

## EPV1028

**Sleep satisfaction, and its correlates with stress, health and happiness in university students: cultural and gender issues**E. L. Nikolaev<sup>2</sup>, S. S. Fakhraei<sup>1\*</sup> and T. Nikolaeva<sup>1</sup><sup>1</sup>Medical Faculty and <sup>2</sup>Department of Social and Clinical Psychology, Ulianov Chuvash State University, Cheboksary, Russian Federation

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**Introduction:** Sleep plays an important role in preserving mental health. University students' learning activity, habits and cultural background may negatively affect the duration and quality of sleep.

**Objectives:** To determine the correlations of sleep satisfaction with the level of stress, health and happiness in university students of different gender and cultural backgrounds

**Methods:** We have surveyed 134 university students (77 domestic students and 57 foreign students). The numbers of male and female students were the same (67 students). To determine the levels of stress, health, happiness, and sleep quality satisfaction, we used a self-rating questionnaire (Nikolaev, 2023).

**Results:** The general indicator of sleep satisfaction with all the respondents made up 6.22±2.4 points. We have not revealed any valid statistic differences between the satisfaction levels of males and females, domestic and foreign students ( $p>.05$ ). The males have shown a higher level of stress than females ( $p=.0004$ ). The higher level of health assessment was revealed by foreign students as compared with domestic students ( $p=.0137$ ), and by males in comparison with females ( $p=.0054$ ). We did not determine any cultural and gender differences in other parameters. ( $p>.05$ ). According to the final correlation analysis, all the respondents showed that their level of sleep satisfaction was positively correlated with the level of health ( $r=.40$ ) and happiness ( $r=.37$ ), but negatively with the level of stress ( $r=-.23$ ). Similar interrelations were seen in the male group ( $r=.40$ ;  $r=.36$ ;  $r=-.28$ ). Females revealed correlations of their sleep satisfaction with health ( $r=.38$ ) and happiness ( $r=.38$ ), but there was no evidence of correlation with the level of stress ( $p>.05$ ).

**Conclusions:** University health development programs aimed at improving their students' sleep quality, which take into account the complex of cultural and gender issues, may help enhance the students' health potential.

**Disclosure of Interest:** None Declared

## EPV1029

**Sleep architecture disturbance due to the use of benzodiazepines**

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**Introduction:** Insomnia, which is characterized by difficulty in initiating or maintaining a physiological sleep, is a relevant clinical issue, affecting not only the elderly population (from 20% to 40%), but also the general population since 30% of adults

report problems in sleeping properly. In addition, 30-40% of adults report complaints about sleep quality lifetime, and 10-15% report chronic insomnia. Benzodiazepines (BZDs) are commonly prescribed to treat insomnia and sleep disorders. BZDs show a rapid sedative and anxiolytic effect, successfully used in the acute treatment of insomnia as well as anxiety, agitation, or anxiety associated with any type of psychiatric disorder. Their use is associated with potential side effects such as residual daytime sleepiness, ataxia, and dizziness. Long-term BZDs use may lead to drug abuse, tolerance, drug dependency, and abstinence. For instance, BZDs abrupt withdrawal can lead to severe symptoms such as insomnia and/or rebound anxiety, an increase in heart rate and blood pressure, nausea and/or vomiting, sweating, diarrhea, convulsions, and other neurological and psychiatric symptoms.

**Objectives:** This e-poster aimed to summarize evidence regarding the effect of BZDs treatment on human Sleep Architecture.

**Methods:** A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: benzodiazepines, sleep architecture, insomnia.

**Results:** Prolonged use of benzodiazepines leads to an increase of time spent in stages 2 and a decrease of time in stages 1, 3, and 4. The increased NREM stage 2 is associated with a subjective improvement in sleep quality. The decrease in NREM sleep time in stages 3 and 4 is usually associated with lesser "rest" for the brain, which leads to a lack of concentration.

**Conclusions:** BZDs use modified sleep architecture in the short and long term.

**Disclosure of Interest:** None Declared

## EPV1031

**Sleep disorders among women with post-menopausal osteoporosis**A. Feki<sup>1</sup>, I. Sellami<sup>2,3\*</sup>, B. Trabelsi<sup>4</sup>, Z. Gassara<sup>1</sup>, S. Ben Djemaa<sup>1</sup>, A. Abbes<sup>2</sup>, M. Ezzeddine<sup>1</sup>, M. H. Kallel<sup>1</sup>, H. Fourati<sup>1</sup>, R. Akrouf<sup>1</sup>, Y. Mejdoub<sup>4</sup> and S. Baklouti<sup>1</sup><sup>1</sup>Rheumatology; <sup>2</sup>Occupational medicine, Hedi Chaker Hospital; <sup>3</sup>Medicine university and <sup>4</sup>Preventive medicine, Hedi Chaker Hospital, Sfax, Tunisia

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**Introduction:** Osteoporosis (OP) is characterized by low bone mass and microarchitectural deterioration of bone tissue. Recent studies have suggested that sleep may significantly influence the pathophysiology of OP.

**Objectives:** In the present study, we aimed to determine sleep disorders among women with post-menopausal OP.

**Methods:** A cross-sectional study was conducted between January and June 2023. Patients with post-menopausal OP who visited the rheumatology department in a university hospital in Tunisia were interviewed. The Pittsburgh Sleep Quality Index (PSQI). It is a seven-component scale, including: sleep quality (C1), sleep latency (C2), sleep duration (C3), sleep efficiency (C4), sleep disturbances (C5), sleep medication use (C6), and daytime dysfunction (C7).  $PSQI \leq 7$  indicated normal sleep quality, and  $PSQI > 7$  indicated poor sleep quality.