sleep problems. Probably negative parentig, affective disengagement, delegation in maternal care and sedative effects of pharmacotherapy may affect mother's perception of her infant's sleep.

Keywords: Perinatal depression; sleep disorders; Mother-child interaction; Relational changes

EPP1292

Association between brain-derived neurotrophic factor and symptoms of insomnia and depression in inflammatory bowel disease (IBD) patients.

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doi: 10.1192/j.eurpsy.2021.1478

Introduction: Brain-derived neurotrophic factor (BDNF) plays an important role in depression and sleep disorders. It influences the inflammatory process and may affect the interactions between psychological state and gastrointestinal symptoms.
Objectives: The study aimed to compare BDNF concentrations in the group of Crohn's disease (CD), ulcerative colitis (UC) patients, and healthy control (HC), as well as to correlate it with the severity of depression and insomnia.
Methods: The study included 94 inflammatory bowel disease patients (IBD, 57 CD, and 37 UC) and 26 HC. Each participant completed the following questionnaires: Pittsburgh Sleep Quality Index (PSQI), Athens insomnia scale (AIS), and Beck Depression Inventory (BDI). BDNF protein concertation measurements were performed using ELISA. Funding: National Science Centre, Poland-2018/31/N/NZ5/03715.
Results: CD patients had a higher serum level of BDNF (22.5 ng/mL, IQR:17.5-28.5) than UC patients (19.1 ng/mL, IQR:12.3-24.6; p=0.045). CD group had higher BDNF concentrations than HC (17.5 ng/mL, IQR:13.2-23.8; p=0.010), but no such differences were found between UC and HC groups (p=0.544). A positive correlation was found between AIS and BDNF among IBD (r=0.22, p=0.035). Additionally, patients, who obtained high BDI scores (>7 points) had lower BDNF concentrations than others (p=0.004). The patients with long sleep latency (>10 min) achieved a higher BDNF level than others (p=0.038). However. BDNF level did not correlate with PSQI results.
Conclusions: BDNF serum level is increased in CD, but not in UC patients. Overall, the severity of insomnia symptoms correlates positively with BDNF levels. Future research should focus on the further explanation of those observations.

Keywords: BDNF; Insomnia; psychosomatics; inflammatory bowel disease

EPP1293

Chronic upregulation of circadian clock protein per1 among OSA patients

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doi: 10.1192/j.eurpsy.2021.1479

Introduction: PER1 is a repressor protein involved in regulating circadian rhythm. While obstructive sleep apnea (OSA) is characterized by recurred pauses in breathing caused by the collapse of the upper airways it might be associated with disruption of the circadian clock.
Objectives: The study aimed to assess PER1 protein in OSA patients and evaluate its association with PSG parameters.
Methods: The study included 40 individuals, who underwent diagnostic polysomnography (PSG) examination. Based apnea-hypopnea index (AHI) patients were divided into groups: control (AHI<5; n=10) and OSA (AHI5; n=30). All participants had their peripheral blood collected in the evening (9:00-10:00 pm) before