

EPV1048

SLEEP DISTURBANCES AMONG UNIVERSITY STUDENTS : A TUNISIAN STUDY

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Introduction: Poor sleep quality is a major health problem worldwide. University students tend to suffer from problems of sleep regularity, quantity and quality, which can affect their academic performance, and have a serious impact on their psychological and physical well-being.

Objectives: The aim of this study was to assess the prevalence of insomnia among Tunisian university students, and to identify its associated factors.

Methods: We conducted a cross-sectional web-based study among university students from several Tunisian faculties. Data were collected using a questionnaire spread throughout social media (Facebook), using the Google Forms® platform, during September and October 2022.

We used the “Insomnia Severity Index” (ISI) to assess the severity of insomnia.

Results: A total of 144 students completed the questionnaire. Their mean age was 23.38 ± 3.27 years, with a sex-ratio (F/M) of 2.8. Among them, 70.1% were single and 68.8% lived with family. Among our participants, 10.4% were followed for chronic somatic disease, 11.1% for chronic mental disease, while 29.2% have already been diagnosed and treated for sleep disturbances.

ISI showed that 72.2% of students suffered from insomnia: 45.1% Subthreshold insomnia, 19.4% moderate clinical insomnia and 7.6% severe clinical insomnia. Insomnia was significantly more frequent among psychoactive substances users (75.7% vs 57.6%; $p=0.043$). ISI scores were significantly higher among cannabis users (17.4 vs 11.06; $p=0.025$).

Conclusions: Our study highlighted that insomnia is prevalent within the university student population, and psychoactive substances consumption seems to worsen it. Thus, when designing interventions to improve sleep quality among students, the main determinants need to be taken into consideration.

Disclosure of Interest: None Declared

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Exploring the limits of generalized dissociative amnesia: A case report

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Introduction: Dissociative amnesia (DA), one of several dissociative disorders, is characterized by the inability to recall

autobiographical information that is inconsistent with normal forgetting. Generalized amnesia is a rare subtype of amnesia distinguished by the acute onset of complete loss of memory for one’s life history, in which the patients may lose semantic knowledge, procedural knowledge or personal identity.

Objectives: The objective of this paper is to highlight that the diagnosis of generalized DA can be controversial and a comprehensive history, as well as collateral information, are essential for an accurate diagnosis.

Methods: We present the case of a 37-year-old female, with no premorbid medical illness and one year psychiatric history which was admitted to our clinic for severe deficits of the memory and attention functions, emotional lability, social withdrawal, strong socio-professional dysfunctionality, altered behavior marked by the subjective changes of memory and thinking processes, affective ambivalence towards parents, mixed insomnia. The heteroanamnesis revealed that our patient presented two fugues during the last 4 months. During her mental status evaluation, she showed temporal and spatial orientation, demonstrative attitude, spontaneous speech centered on her mental suffering, euthymic disposition, delusional ideas with somatic content, intermittent and inconstant facial motor stereotypes.

Results: Multiple neurological examinations were performed, all being within normal limits. The magnetic resonance imaging of the brain identified an enlarged adenohypophysis and a possible microaneurysm that do not correlate with the symptoms. The endocrinological investigations invalidated the suspicion of acromegaly. The psychological examination suggested the tendency to mask less acceptable feelings, inadequacy, rigidity, the presence of conflicts of a sexual nature, regression to an infantile stage, with a deficit of concentrated attention. The emergent symptoms and signs were resistant, failed to resolve with antidepressant and antipsychotic medication and continued to persist across all settings. Corroborating evidence, we established the diagnosis of DA.

Conclusions: DA represents a controversial diagnostic entity that incorporates elements of psychogenic fugue states, repressed memory, traumatic amnesia, and conversion. Some clues in the history such as psychological traumas can support a diagnosis of DA rather than medical causes. As with most other psychiatric disorders, it is important to rule out organic causes first before considering psychiatric etiologies. A thorough sequential history and collateral information are key components in effective diagnosis and management of this condition. In the absence of a favorable response to psychotropic drugs, psychotherapy represents the best treatment approach for DA.

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Outpatient management of REM sleep behavior disorder case in Brunner syndrome

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Introduction: Brunner syndrome is a recessive X-linked disorder characterized by impulsive aggressiveness and mild mental

retardation associated with Monoamine Oxidase – A (MAOA) deficiency (Brunner et al. Science 1993; 262 578-580).

Objectives: To present a REM sleep behavior disorder (RBD) case in a patient with Brunner syndrome.

Methods: The present study is a case report of a patient followed in our hospital's outpatient care. We also searched for previous case reports of sleep disorders and other clinical features in Brunner syndrome using a pubmed query.

Results: A 46-year-old Spanish male, diagnosed with Brunner syndrome due to the mutation c.1438A>G/iVS14-2 A>G, a loss-of-function mutation in the X-linked MAOA gene. He suffers from mild mental retardation and psychotic disturbances treated with SSRI and antipsychotic drugs. The patient was referred to our outpatient care to assess his sleep abnormal behaviors. He had been presenting with episodes of sleep-related vocalization and complex motor behaviors during sleep for the last 3 years, correlating with dream mentation. His relatives recounted episodes of talking, screaming, gesturing, kicking, falling out of bed and crying during sleep. Dream content referred by the patient was often related to persecutions, attacks and fights.

Polysomnography revealed vocalization and gesticulation during REM sleep compatible with the diagnosis of RBD. The addition of clonazepam to his treatment at doses of 1-3 mg per day achieved significant clinical response of the sleep disorder.

Conclusions: The clinical presentation suggested the diagnosis of RBD case in a patient with Brunner syndrome. Although sleep disorders are not one of the most important or frequent clinical features in Brunner syndrome, they are described in the literature and can significantly affect the patient's quality of life. To our knowledge, this is the first report about clinical management of RBD case in Brunner syndrome.

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EPV1049

Gender dysphoria : psychological impact and social repercussions

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Introduction: Gender dysphoria is defined as a multisystemic medical condition in which a person has a marked mismatch between their biological sex and the gender with which they identify.

Objectives: To highlight the psychological impact and social repercussions of gender dysphoria and to discuss the different aspects of management aimed at optimising a better quality of life for these patients.

Methods: We describe the clinical cases of 5 patients followed at the child psychiatry department and the adolescent diagnostic centre of agdal, who were diagnosed with gender dysphoria.

Results: Clinical vignette:

- A.B: 15-year-old patient, followed in our training for a recurrent depressive disorder comorbid with borderline personality and gender dysphoria. This patient is a victim of school bullying altering his psychosocial functioning and generating thoughts of death.

- H.A: 16 year old patient, followed in our training for gender dysphoria comorbid with adrenal hyperplasia, indicating feminization surgery.
- I.D: 17 year old female patient, victim of sexual assault, admitted to our training for suicide attempt. She presents a gender dysphoria, comorbid with a borderline personality.
- C.G: 22 year old patient, followed in our training for gender dysphoria comorbid with a panic disorder. She is a patient describing an anxious experience with dysthymia.
- L.K: 23-year-old patient, followed in our training for gender dysphoria. He is a patient who would have been a victim of verbal and physical aggression generating a post-traumatic stress disorder having had a significant impact on his socio-professional life.

Conclusions: Primary care physicians need to be aware of gender-related disorders and the importance of early recognition of these emerging disorders. A multidisciplinary approach is needed to manage these disorders.

Disclosure of Interest: None Declared

EPV1050

EARLY ONSET AGGRESSIVE BEHAVIOR INDUCED BY PERAMPANEL IN THE TREATMENT OF CHRONIC INSOMNIA: A CASE REPORT

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Introduction: Chronic insomnia, resistant to different treatments (pharmacological, sleep hygiene and cognitive-behavioral therapy) remains one of the greatest challenges in our daily practice as psychiatrists. The pharmacological options include benzodiazepines and their analogues (zolpidem, zopiclone, etc.). However, when trying to treat chronic insomnia the use of off-label drugs, including antidepressants with sedative action (such as trazodone), antipsychotics or antiepileptic drugs, is not uncommon. Perampanel is a non-competitive AMPA receptor antagonist, marketed for the treatment of partial onset epilepsy and primary generalized tonic-clonic seizures. It has been used in the treatment of chronic insomnia with positive results and it has shown to improve the quality of sleep in a recent observational retrospective cohort study.

The most frequent adverse effects of Perampanel include dizziness and drowsiness. Perampanel can also cause psychiatric and behavioral adverse effects, aggression and irritability in up to 10% of patients, as well as depression, and suicidal ideation, with higher rates in patients with psychiatric history.

Objectives: To draw attention to possible adverse effects of Perampanel and to add knowledge to improve the treatment for chronic insomnia.

Methods: Case report and non-systematic literature review of the current data.

Results: A 33 year old woman with Anorexia Nervosa was admitted to the psychiatric hospitalization unit due to suicidal ideation and a history of chronic insomnia. Perampanel was started at a dose of 2mg/day, progressively titrated to 6mg/day, following patient's