

P53. Sleep disorders

P53.01

Sleep quality in schizophrenic patients taking antipsychotics

A. Schreiner*. *Janssen-Cilag GmbH, Germany*

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

F. Cavaglia*, D. Pires-Barreira, L. Paula, A. Matos-Pires, F. Ariaga. *FML, ISCS-Sul, Lisbon, Portugal*

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

D. Neckelmann¹*, A. Mykletun³, A.A. Dahl. ¹*Haukeland University Hospital*; ²*University of Bergen*; ⁴*University of Oslo, Norway*

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

L. Mallon*, J. Hetta, J.-E. Broman. *Department of Neuroscience – Psychiatry, Uppsala University Hospital, Sweden*

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

M. Spiliotis*, M. Liarou, T. Tsouti, E. Ibanda, N. Polonifis, J. Kogergos. *Psychiatric Department, Konstantopoulou General Hospital "Aghia Olga", Athens, Greece*

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,

insomnia can be a major symptom, that calls for medical attention and treatment in it's own right.

Patients and Methods: One hundred forty one medical in-patients with insomnia as a predominant or major symptom, were studied over a 12 month period as to their basic patient and illness characteristics. They were 52 men and 89 women (age range 27–90yrs, median 69yrs). The aim was to confirm the presence of insomnia and determine it's character, severity and relationship to the medical illness or possibly co-existing psychiatric disorder.

Results: The patients' most frequent medical conditions included chronic pulmonary and cardiac disorders and diverse musculo-skeletal or degenerative neurological diseases. The majority of the patients were anxious and depressed (81%) though only a small proportion (6%) had a formal history of depression. Other diagnoses included organic confusion with or without underlying dementia, alcohol dependence and brief psychotic reactions.

Treatment and progress: In most patients, insomnia showed a good and fast response to treatment of the underlying physical symptoms, in the context of the overall medical management. Only in 16 cases (14%) was it necessary to use a benzodiazepine hypnotic, again, as a short-term adjunctive measure.

Conclusion: Insomnia as a major symptom in medical in-patients, is closely linked to the medical illness, and responds best to treatment of the physical and/or possibly co-existing psychiatric symptoms.

P54. Substance related disorders – alcohol induced

P54.01

Alcohol dependence in the elderly – characteristics and consequences

H. Shahpesandy¹*, I. Doci². ¹Department of Psychiatry of General Hospital Liptovsky Mikulas; ²Department of Psychiatry of the University Hospital Kosice, Slovak Republic

Objectives: Demographic data predicts the increase of the absolute number of elderly people with alcohol problems. The aim of study was to find out the time when the patients had begun to drink alcohol, their family status, level of education, and complications of alcoholism.

Methodes: 32 patients (10 female, 20 male) with average age of 66,8 years. Patients have met the ICD-10 criterias for Alcohol Dependence, Alcohol Dependance Scale and Munchner Alcoholismtest.

Results: 50 % of male patients live without any partner, but 90 % of female patients were divorced or widowed. 81,2 % of patients had elementary education, 15,6 % finished secondary school, 3,12 had university education. 84,4 % have begun drinking in early adulthood. About 60 % of patients had some psychiatric disorders and more than 80 % somatic diseases.

Conclusions: Old male patients with alcohol dependence usually give a history of drinking that began in the early adulthood, but the majority (90%) of female patients have begun drinking in the middle age or in the elderly. They usually are medically ill and had some psychiatric disorders.

P54.02

Hepa-Merz in treatment of alcohol and drug-induced encephalopathy

I. Vlokh*, L. Zhivotovska, S. Mikhnyak, N. Petryna. *Lviv Medical University, Department of Psychiatry, Psychology & Sexology, Ukraine*

Hepa-Merz (L-ornitine-L-aspartate) is a very effective drug from the group of hepatoprotectors. We have used it in complex treatment of alcohol and drug-dependent patients with hepatic encephalopathy in withdrawal and in periods of remission (I. Vlokh et al. "Alcoholic depressions and suicide", *J. European Psychiatry*. Vol.11, p.332,1996). We prescribed Hepa-Merz together with psychotropics, metabolic drugs, as well as vascular and anticonvulsants. Treatment lasted for 5–8 weeks in doses of 15–30mg/day (I.Vlokh et al. "Information letter on Hepa-Merz administration in complex treatment of alcohol and drug dependence", #34–2001).

To study the influence of Hepa-Merz on main symptoms of withdrawal syndrome we observed and treated 34 male patients, aged 21–55, with diagnosis of alcohol (20) and drug dependence (14). It was detected, that Hepa-Merz weakens symptoms of alcohol and narcotic abstinence, stimulates the function of liver, decreases symptoms of hepatic encephalopathy, improves intellectual and mnesic sphere, at the same time reducing the asthenic symptoms, benefiting in rehabilitation of the patients.

P54.03

Tiapride and carbamazepine in the treatment of alcohol withdrawal

M. Franz¹*, H. Dlabal², J. Ulferts¹, H. Gruppe¹, B. Gallhofer¹. ¹Justus-Liebig University, Centre for Psychiatry, Giessen; ²Psychiatric Hospital, Centre for Social Psychiatry Marburg-Süd, Germany

Chlomehiazolc (CLO) still represents a therapeutic standard in the treatment of alcohol withdrawal and delirant syndromes in Germany. CLO, as well as benzodiazepines, have disadvantages such as addictive potential, marked sedation and respiratory depression. Neuroleptics or clonidine are associated with seizures and cardiovascular complications. Both carbamazepine (CBZ) and tiapride (TIA) as single agents have shown to be active in the treatment of withdrawal syndromes with less toxicity – however, with poorer efficacy than CLO. This paper compares the combination of CBZ with TIA to CLO in two explorative studies.

Outcome parameters were cardiac rate, blood pressure, complications, a withdrawal rating scale (CIWA?Ar) and the CGI. A retrospective evaluation of medical records (30 CLO, 30 CBZ/TIA, matched groups) was followed by an open prospective study (40 CLO vs. 40 TIACBZ, matched groups).

Both studies revealed equal efficacy in terms of psychopathologic and vegetative symptoms. Therefore, the combination of TIA with CBZ could provide a superior risk/benefit relation.

P54.04

Cognitive evoked potentials P300 in patients with alcohol dependence F10.1

Z. Sundric*. *Military Medical Academy, Belgrade, Yugoslavia*

Introductions: Dysfunctions of cognitive functions is one of the consequences in patients with alcohol dependence. The purpose of this study was to determine the evaluations of the parameters of auditive evoked potentials P300(KEP) in patients with alcohol dependence (according to the definitions). The research has been