

EV1367

Sleep environment of preschool children effects on children's sleep disorder and parents' mental health

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Introduction In Korean culture, co-sleeping of parents and children are quite common, which is different from the Western culture where solitary sleeping of children is preferred. In this study, we evaluate the sleep environment factors that effect on children sleep disorder, and parent's parenting stress and mental health.

Methods Surveys were conducted to 115 participating parents of preschool children sleeping behaviour lecture. Seventy-one completed surveys were analyzed for the study. The mean age of target children was 53 ± 23 months. Parents' mental health was evaluated by using several forms such as Insomnia Severity Index, Korean-Parenting Stress Index short form, and The Patient Health Questionnaire-9. Children's sleeping environment and quality were assessed by Child Sleep Habit Questionnaire and Sleep environment survey.

Results Pearson correlation analysis ($P < 0.05$) was conducted to evaluate the relationship between the sleep disorder of children, and the parent's parenting stress and mental health. Analyzing the data through the partial least square path modeling, co-sharing would have negative effect; bed-sharing could have negative effect on the depressing emotion of parents ($P = 0.065$). Solitary sleeping of children could have positive effect on parent's mental health ($P < 0.01$).

Conclusion Preschool children's sleeping disorder occurs more often in co-sleeping children with parents than solitary sleeping children. Parents' parenting stress is related to the parent's age and depression, further related to the children sleeping disorder and their sleep environment. Although, it is difficult to generalize the exact cause, evaluation and improvement of children's sleep environment would help to reduce the parent's parenting stress.

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EV1368

Trazodone a good start key for normal sleep in two cases of somnambulism

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Introduction In our current practice, we do not see many cases of somnambulism in adults. We do not have much information about their treatment and outcome. In difficult cases, some clinicians try to use benzodiazepines, which decrease slow-wave sleep. More recent reports suggest the use of zolpidem.

Objectives Sleepwalking disorder consists of a sequence of complex behaviours that are initiated in the first third of the night during deep NREM (stage III and IV) sleep. The architecture of normal sleep is impaired. In important cases - with dangerous behaviour - we need treatment.

Aims Trazodone is an antidepressant with sedative effect due to H₁ and α_1 receptors blockade. Trazodone can rewrite the bad sleep architecture of depressive patients with insomnia and improve

sleep in such cases. For these reasons, we try to use trazodone in somnambulism.

Method We had two case studies (males, 24 and 22 old), diagnosed with NREM arousal disorder, sleepwalking type, according to DSM-5. Both patients were treated with trazodone 50 mg/day, up-titrated with 50 mg/day every three days. The target used dose was 150 mg/day because this is the most sedative.

Results Somnambulism disappeared in both cases after the first dose of trazodone. We treated three month both patients and then down-titrated and stopped the treatment. After one year from stopping the treatment, the patients had not new episodes of somnambulism.

Conclusions Trazodone has the power to rewrite, in those cases, the sleep architecture of somnambulism. This action is due to blockade the brain's arousal histamine and adrenaline systems.

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Sleep duration and suicidal behavior: A systematic review

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Introduction Suicide is a serious public health problem, being the second leading cause of death among 15–29-year-olds. Many risk factors have been associated with suicidal behavior, such as psychiatric disorders, family history of suicide, loss of a close friend/relative, physical/sexual abuse, lack of support network, or sleep disturbances where nightmares and insomnia have been consistently reported to increase the risk of suicidal behaviors.

Objective To conduct a systematic review to examine the association between short sleep duration and suicidal behaviour (suicide ideation/attempt/suicide).

Methods This is a systematic review of published research articles in the electronic database PubMed in the last 10 years. The query "sleep" or "sleep disorders" and "suicide" was used. Studies that assessed the relation between sleep duration and suicidal behaviour, with a well-defined index for sleep disorders and with an outcome measure of suicidal behavior were included.

Results Of the 522 references founded, 33 articles met the inclusion criteria (1 review, 1 qualitative and 31 quantitative studies). An association between short sleep duration and suicidal behaviour was found in most of the studies with children/adolescents and adult samples. However, this relation was not verified in the research into the elderly.

Conclusion The results point to a significant association between short sleep time and the presence of suicidal behaviours, for both adults and children/adolescents. The effect of short sleep duration seems to be more consistent with suicidal ideation, but not for attempts, needing further studies to highlight the importance of this link between sleep duration and suicide.

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