

comparable to patients with psychiatric disorders and insomnia in terms of days of work lost and use of health care resources.

P0202

Protective effect of Zolpidem against sleep deprivation-induced certain behavioral alterations and oxidative damage: Possible gabaergic mechanism

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Problem of sleep deprivation or inadequate sleep is seen more frequently now-days. Sleep loss or inadequate quality sleep is considered as health risk factor that contributes to the genesis of several disease processes. Sleep deprivation has recently been proposed to cause oxidative damage. In the present study, we investigated the possible involvement of GABAergic modulation in the protective effect of zolpidem against sleep deprivation-induced behavior alterations and oxidative damage in mice. 72-hr sleep deprivation caused anxiety like behavior, weight loss, impaired ambulatory activity and oxidative damage as indicated by increased lipid peroxidation, nitrite level and depletion of reduced glutathione and catalase activity as compared to naïve animals (placed on saw dust). Treatment with Zolpidem (5 mg/kg and 10 mg/kg, ip) significantly improved ambulatory activity, weight loss and antianxiety effect as compared to control (sleep deprived) $P < 0.05$. Biochemically, Zolpidem treatment significantly restored depleted reduced glutathione, catalase activity, attenuated lipid peroxidation and nitrite level as compared to control (72-hr sleep-deprived) ($P < 0.05$). A combination flumazenil (0.5 mg/kg) and picrotoxin (0.5 mg/kg) with lower dose of zolpidem (5 mg/kg) significantly antagonized the protective effect of zolpidem ($P < 0.05$). However, combination of muscimol (0.05 mg/kg) with zolpidem (5 mg/kg, ip) potentiated protective effect of zolpidem which was significant as compared to their effect per se ($P < 0.05$). Present study suggests that zolpidem might produce its protective effect by involving GABAergic system against sleep deprivation-induced behavior alterations and related oxidative damage.

P0203

Comorbidity between ADHD and sleep disorders in school children

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Objectives: Parents consulting the Psychology Department of the General Children's Hospital of Penteli about their children's concentrating difficulties often complain that they also present sleep problems, such as nightmares, somnambulism, difficulties to fall asleep etc. The aim of the present study is to examine the co-morbidity between ADHD and sleep disorders, as long as previous studies at our Department

Methods: The sample consisted of 173 children, who consulted the Department about the above problems, aged 6 to 14 (68.2% boys, 31.8% girls). Children were categorized into two groups: a) children diagnosed with ADHD b) children not diagnosed with ADHD. Parents were invited to completed the ADHD-IV scale, as well as the Aschenbach CBCL test. Children were submitted to BECK's Youth Inventory. In order to compare the two groups we used the t test.

Results: Considering parents and children's reports, it was found that co-morbidity between ADHD and sleeping difficulties does exist to a significant level. More precisely, children with hyperactivity, compulsiveness and concentrating difficulties also seemed to experience low quality of sleep. Co-morbidity between ADHD and sleep

disorders was not found to be affected by sex, whereas age seemed to be an important factor.

Conclusions: A considerable percentage of children with ADHD was also found to present significant sleep disorders. It is also important to note that children presenting not the whole syndrome but some symptoms of ADHD, also tend to have sleep difficulties.

P0204

Evaluation of the HAM-D17 following eszopiclone treatment in patients with insomnia co-morbid with major depressive disorder or generalized anxiety disorder

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Introduction: Major Depressive Disorder (MDD) and generalized anxiety disorder (GAD) can coexist and patients may have insomnia marked by difficulty falling and/or staying asleep and potentially reduced quality of life (QoL). Eszopiclone has been shown to improve sleep in patients with insomnia comorbid with MDD or GAD. This analysis examined the effects of eszopiclone co-therapy on the HAM-D17 in these two patient populations.

Methods: Patients with insomnia comorbid with MDD and baseline HAM-D17 > 14 (excluding insomnia items; n=545) received morning fluoxetine and were randomized to nightly eszopiclone 3mg or placebo for 8 weeks. Patients with insomnia comorbid with GAD and screening MADRS ≤ 20 (n=593) received daily escitalopram oxalate and were randomized to nightly eszopiclone 3mg or placebo for 8 weeks. Clinician-administered HAM-D17 was evaluated at baseline and Weeks 4 and 8 in both studies.

Results: Baseline HAM-D17 median scores were 22 and 15 in the MDD and GAD populations, respectively. Change from baseline HAM-D17 scores were significantly improved ($p < 0.02$) with eszopiclone co-therapy at Weeks 4 (-10.0 ± 7.6) and 8 (-13.6 ± 7.7) relative to fluoxetine monotherapy (-8.4 ± 6.8 and -11.5 ± 7.1) in the MDD population. Similarly, change from baseline HAM-D17 scores in the GAD population were significantly improved ($p < 0.002$) with eszopiclone co-therapy at Weeks 4 and 8 (-5.8 ± 4.9 and -6.7 ± 5.4) relative to escitalopram monotherapy (-4.3 ± 5.1 and -5.4 ± 5.6).

Conclusion: Treatment of insomnia with eszopiclone was associated with significant improvements in HAM-D17 scores relative to fluoxetine or escitalopram monotherapy in patients with insomnia comorbid with MDD or GAD, even after removal of insomnia items from the scale.

P0205

The sleep habits in children with cerebral palsy

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Purpose: Cerebral palsy (CP), a long-term disease, may change parents' attitude towards ill child and may cause certain differences in everyday functioning between children with CP and healthy persons

to increase. The aim of the study was to estimate the quality of sleep habits in children with CP.

Materials and Methods: 93 boys and girls with CP aged 1-18 years participated in the study. A control group included 300 healthy children matched in age. The study was conducted using internally developed questionnaires of sleep disorders and sleep habits in the Department of Developmental Neurology of the Poznan University of Medical Sciences.

Results: The health status of a child with CP was most frequently estimated as fairly good. In our study, 53.7% children with CP slept with another person in the same bed, 78.5 % of children slept in one room with other family members. Almost 53,3% of children with CP needed over 20 minutes to fall asleep, while in the CG only 35.0%; it was statistically significant difference. Day naps occurred in 41.9% of CP children and 27.7% of healthy ones. The statistical analysis shows a significant correlation between CP and the sleep habits.

Conclusions: The quality of sleep habits in children with CP was significantly different than in the CG children. Additional research on larger group of patients with CP is needed to correlate the prevalence of sleep disorder symptoms with motor impairment, Gross Motor Function Classification System (GMFCS) level and epilepsy.

P0206

Sleep habits and sleep disorders in children with headache

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Purpose: The purpose of the study was to investigate the sleep habits and sleep disorders in children and adolescents with headache.

Methods: Three hundred children and adolescents with headache and 284 children without headache were investigated using a questionnaire developed by the authors.

Results: In Our study we observed difference is all the more important as some phenomena like bed co-sleeping (27.7%) and watching TV (20.3%) during falling asleep and sleep disorders awakenings from night sleep (43.7%), sleep talking (48.3%), snoring (27.3%), bruxizm (23.3%), nightmares (16.7%), sleep terror (9.0%) are observed statistically more frequently in children with headache.

Conclusions: Sleep habits described by parents in the children with headache are significantly different than those in healthy. Sleep disorders are very common in the group of children with headache. There is a need of additional research to find correlation between the different types, frequency of headache and sleep habits and disorders.

Poster Session III: Miscellaneous

P0207

Deliberate self harm in the emergency department: An audit on psychosocial assessments

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Background and Aims: The Emergency Department serves a population of over 300,000 people. This comprise a mix of different nationalities such as Irish, Other EAA citizens and non-EAA nationals.

Presentation to the Emergency Department after deliberate self harm is quite common. Although patient assessment do not reliably predict risk of future self harm (Hawthorn et al, 1995), they can identify treatable psychiatric disorders and other psychosocial problems.

Methods: All records of patients aged 16 years and over, presenting to the Emergency department with deliberate self harm between 1st January 2006 to 31st December 2006 were examined. The quality of assessments analysed using an audit protocol developed from the Royal College of Psychiatrist guidelines for assessment following self harm in adult (RCPsych Council report 2004).

Results: A total of 319 patients presented within this period of which 284 case notes were traceable. Alcohol consumption prior to deliberate self harm was documented in only 75% of cases.

Also majority of precipitating factors for deliberate self harm were social issues but patients' social circumstances were assessed in only 57% of cases.

Conclusion: At the end of the assessments, over 70% of patients were discharged home, some without proper details of social support network. Also alcohol consumption need be assessed in all patients presenting with deliberate self harm (Royal college of Physician guidelines).

In conclusion, the assessments within this period fall short of the Royal College of Psychiatrist guidelines.



P0208

Quality care: Fears and expectations of patients and relatives in admission process

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