

EPV1055

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, potentially 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.

Methods: We conducted a descriptive cross-sectional study, among medical trainees at Charles Nicolle Hospital, infected by COVID-19 during the period from July 2020 to November 2020. Sleep quality was evaluated by the Pittsburgh Sleep Quality Index (PSQI) questionnaire. Trainees were contacted during the period August 2022 to September 2022.

Results: Fifty-three trainee doctors have joined our study. Forty-five of them had a significant sleep disturbance with a Pittsburgh Sleep Quality Index (PSQI) greater than five. The average age was 29.4 ± 3.07 years old with a female majority (75%). No psychiatric history was found. The most affected category of trainees were residents (74%), particularly those working in the general surgery department (18%) and the anaesthesia and intensive care department (9%). Among those trainees, 80% had night shifts with an average of six shifts per month. Sleep latency was high in 20% of cases. A sleep duration of less than five hours per night was found in 18% of the cases. Six participants reported using sleeping pill three to four times a week.

Conclusions: Our study revealed a significant sleep disturbance among trainee doctors. This could be due to the SARS-COV2 infection but can also be explained by the night shifts burden and the great mental load at work during this pandemic period.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPV1058

MANAGEMENT AND PREVENTION OF SUICIDE RISK IN PRISON: RESULTS OF A PRELIMINARY STUDY ON ITALIAN PRISONERS

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Introduction: There are about 10 million inmates in the world, of which 6 million are held in American prisons. While in Europe there was a 6.6% reduction in the detention rate, in Italy the number of prisoners is constantly growing. Due to the worldwide importance of the phenomenon in the field of public health, it is necessary to analyze the relationship between detention and prisoner health, as well as the change in the psychophysical state of a subject after a period of incarceration.

Objectives: The analysis of the results deriving from the completion of forensic examinations was carried with the aim of assessing the compatibility of the health conditions of prisoners with imprisonment.

Methods: We report the results of a preliminary study on a sample of fifty prisoners held in Southern and Central Italy prisons.

Results: The average age of the prisoners was 41. The prevalence of psychiatric disorders in the sample examined was about 39%. 45% of subjects with mental disorders made one suicide attempt in prison at least. We emphasize the pathogenic role of prison in the development or aggravation of psychiatric disorders. This happens particularly in subjects coming from degraded socio-family backgrounds.

Conclusions: In order to reduce the prevalence of psychiatric disorders and the risk of suicide, it is necessary to carry out careful medical and psychological evaluation at each new entry, so as to be able to frame the inmate's state of health and plan periodic monitoring of diagnosed diseases. This evaluation should include a psychiatrist, so as to be able to set up an adequate drug treatment when it's necessary. The correct management of psychiatric disorders is essential in order to improve the inmate's mental health and prevent medico-legal consequences for health workers.

Disclosure of Interest: None Declared

EPV1060

Suicidality among inpatients - Right under our noses

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Introduction: An inpatient suicide is a tragic event that, despite not very prevalent, should not be overlooked. It occurs in 250 in 100 000 psychiatric hospital admissions (which represents a suicide risk fifteen times greater than general population) and in 1.7-1.9 in 100 000 in general hospitals (4-5 times greater risk). Together they constitute 5-6% of all suicides.

Objectives: The purpose of the authors is to explore the epidemiology, the risk factors and the prevention of suicide in inpatient setting.

Methods: A brief non-systematized review is presented, using the literature available on PubMed and Google Scholar.

Results: The risk was higher at admission (first week) and immediately after discharge (first 24 hours, up to two weeks).

It was found to be correlated to poor staffing, an increased number of patients with severe mental illnesses and accessibility to lethal means. Many risk factors were identified, some of them specific to context. Risk Factors at admission in a psychiatric hospital – personal or familiar suicide history, schizophrenia or mood disorder, alcohol use, involuntary admission, living alone, absence from the service without permission. Later till discharge – personal suicide history (or attempts after admission), relational conflicts, unemployment, living alone, lack of discharge planning and lack of contact in the immediate post-discharge period. In General Hospitals – chronicity and severity of somatic disease, poor coping strategies, psychiatric comorbidities and lack of liaison psychiatry. Strategies to prevent inpatient suicide should take in environmental modification (specific to environment and specific to patient – as planned levels of supervision), optimisation of the care of the patients at suicidal risk, staff education and involvement of families in care. There are few studies on the efficacy of pharmacotherapy on reducing suicidal ideation in inpatients (just for clozapine and ketamine); some psychotherapies show promising results. The post-suicide approach cannot be neglected, whether in supporting the family, the team involved and even other patients.

Conclusions: The assumption of the predictive and preventive value of the risk assessment has been under scrutiny. Depressed mood and a prior history of self-harm are well-established independent risk factors for inpatient suicide; however they lose their predictive value due to their high prevalence. Up to 70% of inpatients who committed