

Introduction: Infant intrinsic factors, parental mental health, and parenting functioning could influence infant sleep development (Camerota et al., 2019). The current study was designed to advance understanding of parental mental health in influencing bedtime resistance in infants aging 8-12 months.

Objectives: The main aim of the present study was to examine the role of parental postpartum affective disorders, infants' temperament and paternal involvement at bedtime in predicting infants' bedtime resistance (e.g. fussing, crying or protesting).

Methods: 60 Italian families of infants (34 boys and 26 girls) aging from 8 to 12 months ($M = 10.73$, $SD = 2.54$) participated in this study. Parents completed Brief Infant Sleep Questionnaire (Sadeh et al., 2009), Perinatal Assessment of Paternal and Maternal Affectivity (Baldoni et al., 2018), QUIT for infants' temperament (Axia, 2002) and an ad-hoc questionnaire for fathers' involvement. Two multiple linear regressions (MR), one for fathers and one for mothers, and relative weight analyses (RWA) were conducted.

Results: Infants' involvement in constant bedtime routines (reported by fathers: $\beta = -.35$, $p < .05$; mothers: $\beta = -.31$, $p < .05$) and paternal involvement at bedtime (fathers: $\beta = -.45$, $p < .01$; mothers: $\beta = -.27$, $p < .05$) represented protective factors for infants' bedtime difficulties. Paternal affective disorders, accounted for 17.2% of the explained variance for mothers' and 12.5% for fathers' reports of infant bedtime difficulties, more than did maternal postpartum affective disorders.

Conclusions: Findings support that parental mental health can interfere with infants' bedtime resistance.

Keywords: paternal involvement; Postpartum depression; sleep

EPP1298

Is ADHD a sleep disorder? can adhd improve by treating the comorbid sleep disorder(S)? a research update

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Introduction: Research has shown that ADHD and sleep disorders are intimately intertwined in the majority of patients in both childhood and adulthood. Circadian rhythm sleep disturbances, esp. the delayed sleep phase syndrome, as well as several other sleep disorders, such as Insomnia, Restless Legs, Periodic Limb Movement Disorder and Sleep apnea are associated with ADHD. With a prevalence rate of 80% of sleep disorders in adults with ADHD, the question not only is what is chicken and egg, but even if both conditions share a joint pathophysiology.

Objectives: To investigate the consequences of this comorbid sleep disorders on severity of ADHD, mood and health, as well as to find evidence on improvement of ADHD by treatment of the sleep disorder(s).

Methods: Recent research will be evaluated to formulate answers to these questions.

Results: Sleep loss resulting from sleep disorders increases ADHD severity due to more impairment of cognition and memory as well as mood instability. Sleep loss in the longer term also leads to obesity, with negative consequences for health in general. First studies showing a decrease of ADHD symptoms by treatment of sleep disorders will be discussed.

Conclusions: ADHD and sleep disorders come together in the majority of patients and need both assessment and treatment. Treatment of ADHD by improving sleep, is an intriguing research question with potential new treatment options.

Keywords: Treatment; Adult; ADHD; sleep disorders

EPP1300

Elderly: Coping with sleep disorders

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Introduction: Sleep problems are a common presenting symptom of elderly patients to Primary care physicians and Psychiatrists. Almost half of seniors over age 65 who live at home are dissatisfied with their sleep, and nearly two-thirds of those residing in nursing home facilities suffer from sleep disorders. Chronic and pervasive sleep complaints and disturbances are frequently associated with excessive daytime sleepiness and may result in impaired cognition, diminished intellect, poor memory, confusion, and psychomotor retardation.

Objectives: The aim of this article is to summarize and explore the facts involving sleep disorders, discusses approaches to treatment and highlights new research in the area of geriatric sleep disorders.

Methods: An online bibliographic search was carried out on PubMed and Medline using the keywords "Elderly", "sleep" and "Psychiatry".

Results: Management of sleep disorders is complicated by the risk of side effects of pharmacologic treatment approaches, and thus nonpharmacologic strategies are preferred when possible. Additionally, many of the pharmacologic strategies used in treating younger adults have not been studied adequately in the geriatric population, and more specifically in patients with underlying cognitive disorders, making treatment choices difficult.

Conclusions: This review has provided insights into the biopsychosocial impact of sleep disorders in the elderly, as this group pose unique challenges for diagnosis and treatment. Sleep changes in the elderly may have a far broader impact on geriatric health than originally thought, with implications for AD and delirium, and further research is needed in these areas as well.

Keywords: Elderly; sleep

EPP1302

Sleep-related behavior as a factor of anxiety and depression: Mediating role of sleep quality

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Introduction: Although sleep hygiene is a well-studied factor of good sleep (Irish et al., 2015, McNail et al., 2016), less is known

about its role in the complaints on anxiety and depression (with or direct or through sleep quality).

Objectives: The aim was to reveal direct and indirect effects of sleep behavior on subjective sleep quality, anxiety and depression.

Methods: 174 people aged 17-57 without diagnosed sleep disorders filled the Scale of Behavioral Factors of Sleep Disturbances (Rasskazova, Leonov, 2020), Insomnia Severity Index (Morin, 1993), Hospital Scale of Anxiety and Depression (Zingmond, Snaith, 1983), Beck's Anxiety and Depression Inventories (Beck, Steer, 1993, Beck et al., 1996).

Results: Taking medications and non-medications before sleep, alcohol, tonic drinks and using gadgets in the evening, delaying bedtime, self-limitations after poor nights, poor adherence to the regimen and postponement of the morning rise were characterized by an indirect effect on anxiety and depressiveness through poor sleep ($|\beta|=0.03-0.24$). Self-limiting behavior and delaying the morning rise are associated with higher levels of anxiety and depression, even in the absence of sleep-related complaints ($\beta=0.23-0.34$, $p<0.01$).

Conclusions: Based on the data we suggest that the dysfunctional role of behavior on anxiety and depression is predominantly indirect (through the perpetuation of complaints), but it can also be direct (regardless of complaints of sleep disorders). Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

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Keywords: Anxiety; Depression; sleep-related behavior; sleep quality

Addictive disorders

EPP1303

Sleep problems in opioid dependent patients maintained on buprenorphine

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Introduction: Opioid dependent individuals frequently complain of sleep problems in withdrawal and during abstinence.

Objectives: The objectives were to assess the subjective sleep parameters among buprenorphine-maintained opioid-dependent patients and to correlate it with socio-demographics, concomitant drug use and treatment related variables

Methods: Using a cross-sectional study design, 106 hundred six opioid-dependent patients maintained on buprenorphine for at least six months and on same dose in past month were interviewed. Sleep was assessed by Pittsburgh sleep quality index (PSQI) and Epworth sleepiness scale. Association between subjective sleep parameters, socio-demographics, concomitant drug use and treatment related variables was also studied.

Results: All participants were males. Their mean age was 41.1 years (SD:14.3). The mean duration of illicit opioid use was 10 years

(IQR: 5,22). About 63.2% (n=67) had PSQI scores more than 5 denoting sleep problem. The scores obtained in Epworth Sleeping Scale were in normal range. Mean subjective total sleep time of the sample was 403.5 (SD 94.8) minutes and median sleep latency was 35 (IQR 18.8, 62.5) minutes. Subjective total sleep time was significantly higher in participants who had use tobacco in the past three months (p value=0.03) and who were in moderate ASSIST risk category (p value=0.04). Subjective sleep latency was significantly higher (p value=0.04) in participants who had used opioids in last three months. It was observed that age was a significant predictor of subjective total sleep time and OST compliance was a significant predictor of sleep latency.

Conclusions: A sizeable proportion of opioid dependent patients on buprenorphine have sleep problems

Keywords: opioid dependence; buprenorphine; sleep; sleep problems

EPP1304

Patterns of alcohol consumption in european pregnant women with alcohol use disorder

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Introduction: Prenatal alcohol exposure can have a negative impact on a child's neurocognitive development. Still, about 16% of European women maintain alcohol consumption, even after knowing they are pregnant. Several studies have shown that alcohol use patterns alter drastically during pregnancy. However, little is known about how these change in women with Alcohol Use Disorder (AUD) diagnosis.

Objectives: To understand the impact of pregnancy on alcohol use patterns in women at high risk or with previous AUD diagnosis.

Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results: Several factors influence alcohol consumption during pregnancy, including financial status, educational level, and high levels of psychological stress. Although older age at the onset of pregnancy is deemed a risk factor for alcohol consumption, women of 25 or fewer years of age are at higher risk for AUD, as are those with a history of criminal behaviour and family history of AUD. Pregnancy seems to play a critical role in altering alcohol use patterns, reducing the risk of AUD in about 70%, regardless of pregnancy trimester. This is seen even in women who present high-risk factors for AUD.

Conclusions: Pregnancy presents itself as a behavioural change promoter and should be regarded as a window of opportunity for intervention in women with AUD. However, there are few studies that focus on alcohol consumption patterns specifically in women with AUD, whereby making it necessary to extrapolate the available data.

Keywords: alcohol consumption patterns; pregnancy; alcohol use disorder