

Methods We combine 2010–2012 electronic health record (EHR) data from healthcare system in Boston ($n = 131,966$ person-years) and Madrid, Spain ($n = 43,309$ person-years). Patients with sleep disturbances (SD) were identified in the EHR through ICD-9 codes and medical records and substance use disorders (SUD) identified by documented treatment for drug or alcohol abuse or dependence. Rates of SUD are compared between individuals with and without SD. Among those with both, adequacy of mental health treatment (defined as eight or more outpatient visits or four or more outpatient visits with a psychotropic prescription) and ER use is compared.

Results Among the individuals, 21.1% with SD also report SUD, compared to only 10.6% of individuals without SD ($P < .01$). Those with comorbidities were more likely than their specialty care counterparts without comorbidities to be seen in the ER (57.1% vs. 36.6%, respectively, $P < .05$). Limiting the sample to only those with both SD and SUD in specialty mental health care ($n = 268$ in Boston and $n = 28$ in Madrid), 49.2% of Boston patients received adequate care compared to 38.5% of Madrid patients, and 57.8% of Boston patients had any ER use in the last year vs. 50% of Madrid patients.

Conclusions SD is correlated with SUD and comorbid patients are more likely to use emergency services.

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

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Sensory hypersensitivity predicts reduced sleeping quality in patients with major affective disorders

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Introduction Major affective disorders ranging from subthreshold affective temperaments to severe affective diseases and anxiety, are frequently associated with sleep–wake dysregulation. Interestingly, recent studies suggested an active role of Sensory Processing Disorders (SPD) in the emergence of sleep disturbances.

Objectives The objective of this study was to investigate the relationship between SPD and sleep quality in subjects with major affective disorders and specific affective temperaments.

Aims This study aimed to examine the sensory profile (expressed in hypersensitivity or hyposensitivity) of patients with major affective disorders and its relative contribution to the prediction of sleep quality while also considering affective temperaments and depression, known as factors that may impact sleep quality.

Methods We recruited 176 participants (mean age = 47.3) of which 56.8% have unipolar depression and 43.2% bipolar disorder. Reduced sleep quality was evaluated using the Pittsburgh Sleep Quality Index (PSQI) whereas affective temperaments were assessed using the Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS).

Results Sensory hypersensitivity, assessed using Adolescent/Adult Sensory Profile (AASP), significantly distinguished between poor and good sleepers. Sleep quality was mainly predicted by the Beck Depression Inventory-II total score and anxious temperament. Yet, sensory hypersensitivity contributed to this prediction mainly in regard to sleep efficiency and related daytime dysfunctions.

Conclusions The careful assessment of the unique sensory profile and its behavioral/functional influence on patients' quality of life may help clinicians and health providers in developing targeted treatment interventions.

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

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Association between circadian rhythm, sleep disturbances and temperament in major depression, bipolar disorder and schizophrenia

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Introduction Circadian rhythms and quality of sleep have been associated with temperament characteristics in healthy populations. Since temperaments are personality traits concerning the behavioral, motivational and emotional responses, adaptive capacity for sleep and circadian rhythm may also be related with temperament traits.

Aims To identify the determinants of sleep quality (SQ) and biological rhythm (BR) in bipolar disorder, schizophrenia and depression among temperament measures.

Methods Patients with bipolar disorder (BD, $n = 49$), major depression (MD, $n = 35$), schizophrenia (SZ, $n = 30$) and a healthy control group (HC, $n = 36$) were enrolled. Pittsburgh Sleep Quality Index (PSQI), Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN) and the Temperament and Character Inventory (TCI) were the measures. One-way ANOVA, Spearman Correlation Test and Linear Regression analyses were the other comparisons.

Results Determinants of sleep quality were self-directedness in MD [$F(1,26) = 6.10$, $P = 0.020$] and BD [$F(1,31) = 10.88$, $P = 0.002$] groups. Self-transcendence ($P = 0.004$), self-directedness ($P = 0.038$) and persistence ($P = 0.05$) were the determinants of sleep quality in schizophrenia group [$F(3,21) = 9.71$, $P < 0.001$]. Harm-avoidance was the determinant of sleep quality in the HC group [$F(1,28) = 7.97$, $P < 0.001$]. Determinants of biological rhythms were harm-avoidance in the BD group [$F(1,32) = 9.65$, $P = 0.004$] and self-directedness in the SZ group [$F(1,23) = 11.09$, $P = 0.003$] and harm-avoidance ($P < 0.001$) and self-transcendence ($P = 0.039$) in the HC group [$F(2,27) = 15.81$, $P < 0.001$].

Conclusions Self-Directedness was associated with circadian rhythm and sleep quality in MD, BD and SZ groups. Extreme temperament features may contribute to emotional and behavioral dysfunction, which may lead to abnormal sleep patterns in psychiatric disorders.

Keywords Sleep; Circadian rhythm; Temperament; Bipolar disorder; Schizophrenia; Depression

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