

Sleep disorders & stress

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The relationship between sleep disorders and psychotic-like symptoms in the general population

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Introduction: Abnormalities of sleep patterns are common in people with psychiatric disorders and often represent a source of distress, worsening the outcome. However, little is known about the relationship between psychotic-like symptoms and sleep disorders in the general population.

Objectives: 1. Whether there is a relationship between sleep disorders and psychotic-like experiences in a sample of individuals belonging to the general population. 2. Which sleep disorders are more commonly associated with psychotic-like experiences.

Methods: A web survey was spread through social networks. We administered the SLEEP-50 to investigate the presence of sleep disorders and the Community Assessment of Psychic Experience (CAPE) for psychotic-like symptoms. Moreover, socio-demographic characteristics of participants were collected.

Results: The web-survey was completed by 824 participants. Six people refused to give consent and 95 were excluded because they declared to suffer from psychiatric disorder or other medical conditions potentially influencing on sleep. Therefore, 729 subjects were included in the analysis. Pearson correlation coefficients showed strong correlations between the scale regarding SLEEP-50 "All sleep disorders" scale and CAPE Total and Depressive scales ($r = 0.52$, $p < 0.001$). A moderate correlation was found between "All sleep disorders" and CAPE Negative ($r = 0.49$) and Positive ($r = 0.32$) scales. Correlations with specific SLEEP-50 subscales were also found.

Conclusions: There seems to be a strong relationship between psychotic-like symptoms and sleep problems in the general population. Our findings might indicate that some sleep abnormalities may represent earlier symptoms of a psychiatric condition and need to be always monitored even in the non-psychiatric population.

Disclosure: No significant relationships.

Keywords: psychotic-like symptoms; sleep disorders; General population; Insomnia

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Reduced sleep time is associated with increases in frontal sleep-like activity and emotion regulation failures

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Introduction: Emotion self-regulation relies both on cognitive and behavioral strategies implemented to modulate the subjective experience and/or the behavioral expression of a given emotion.

Objectives: While it is known that a network encompassing fronto-cingulate and parietal brain areas is engaged during successful emotion regulation, the functional mechanisms underlying failures in emotion suppression are still unclear.

Methods: We analyzed facial-view video and high-density EEG recordings of nineteen healthy adult subjects (26 ± 3 yrs, 10F) during an emotion suppression (ES) and a free expression (FE) task performed on two consecutive days. An actigraph was worn for 7-days and used to determine sleep-time before each experiment. Changes in facial expression were identified and manually marked on the video recordings. Continuous hd-EEG recordings were pre-processed using standard approaches to reduce artifactual activity and source-modeled using sLORETA.

Results: Changes in facial expression during ES, but not FE, were preceded by local increases in sleep-like activity (1-4Hz) in brain areas responsible for emotional suppression, including bilateral anterior insula and anterior cingulate cortex, and in right middle/inferior frontal gyrus ($p < 0.05$, corrected; Figures 1 and 2). Moreover, shorter sleep duration the night prior to the ES experiment correlated with the number of behavioral errors ($p = 0.01$; Figure 3) and tended to be associated with higher frontal sleep-like activity during emotion suppression failures ($p = 0.05$).

Conclusions: These results indicate that local sleep-like activity may represent the cause of emotion suppression failures in humans, and may offer a functional explanation for previous observations linking lack of sleep, changes in frontal activity and emotional dysregulation.

Disclosure: No significant relationships.

Keywords: EEG; emotion regulation; behavior; sleep

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Does insomnia increase the risk of suicide in patients with major depressive disorders? national inpatient sample analysis

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Introduction: Insomnia is strongly associated with Major depressive disorders (MDD). There is strong evidence that it is one of the risk factor for suicide. Studies have shown the relationship of suicidal behavior in MDD patients with insomnia. However, it has not been evaluated in a large inpatient sample.

Objectives: To evaluate suicidality in MDD patients with insomnia compared to those without insomnia.

Methods: From the National Inpatient Sample (NIS 2006–2015) database using ICD-9 code, we obtained patients with the primary diagnosis of MDD and comorbid diagnosis of insomnia disorders (MDD+S). We compared it with MDD patients without insomnia disorders (MDD-S) by performing a 1:2 match for primary diagnosis code in the unweighted dataset. Suicidal ideation/attempt data were compared between the groups by multivariate logistic regression analysis.

Results: After the diagnostic code matching, 139061 patients were included in the MDD+S group and 276496 patients in the MDD-S group. MDD+S patients were older (47 years vs 45 years, $p < 0.001$) compared to the MDD-S group. Prevalence of Suicidal ideation/attempt was 56.0% in the MDD+S group and 42.0% in the MDD-S group ($p < 0.001$). After adjusting for age, sex, and race, MDD+S was associated with 1.8 times higher odds of suicidal behavior compared to the MDD-S group. (Odds ratio: 1.79, 95% confidence interval 1.68–1.91, $p < 0.001$).

Conclusions: Insomnia in MDD patients is significantly associated with the risk of suicide. It is important to be watchful for insomnia in MDD patients.

Disclosure: No significant relationships.

Keywords: Insomnia; Depression; Suicide; mood disorders

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Sleep in adults with autism spectrum disorder and adhd: A meta-analysis

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Introduction: Sleep-related problems have been frequently reported in neurodevelopmental disorders, with special emphasis in Autism Spectrum Disorder (ASD) and Attention Deficit/Hyperactivity Disorder (ADHD).

Objectives: To perform a meta-analysis (PROSPERO's CRD42019132916) on sleep disturbances in adults with ASD and/or ADHD.

Methods: A total of 1126 studies and 66 references were identified by electronic and manual searches, respectively. Of these, 42 studies were included in the meta-analysis.

Results: showed that both disorders share a similar sleep-impaired profile with higher sleep onset latency, poorer sleep efficiency, greater number of awakenings during sleep, and a general lower self-perceived sleep quality compared with healthy controls. A higher proportion of N1 sleep was found in ASD participants, while a greater Periodic Limb Movements in Sleep is specific in ADHD adults.

Conclusions: Sleep is impaired by several sleep problems and disorders in both ASD and ADHD adults. More research is needed to develop more awareness in mental healthcare, and better treatment of this impairing comorbidity in ASD and ADHD

Disclosure: No significant relationships.

Keywords: meta-analysis; ADHD; autism; sleep

Addictive disorders

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Opium tincture for opioid substitution treatment

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Introduction: Opium tincture (OT) is widely used for opioid substitution treatment (OST) in Iran.

Objectives: To determine if OT is a safe and effective medication for OST.

Methods: Opium Trial was a multicenter, double-blind, noninferiority randomized controlled trial, with 204 participants with opioid dependence in Iran. Participants were then randomized to OT or methadone arms with an allocation ratio of 1:1 and were followed for 12 weeks. The primary outcome was retention in treatment, compared between the two groups using both intention-To-Treat (ITT) and Per-Protocol (PP) analyses.

Results: A total of 70 participants (IT: 68.6%, PP: 69.3%) in methadone arm and 61 participants (ITT: 59.8%, PP: 60.4%) in OT arm remained in the treatment. The relative retention rate was 1.15 (0.97, 1.36) in both analyses in favour of methadone. A total of 46 out of 152 (30.3%) participants in OT arm and 83 out of 168 (49.4%) participants in methadone arm reported opioid use outside the treatment. The difference in these two proportions (OT - methadone) was 19%: (10%, 28%) in favour of OT. The proportion of patients with adverse events were not different between the two arms ($P = 0.06$). There was no serious AE in OT arm.

Conclusions: Opium tincture is a clinically effective and safe medication, but this study could not conclude if it was as equally effective as methadone in retaining participants in treatment, but it showed that OT was superior to methadone in reducing opioid use outside the treatment.

Disclosure: No significant relationships.

Keywords: Iran; Opium tincture; Opioid substitution treatment; Randomized clinical trial