Introduction Sleep symptoms, depression and anxiety often coexist and tertiary students are a population group that are increasingly recognised to be at risk. However the rates of these conditions in the tunisian population are poorly understood.

Aim The aim of this study was to evaluate sleep quality among medicine students during exam periods and identify correlations with anxiety and depression.

Methods This is a descriptive and analytical cross-sectional study. It involved students of medicine University of Sfax during the period of exams. Each student filled out demographic questionnaire, the Pittsburgh Sleep Quality Index (PSQI) to assess the quality of sleep and Hospital Anxiety and Depression scale (HAD) to screen for anxiety and depressive disorders.

Results The average age was 22.27 years. The sex ratio M/F was 0.66. The students were single in 96.7% of cases. The average score of PSQI was 6.67 ± 3.23. According to the PSQI, 53.3% of students had poor sleep quality. The anxiety score ranged from 0 to 7 with an average of 8.37. The depression score ranged from 0 to 16 with an average of 7.47. Anxiety and depressive symptoms were present in 26.7% of students. The PSQI score was significantly correlated with anxiety ($p < 0.01$) and depression scores ($P = 0.019$).

Conclusion Anxiety and depressive symptoms are common among students during exam periods. They are associated with poor quality sleep. The establishment of a helpline for students during exam time, with psychologists and psychiatrists, would help them better manage this difficult period.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW587

Validation of the insomnia assessment scale – adapted in a community sample of portuguese pregnant women

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Introduction Pregnancy is characterized by important changes in sleep and some of them (as insomnia) predict negative outcomes, like depression, through all the perinatal period. There are few Portuguese adapted and validated instruments assessing insomnia in pregnancy.

Objective To validate the Insomnia Assessment Scale in a sample of Portuguese pregnant women.

Methods 419 pregnant women (mean age: 32.51 ± 4.759; weeks of gestation: 17.32 ± 4.803) answered the Insomnia Assessment Scale (IAS), constructed according to the DSM-V and the ICSD-3 criteria and presenting fourteen items: three evaluating insomnia symptoms (1 to 3); one assessing if sleep difficulties were present although there were adequate conditions to sleep (item 4); one assessing if sleep difficulties occurred three times/week (item 5); one evaluating if sleep was not restorative (item 6); three assessing daily impairment associated to insomnia symptoms (7 to 9); two assessing the use of prescribed and/or homemade medication (10 and 11); three excluding that sleep difficulties were not due to another sleep disorder, substance use, a physical condition or a mental disorder) (12 to 14).

Results The IAS Kuder-Richardson alpha was very good ($\alpha=0.85$) and none of the items increased the alpha if removed. A principal component analysis revealed a three factors solution, explaining a variance/EV of 63,74%: F1/Insomnia symptoms (items 1 to 6) (EV 36.02%; $\alpha=0.81$); F2/Daily impairment associated to insom-

nia symptoms (items 7 to 9) (EV 18.67%; $\alpha=0.79$); F3/Differential diagnosis (items 12 to 14) (EV 8.38%; $\alpha=0.81$).

Conclusions The IAS adapted for Portuguese pregnant women presented good reliability and validity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Mindfulness and insomnia at pregnancy

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Introduction The impact of mindfulness in improving insomnia symptoms is documented in different samples (e.g. anxiety disorders; insomnia samples) and mindfulness based programs for pregnancy refer the association between mindfulness development and the reduction of insomnia symptoms/improvement of sleep.

Objective To explore differences in the Facets Mindfulness Questionnaire-10 (FMQ-10; Azevedo et at. 2015), between sleep groups, in Portuguese pregnant women.

Methods Four hundred and nineteen pregnant women (mean age: 32.51 ± 4.759; weeks of gestation: 17.32 ± 4.803) answered the Facets Mindfulness Questionnaire-10 and the Insomnia Assessment Scale (IAS, Marques et al., 2015). Three sleep groups were created considering all the IAS items: good sleepers (no insomnia symptoms; no associated daily impairment); insomnia symptoms groups (one/more insomnia symptoms; no associated daily impairment; exclusion of other conditions/disorders explaining the symptoms); insomniacs (one/more insomnia symptoms; one/more daily associated impairment; exclusion of other conditions/disorders explaining the symptoms).

Results There were significant differences in the total FMQ-10 score, the F1/Nonjudging of inner experience and the F2/acting with awareness, between sleep groups [respectively, $F (2.402) = 6,933$; $P = 0.001$; $F (2.406) = 10.243$; $P = 0.001$; $F (2.406) = 37.431$; $P = 0.002$]. Tukey tests indicated that the mean total FMQ-10 and F1/Nonjudging of inner experience scores of good sleepers and insomnia symptoms group were significantly higher than of the insomniacs. The mean value of F2/acting with awareness in the good sleepers was significantly higher than of the insomniacs.

Conclusions It seems important to develop mindfulness to improve sleep in pregnancy or reduce the impact of insomnia symptoms (common at pregnancy).

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Perceived causes for changes in sleep pattern in postpartum women

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Aim To investigate the causes that postpartum women most mention for changes in sleep pattern and its associations with obstetric and sleep variables and depressive symptoms.