

These alterations appear to differ based on severity of injury and time since injury.

Disclosure: No significant relationships.

Keywords: Polysomnography; sleep disturbances; sleep; traumatic brain injury

EPV1480

Cannabidiol (CBD) and Insomnia : Literature review

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Introduction: Cannabidiol (CBD) is one of 113 cannabinoids identified in cannabis plants. Considered as a psycho-inactive component, recently, the Court of Justice of the European Union published a ruling in which it establishes that cannabidiol extracted from the cannabis plant should not be considered a drug under the United Nations Single Convention on Narcotic Drugs of 1961. Due to increased publicity on social media of the supposed benefits of this product, in addition to the lack of clear regulations, it is becoming a widely used treatment for sleep disorders.

Objectives: To analyse literature for the effect of CBD in sleep disturbances, emphasizing advantages and disadvantages of its use.

Methods: We carried out a literature review in Pubmed choosing those articles focused on effect of CBD in sleep disturbances.

Results: The review of the effect of CBD on sleep cycle suggest that medium to high doses increased REM sleep latency, and medium-low doses decreased REM sleep latency. No evidence of withdrawal syndrome was found with abrupt discontinuation of short-term treatment with CBD.

Conclusions: Most of the literature revised shows that the data was taken by self-questionnaires to CBD users. Studies suggest that a short use of medium to high doses of CBD may improve insomnia, however, combined use with THC may result in a decrease in slow wave sleep. Longitudinal research should be done in order to understand the clinical impact of CBD on sleep.

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Keywords: Treatment; CBD; Insomnia; sleep

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Sleep characteristics in patients with substance use disorder after detoxification treatment: self-report and actigraphy data

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Introduction: Sleep problems are common in patients with substance use disorders (SUD) and have been related to poor treatment outcomes. Little is known about the sleep characteristics in patients with opioid and alcohol use disorders after detoxification program.

Objectives: To compare sleep quantitative and qualitative characteristics between patients with opioid and alcohol use disorders.

Methods: This is a secondary data analysis of the longitudinal data from the observational study in St. Petersburg, Russia. The sample included 75 patients (22.7% female) who received detoxification treatment for alcohol (n=49) or opioid (n=26) withdrawal. Participants completed the Pittsburgh Sleep Quality Index (PSQI) and underwent daily wrist actigraphy.

Results: Good internal consistency was demonstrated for self-report and actigraphy data ($r=-0.405$, $p<0.01$). Sleep duration and sleep onset latency were not different between alcohol and opioid groups (5.7 vs. 6.1 hours; 74 vs. 65 minutes, respectively) based on self-report data. The majority of the patients (57-100%) had sleep complaints and low quality of sleep after detoxification completion (at baseline). In both groups, the mean PSQI score had a tendency to decrease, representing better sleep quality, over the 1-week following detoxification program completion (from 12 at baseline to 10 at 1-week in alcohol group; from 13 to 12 in opioid group, $p<0.001$).

Conclusions: The findings show that sleep characteristics are similar in patients with different SUD and insomnia symptoms are prevalent after detoxification, suggesting the rationale for sleep assessment before hospital discharge. Despite the positive changes in sleep quality over 1-week abstinence, patients might benefit from the therapeutic sleep interventions.

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Keywords: substance use disorder; Russia; sleep; actigraphy

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Improving sleep in a population at high risk of trauma: A pilot study examining self-reported sleep, psychological symptomology and actigraphy measured night-time sleep

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Introduction: Sleep disturbances (SDs), such as insomnia or regular nightmares, are associated with multiple mental health disorders, most notably PTSD, where SDs are reported in up to 92% of cases. Examining the effect of changing sleep on psychological symptomology is essential to develop the evidence base on the contribution of sleep to mental resilience.

Objectives: To examine the effect a short skills-based sleep intervention on psychological symptomology and actigraphy measured sleep.

Methods: A 4-session sleep skills training programme was used to treat active SDs in participants likely to have experienced occupation-associated trauma, namely military and first responders.