

P53. Sleep disorders

P53.01

Sleep quality in schizophrenic patients taking antipsychotics

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Antipsychotic drugs affect sleep regulation during treatment and following withdrawal. Available data are reviewed.

Typical antipsychotics improve sleep efficiency and increase REM latency without changing the duration of sleep stages. Atypical antipsychotics exert varying effects on sleep due to differences in central receptor interactions. Open treatment with olanzapine reduced stage 1 sleep, and increased stage 2 sleep, delta sleep and REM density. Clozapine increased stage 2 sleep, reduced stage 1 sleep and lengthened REM latency. Improved sleep maintenance and an association between positive clinical results and prolonged stage 2 sleep were reported. Risperidone significantly improved subjective and objective sleep quality in young and elderly schizophrenics. Additionally, schizophrenics treated with risperidone appear to have significantly better night-time sleep quality and daytime functioning.

Conclusion: Atypical antipsychotics have shown superior efficacy on sleep profile compared to conventional neuroleptics. Atypicals demonstrate beneficial effects on multiple aspects of sleep patterns, with most data being available for risperidone. The clinical utility of antipsychotics with favourable effects on sleep may extend to sleep-related problems in other patient groups, such as night-wandering in elderly patients with dementia.

P53.02

Sleep deprivation effects on subjective sleep complaints

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Objectives: Already knowing the existence of an association between acute sleep deprivation and subjective sleep complaints we tried to clarify this issue.

Methods: Twelve healthy volunteers were selected taking into account predefined exclusion criteria. A crossover design was utilised in which each healthy subject provided data related to the wake period after being exposed to two different experimental conditions: a "normal" sleep period (23:00 to 07:00) and a deprived sleep period (03:00 to 07:00). To avoid a carryover effect between the first evaluation and the second one an interval of seven days was imposed. The following subjective evaluations were applied: Epworth Sleepiness Scale (ESS), Oswald and Norris visual analogue scales. The Wilcoxon test was employed to compare data.

Results: Sleep quality (Oswald scale) was worse after a deprived sleep period ($Z=-1.97$; $p=0.048$). Two Norris Scales discriminated the two conditions, favouring the non-deprived sleep period (Norris 12; $Z=-2.60$; $p=0.009$) – (Norris 17; $Z=-1.98$; $p=0.048$). Daytime sleepiness was significantly higher after a deprived sleep period (ESS total score; $Z=-2.25$; $p=0.024$).

Conclusions: Accordingly with our findings it seems to be untrue that sleep deprived healthy subjects could ever be "activated" with acute sleep deprivation.

P53.03

Circannual variation of sleep disturbances and psychiatric symptoms

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Objective: To study the circannual variation of sleep disturbances as a function of psychiatric symptom burden

Method: The circannual variation in self-reported sleep from a general health survey of all inhabitants in a Norwegian county (70 000 people, HUNT II) were analysed with respect to burden of depressive and anxious symptoms, as well as family history of psychiatric disturbances.

Results: Circannual variation was evident in all sleep related variables, but most pronounced for time spent in bed. Individuals with high levels of anxiety or depression had higher levels of sleep disturbances, and an accentuated circannual variation. Asymptomatic individuals with a family history of psychiatric disorder had higher levels of sleep disturbance than the general population, but the circannual variation of the disturbances did not differ from the general population.

Conclusions: There was a circannual variation in all sleep variables. Individuals with high levels of anxiety and depression had a more pronounced circannual variation. This was not observed in asymptomatic individuals with a family history of psychiatric disorders.

P53.04

Sleep complaints predict coronary artery disease mortality in males: a twelve-year follow-up study of a middle-aged Swedish population

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This study was conducted to determine whether sleep complaints in a middle-aged population predicted total mortality and CAD mortality. In 1983, a random sample of 1,870 subjects aged 45–65 years in The County of Dalarna in Sweden responded to a postal questionnaire (response rate 70.2%) including questions about sleep complaints and various diseases. Mortality data for the period 1983–1995 were collected, and Cox proportional hazard analyses were used to examine the mortality risks.

At twelve-year follow-up 165 males (18.2%) and 101 females (10.5%) had died. After adjustment for a wide range of important putative risk factors, difficulties initiating sleep (DIS) were related to CAD death in males (relative risk [RR], 3.1; 95% confidence interval [CI], 1.5–6.3; $p<0.01$), but not in females. Short or long sleep duration did not influence risk of CAD mortality or total mortality for either gender. Depression in males increased the risk of death attributed to CAD (RR, 3.0; 95% CI, 1.1–8.4; $p<0.05$) and total mortality (RR, 2.2; 95% CI, 1.1–4.5; $p<0.05$). These results provide evidence that there is an association between difficulties falling asleep and CAD mortality in males.

P53.05

Features and correlates of insomnia in medical in-patients

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Introduction: Insomnia, is particularly common among medical in-patients, relating to several interacting factors, not least the pathological process of the illness and medication. In these patients,