in the serotonin signaling pathway. Yet further studies on larger populations are needed to better understand the mechanisms responsible for the development of psychiatric complications in OSA patients.

Disclosure of Interest: None Declared

EPP0282

Discrepancy between objective and subjective measurements of sleep quality: the role of panic-agoraphobic spectrum

F. Cruz Sanabria[1]*, M. Violi[2], L. Massoni[2], C. Bonelli[2], D. Gravina[2], S. Bruno[1], U. Faraguna[1], L. Dell'Osso[1,2] and C. Carmassi[1,2]

[1]Department of Translational Research and of New Surgical and Medical Technologies and [2]Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.605

Introduction: There is evidence that anxiety and depressive symptoms may lead individuals to under-estimate their own sleep quality, particularly among younger subjects (aged <45 yrs).
Objectives: The aim of this study was to investigate the discrepancy between objective and subjective measurements of sleep quality in a sample of healthy control subjects (HCs) with no Axis I mental disorders, and the possible impact of panic-agoraphobic spectrum symptoms.
Methods: A total of 117 HCs (65 males and 97 females; Age: 35.3 ± 14yrs) were evaluated by the: Panic Agoraphobic Spectrum-Self Report (PAS-SR), to investigate panic spectrum; the Pittsburgh Sleep Quality Index (PSQI) and actigraphy, respectively for the subjective and the objective sleep efficiency (SE) measures. Groups were divided according to the congruence between SE-actigraphic vs SE-PSQI ("Accurate", "Underestimate", "Overestimate"), establishing as a threshold an SE>85% as a measure of good SE. Regression analyses were conducted to assess the association between PAS-SR domains and the discrepancy between objective and subjective measurements, controlling confounding factors such as age, gender and BMI
Results: Since our data showed that a low sleep quality was associated with a greater age and that higher PAS-SR scores were associated with younger age, we used a sub-sample of 117 participants with age <45 years and comparing the 3 groups of subjects created on the basis of the discrepancy: Accurate, N = 74 (63.2 %), "Overestimate group", N= 23 (19.7 %), "Underestimate group": N=20 (17.1 %), we found a statistically significant difference among groups in the PAS.SR separation anxiety domain (p value=0.032), with a multinomial regression model confirming this domain contributed significantly to the differentiation between the three groups with higher symptoms being associated with a higher probability of belonging to the "underestimate" group.
Conclusions: Our results suggest that the discrepancy between objective and subjective sleep efficiency measurements in HCs could be affected by panic spectrum symptoms, particularly separation anxiety.

Disclosure of Interest: None Declared

EPP0284

Sleep Quality in Medical Students of a Portuguese University: a cross-sectional Study

R. Gonzaga[1], J. Brás[2]*, A. P. Costa[2], C. Peixoto[3] and J. Fialho[3]

[1]Faculty of Health Sciences, University of Beira Interior, Covilhã; [2]Psychiatry and Mental Health, Centro Hospitalar Tondela Viseu and [3]Escola Superior de Tecnologia e Gestão de Viseu, Viseu, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.606

Introduction: Sleep is a complex physiological process present in all living beings, performing essential functions for various biological functions. The prevalence of sleep disorders has increased exponentially, as well as studies relating to sleep patterns of the general population.
University students are especially vulnerable to a decrease in sleep quality, particularly medical students. Even so, the literature on sleep quality in medical students is scarce, especially when referring to Portugal, where studies are almost non-existent.
Objectives: To evaluate sleep quality in medical students and to analyze the differences in sleep quality according to age, sex, cohabitation and physical activity. It is also intended to compare the sleep quality of medical students throughout the various phases of the medical course.
Methods: This is a cross-sectional study involving medical students at the University of Beira Interior, Covilhã, Portugal. All medical students were invited to complete the Pittsburgh Sleep Quality Index (PSQI), which has been validated for the portuguese population. First, the scores obtained in each of the components of the PSQI and the global PSQI score were analyzed for the global population. Lastly, the global PSQI score was correlated with each of the sociodemographic variables to verify the existence of a statistically significant relationship.
Results: 296 students completed the instrument. Of these, 62.2% classify their sleep quality as good; 42.4% scored 2 in the sleep latency component; 50% reported sleeping 6 to 7 hours; 73.9% stated an adequate sleep efficiency; 85.5% mentioned few or no sleep disturbances; 83,8% said they never used sleep medication; and 60.8% had low or no sleepiness or daytime dysfunction.
As for the overall PSQI score, 72.6% of the students had a score greater than 5, indicating a poor quality of sleep. 74.7% of female respondents have a low quality of sleep, as well as 67.7% of male respondents. Likewise, 91.3% of students who live alone have poor sleep quality, as well as 76.8% of those living with family members and 69.8% of those living with colleagues.
Regarding the course year, 82.4% of the first-year students report a poor quality of sleep, as well as 77.5% of the second-year students, 72.1% of the third-year students, 77.8% of the fourth-year, 65.8% of the fifth-year students and 71.4% of the sixth-year students.
Conclusions: Medical students seem to be more likely to have poor sleep quality, especially when compared to other university students. Thus, further studies are needed to prove this susceptibility as well as therapeutic interventions aimed at improving sleep parameters.

Disclosure of Interest: None Declared