

**Results:** CAP rate was significantly decreased in men using trazadone (NTRZ: 58.2±19.7%, TRZ: 47.9±15.9%) as compared to non-trazadone user ( $p < 0.01$ ). Subtype indices did not show any significant difference between both groups but to some extent less frequent A2-A3 phases for TRZ user (A1-phases: NTRZ 13.0±18.7 no./h vs. TRZ 10.8±20.4 no./h,  $p = 0.35$ ; A2+A3-phases: NTRZ 51.5±33.7 no./h vs. TRZ 44.7±23.3 no./h,  $p = 0.068$ ).

**Conclusion:** CAP rate was significantly decreased in older men on trazadone as compared to older men who did not use trazadone, suggesting that trazadone usage has a stabilising effect on sleep micro-structure.

**Support:** The National Heart, Lung, and Blood Institute (NHLBI) provides funding for the MrOS Sleep ancillary study “Outcomes of Sleep Disorders in Older Men” under the following grant numbers: R01 HL071194, R01 HL070848, R01 HL070847, R01 HL070842, R01 HL070841, R01 HL070837, R01 HL070838, and R01 HL070839.

### 0394

#### DIFFERENTIAL ROLE OF SLEEP PROBLEMS ON DEPRESSION AND SUICIDE IN COMMUNITY ADOLESCENTS

Kim, J.<sup>1</sup> Vander Stoep, A.<sup>2</sup> McCauley, E.<sup>2</sup>

<sup>1</sup>Seattle University, Seattle, WA, <sup>2</sup>University of Washington, Seattle, WA.

**Introduction:** Sleep changes during adolescence, including “eveningness” or a preference for staying up late, decreased sleep hours, increased daytime sleepiness and irregular sleep patterns, can contribute to adolescent sleep disturbances, such as insomnia, daytime fatigue, and other sleep problems. The goals of the study were; 1) to examine the proportion of adolescents who experienced each type of sleep disturbances based on six sleep problems; and 2) to examine the association between six types of sleep disturbances and concurrent depression, suicide ideation, and suicide attempt at 12<sup>th</sup> grade.

**Methods:** Using the data from the Developmental Pathways Project (DPP), a community-based study in adolescence, total 425 students were included. Sequential logistic regression analyses were performed to examine the association between each sleep item and depression, suicide ideation, and lifetime history of suicide attempt.

**Results:** The most frequently reported sleep problems were ‘overtired without good reason (49.9%)’, ‘sleeps less than most kids (46.8%)’, and ‘sleep more than most kids (46.7%)’. After adjusting for depressive symptoms at baseline, 12<sup>th</sup> grade reports of ‘overtired without good reason’ (OR = 1.63, 95% CI = 1.22 - 2.17), ‘sleep less’ (OR = 2.03, 95% CI = 1.51 - 2.74), ‘trouble sleeping’ (OR = 1.50 95% CI = 1.10-2.06,  $p < .05$ ), ‘nightmare’ (OR = 1.51, 95% CI = 1.12-2.02,  $p < .01$ ) were significantly associated with depression. For suicide ideation (SI) and suicide attempt, ‘nightmare’ (OR = 1.68, 95% CI = 1.15 - 2.48; OR = 2.43 95% CI = 1.30 - 4.53, respectively) was significantly and positively associated with SI and having history of suicide attempt.

**Conclusion:** ‘Nightmare’ has the strongest association with depression, suicide ideation, and suicide attempt. To disentangle the mechanism of the association between nightmares and mental health issues, longitudinal studies examining causal or bidirectional relationships of the mechanism are warranted.

**Support:** National Institutes of Mental Health and Drug Abuse, Nesholm Family Foundation, Seattle Children’s Hospital Outcomes Research Steering Committee, Loeb Family Foundation, Seattle

Children’s Research Institute, University of Washington Office of the Provost, AETNA Foundation.

### 0395

#### “DOCTOR, I CAN’T SLEEP”, HOW INTENSIVIST CANNOT RESTORE THEIR SLEEP DEBT

CHHOR, V.<sup>1</sup> LEGER, D.<sup>2</sup> PEPIN, E.<sup>3</sup> ELBAZ, M.<sup>4</sup>

<sup>1</sup>Université Paris Descartes Department of Anesthesia and Intensive Care of Georges Pompidou European Hospital, Paris, FRANCE, <sup>2</sup>Université Paris Descartes-APHP Hôtel-Dieu, PARIS, FRANCE, <sup>3</sup>APHP Hôtel Dieu Centre du Sommeil, Paris, FRANCE, <sup>4</sup>Université de paris Paris Descartes, Paris, FRANCE.

**Introduction:** Since 2001, intensivists physicians working in France have been organized in 24-hour shifts (in order to provide 24/7 support), followed by a mandatory rest period of at least 24 hours between shifts. The goal was to survey how intensivists cope with maintaining enough sleep throughout their 24-hour shifts.

**Methods:** During twelve months, the whole medical staff of our ICU, i.e. 29 individuals (11 senior physicians and 18 residents), agreed to participate in this study. They were allowed to settle into a typical work period of 7 days and 7 nights (i.e. 3 days before and 3 days following the 24-hour shift), separated by at least 5 days from any previous 24-hour shifts. A 24-hour shift typically started at 8:30am in the morning and finished 24 hours later. All physicians wore a wrist actigraphy device (MotionWatch 8) assessing total sleep time (TST) on a 24-hour period. We retained several criteria such as:

The reference TST, i.e. the mean of the TST during the first three days preceding the 24-hour shift

The sleep debt, through the comparison between the average of the TST during the 24-hour shift and the 24 (SD24) or 72 following hours (SD72) and the reference TST.

**Results:** Twenty nine actigraphy records from 29 individuals were analyzed. The reference TST preceding the shift was 377 min (IQR25-75: 346-396). Doctors participating in the study slept very little during a 24-hour shift: 181 min (IQR25-75: 134-260). Subsequently, we observed that intensivists were unable to completely recover their sleep debt, even after 72 hours. Average TST was significantly shorter at 72 hours compared to reference (343 min [IQR25-75: 304-367], Mann-Whitney test,  $p=0.015$ ).

**Conclusion:** These findings raise the question of whether it is possible for intensivist doctors to maintain their energy and intensity in their jobs without sleeping enough. This remains an open question and we are currently unable to respond with only a simple study.

**Support:** No support

### 0396

#### PREVALENCE OF DELAYED SLEEP PHASE SYNDROME (DPSP) AMONG OMANI PEOPLE

Al-Abri, M. A.<sup>1</sup> Al-Kindi, T.<sup>1</sup>

<sup>1</sup>Sultan Qaboos University, Muscat, OMAN, <sup>2</sup>Sultan Qaboos University, Muscat, OMAN.

**Introduction:** Delayed sleep phase syndrome (DSPS) is a circadian rhythm sleep disorder with a definition of delayed night sleep by two or more hours beyond the socially acceptable or conventional bedtime. The general reported prevalence of DSPS is 7% to 16%. However, there is no previous study which assess DSPS prevalence in Oman or nearby regions. This study aimed to assess the