



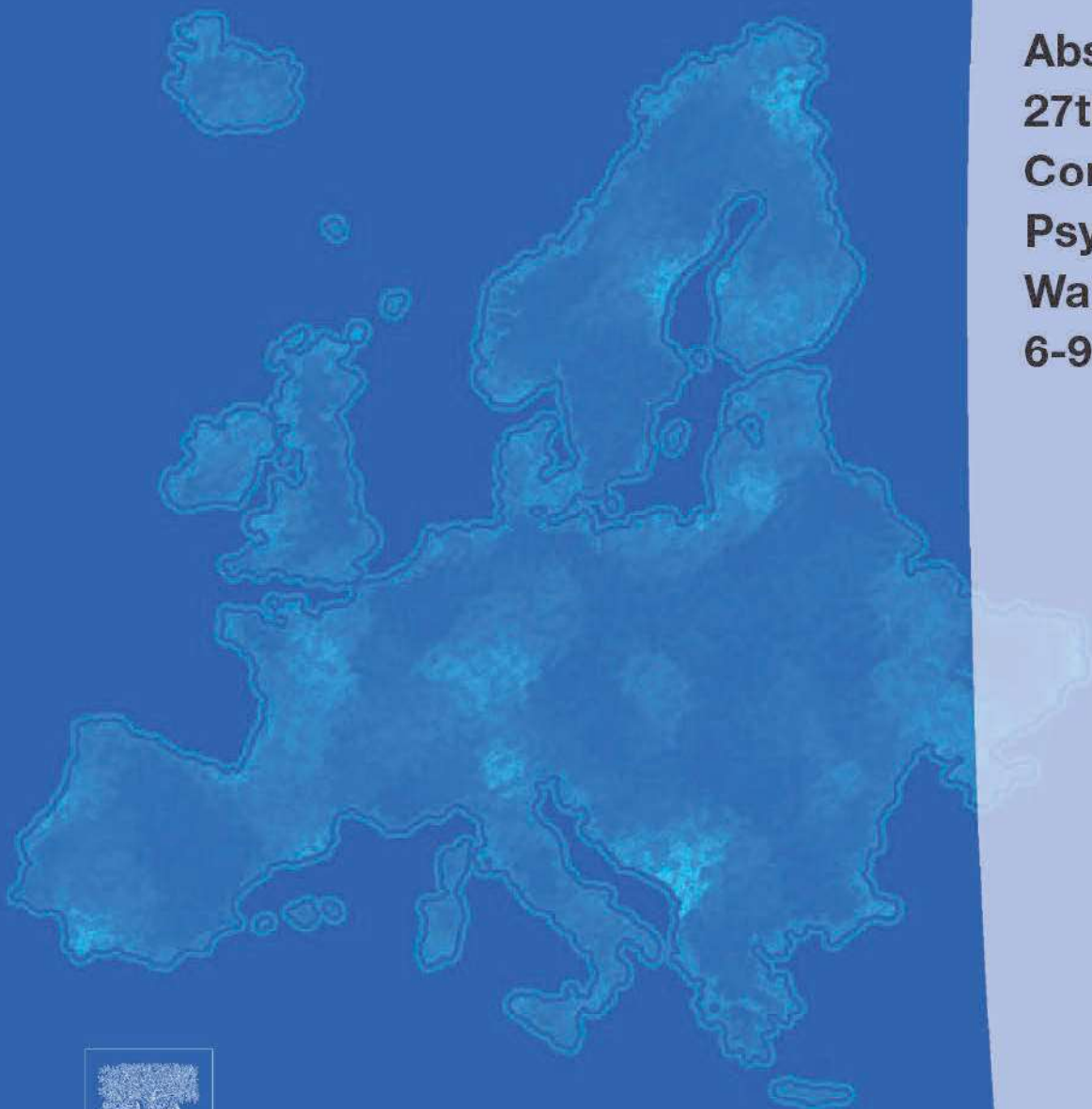
ISSN 0924-9338

**April 2019**  
**Vol. 56S – pp. S1–S900**

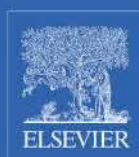
# EUROPEAN PSYCHIATRY

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

**Abstracts of the  
27th European  
Congress of  
Psychiatry  
Warsaw, Poland  
6-9 April 2019**



89134





Vol. 56, Supplement April 2019

EUROPEAN  
PSYCHIATRY

## CONTENTS

Abstracted in: BIOSIS/Biological Abstracts, Current Contents/Clinical Medicine and Social & Behavioural Sciences, EMBASE/Excerpta Medica, MEDLINE/Index Medicus, PASCAL/INIST-CNRS, Psychological Abstracts, PsycINFO, PsyLIT, Research Alert, SciSearch

### Abstracts of the 27th European Congress of Psychiatry - 2019

Debate .....	S1
E-Poster Presentation .....	S3
E-Poster Viewing .....	S445
ECP Program .....	S779
EPA Forum 2019 .....	S783
Joint Symposium .....	S784
Joint Workshop .....	S788
Oral Communications .....	S789
Plenary .....	S844
Presidential Symposium .....	S845
Symposium .....	S847
State of the Art .....	S886
Workshop .....	S888

**Conclusions.**– The results show the “psychological complexity” of EH patients with increased BP variability. It is permissible to assume that they significantly more frequently than patients from the second group are more prone to repression of their emotions.

The research was supported by RFBR; project № 17-06-00954.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PP1215

### **Anxiety and depression are related to subjective and objective sleep quality in sleep apnea but not in insomnia**

E. Rasskazova<sup>1\*</sup>, G. Kovrov<sup>2</sup>, A. Machulina<sup>3</sup>

<sup>1</sup> Moscow State University, Clinical Psychology, Moscow, Russia; <sup>2</sup>

I.M. Sechenov First Moscow State Medical University, Department of Pathology of Vegetative Nervous System, Moscow, Russia; <sup>3</sup> Brothers Bahrushins' Moscow Clinical Hospital, Neurology, Moscow, Russia

\* Corresponding author.

**Background and aims.**– There is a wide range of studies of anxiety and depression as factors triggering and perpetuating insomnia. However, to explain insomnia by anxiety or depression one should prove that in insomnia (but not in other sleep disorders) they lead to poorer sleep.

The aim was to compare relationships of anxiety, depression and sleepiness with sleep of patients with insomnia and sleep apnea.

**Methods.**– Sleep of 93 patients with chronic insomnia and 46 with sleep apnea was recorded with polysomnography. They filled Insomnia Severity Index (Morin, 1993), Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983), Epworth Sleepiness Scale (Johns, 1991).

**Results.**– Anxiety, depression and insomnia severity were higher in insomnia while sleepiness was higher in sleep apnea ( $\chi^2 = 7.46-10.30$ ,  $\eta^2 = .07-.17$ ,  $p < .01$ ). However, neither anxiety nor depression in insomnia were related to objective or subjective sleep parameters ( $r < .15$ ) but they did correlate with sleepiness ( $r = .20-.24$ ,  $p < .05$ ). In patients with sleep apnea depression was higher in those with longer sleep latency ( $r = .30$ ,  $p < .05$ ) and lower sleep efficacy ( $r = -.34$ ,  $p < .05$ ) while anxiety was related to longer delta sleep latency ( $r = .44$ ,  $p < .01$ ). Both depression and anxiety were related to poorer subjective sleep ( $r = -.46$  to  $-.39$ ,  $p < .01$ ) and depression correlated to sleepiness ( $r = .32$ ,  $p < .01$ ).

**Conclusions.**– Although anxiety and depression affect insomnia, they seem to be nonspecific factors leading to poorer sleep in other disorders. Moreover, it is possible that in chronic insomnia they do not affect sleep anymore being a reaction to daytime functioning problems. Research is supported by the Russian Foundation for Basic Research, project No. 17-06-00363.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PP1216

### **The role of attention in changes of “sleep-wake cycle”: comparing day and night effects of attempts to improve wakefulness, sleep and sleep hygiene**

E. Rasskazova<sup>1\*</sup>, S. Leonov<sup>2</sup>

<sup>1</sup> Moscow State University, Mental Health Research Center, Clinical Psychology, Moscow, Russia; <sup>2</sup> Moscow State University, Methodology of Psychology, Moscow, Russia

\* Corresponding author.

**Background and aims.**– According both to attention-intention-effort model (Espie et al., 2006) and body functions regulation model (Tkhostov, 2002) excessive attention to sleep lead to sleep frag-

mentation in healthy subjects (Rasskazova et al., 2014) and could be a factor of insomnia.

The aim was to compare effects of attention to sleep, wakefulness and to sleep hygiene (as control condition described as effective in behavioral models) in good sleepers.

**Methods.**– 123 adults (83 females) 19–45 years old without sleep disorders were randomly assigned to three conditions for 7 days: 35 were asked to use any possible strategies to improve their sleep, 42 – their wakefulness and 47 – sleep hygiene. For 2 days before and 2 days at the end they appraised every evening their day (using 0–10 Likert scale) and every morning filled Glasgow Content of Thoughts Inventory (Harvey, Espie, 2004) and Sleep Diary (Morin, 1993).

**Results.**– Any attempts to improve “sleep-wake cycle” led to better sleep and alertness in the morning appraisals ( $F = 9.10-13.34$ ,  $p < .01$ ,  $\eta^2 = .11$ ) as well as higher day-time achievement and less thoughts before sleep ( $F = 3.18-3.21$ ,  $p < .05$ ,  $\eta^2 = .03$ ). Increase in day-time achievement tended to be more prominent in those improving wakefulness ( $F = 1.92$ ,  $p < .08$ ,  $\eta^2 = .03$ ). Emotions tended to improve after experiment in those concentrating on wakefulness and on sleep ( $F = 1.81$ ,  $p < .10$ ,  $\eta^2 = .03$ ).

**Conclusions.**– Results support that in good sleepers any strategy could be effective with two marginal effects in favor of concentration on wakefulness and sleep comparing to hygiene. Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01211.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PP1217

### **Long-term efficacy and safety of pediatric prolonged-release melatonin for insomnia in children with autism spectrum disorder**

T. Nir<sup>1</sup>, C. Schroder<sup>2\*</sup>, A. Maras<sup>3</sup>, B. Malow<sup>4</sup>, P. Gringras<sup>5</sup>, R. Findling<sup>6</sup>, N. Zisapel<sup>7</sup>

<sup>1</sup> Neurim Pharmaceuticals, Clinical and Regulatory Affairs, Tel Aviv, Israel; <sup>2</sup> Strasbourg University Hospital, Department of Child and Adolescent Psychiatry, Strasbourg, France; <sup>3</sup> Yulius Academy, Yulius Mental Health Organization, Barendrecht, The Netherlands; <sup>4</sup> Vanderbilt University Medical Center, Sleep Division, Department of Neurology, Nashville, USA; <sup>5</sup> Children's Sleep Medicine, Evelina London Children's Hospital, Guy's and St Thomas', London, United Kingdom; <sup>6</sup> Kennedy Krieger Institute/ Johns Hopkins University, Department of Psychiatry and Behavioral Sciences, Baltimore, USA; <sup>7</sup> Neurim Pharmaceuticals, Medical Affairs, Tel Aviv, Israel

\* Corresponding author.

**Background and aims.**– To investigate PedPRM (2,5,10 mg) long term efficacy and safety in patients receiving 1 year of PedPRM, as well as caregivers outcomes.

**Methods.**– A prospective 9-months open-label follow up study of efficacy and safety of PedPRM in community dwelling patients with ASD/NGD. Sleep measures included the validated caregivers' Sleep and Nap Diary (SND) and Composite Sleep Disturbance Index (CSDI). Caregiver measures included Pittsburgh Sleep Quality Index (PSQI) and quality of life (WHO-5 well-being index).

**Results.**– The improvements in total sleep time (TST), sleep latency (SL) and duration of uninterrupted sleep (longest sleep episode) seen in the double blind-phase with PedPRM vs placebo were maintained throughout the follow up period. Subjects treated continuously with PedPRM for 52 weeks ( $N = 41$ ) slept on average 62.08 minutes longer ( $p = 0.007$ ), fell asleep –48.6 minutes faster ( $p < 0.001$ ) and had longer uninterrupted sleep duration (89.1 minutes;  $p = 0.001$ ). In addition, quality of sleep improved ( $p < 0.001$ ) and number of awakenings decreased  $> 50\%$  ( $p = 0.001$ ). In parallel, there were statistically significant and clinically relevant improvements in Child's sleep disturbance and parents satisfaction