

## EV1232

**How much does depressive mood affect sleep for high school students?**

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**Background** This research examined gender variations in depressive mood for high school students affected by emotional upset and how such depressive mood affect their sleep quality.

**Methods** Research was conducted from September 2015 to October 2015. Both males and females were divided into normal group and depressive group by Zung Self-rating Depression Scale (ZSDS). Each group adopted the Pittsburgh Sleep Quality Index (PSQI) to measure sleep quality.

**Results** Analysis was made on a total of 155 students, which were 83 male students and 72 female. The average ZSDS for all high school students was 43.38 and the average PSQI was 5.39. The number of male students in the normal and depressive group who were diagnosed with sleep disorder were 2 (3.8%) and 9 (29.0%), respectively ( $P < 0.05$ ). But the number of female students in the normal and depressive group who were diagnosed with sleep disorder were 11 (32.4%) and 33 (86.8%), respectively ( $P < 0.05$ ). Both males and females shared a meaningful result over sleep latency, sleep disturbance, use of sleep medication, and daytime functional disturbance among 7 items of PSQI for sleep quality, and female students had a significantly meaningful result over sleep duration, habitual sleep effects ( $P < 0.05$ ).

**Conclusion** This research showed that sleep quality of all high school students was not too bad but it can be problematic for those with depressive mood. Especially, female students were diagnosed with sleep disorder more than male students.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1235

**Recurrent hypersomnia: Kleine-Levin syndrome**

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**Introduction** Kleine-Levin syndrome was first described by Kleine in 1925 and elaborated on by Levi in 1936. It is an infrequent syndrome that predominantly affects to teenagers, and boys are four times more likely to be affected than girls. It is rare for patients over 30 years although some cases have been reported. Kleine-Levin syndrome is a recurrent hypersomnia characterized by episodes of hypersomnia lasting for 2 days to 4 weeks associated with symptoms of hyperphagia, hypersexuality and cognitive impairment. It can be accompanied by other abnormal behavior such as aggression, personality changes and irritability. Deficits are resolved between episodes.

**Case report** It is presented the case report of a patient that suffers from recurrent episodes of hypersomnia associated with hyperphagia and abnormal behavior.

**Electroencephalography** EEG demonstrates slowing of drowsiness and a decrease in REM sleep. The test of multiple sleep latency is abnormal and the rest of complementary test are normal.

**Diagnosis** F51.1 Recurrent hypersomnia (Kleine-Levin syndrome) [307.44].

**Discussion** Kleine-Levin syndrome is an intriguing, severe and homogenous disease with no obvious cause or treatment. Treatment is generally supportive. It should be considered in any

teenager presenting with recurrent episodes of hypersomnia concurrent with cognitive changes or disinhibition.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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**Suicidology and suicide prevention**

## EV1238

**Depression and suicide ideation in medical students**

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**Background** Medical students have higher levels of depressive symptoms than the general population. Additionally, depressed students are more likely to commit suicide. Recent studies find up to 10% of medical students experiment depression and suicidal ideation, which is meaningfully higher than general population of similar age (5–8%). However, little is known about depression and suicidal ideation in medical students in Spain.

**Objective** This study aims to create a self-administered questionnaire to investigate the prevalence and factors involved in depression and suicidal behaviour in medical students from a Spanish University.

**Methods** We evaluated the main risk factors leaning to suicide in students. In addition, we selected an appropriate scale to assess depression among the existing ones. The evaluated items included demographic reports, academic information (academic course, unfinished subjects and accomplishment) and sanitary data (psychiatric family history, psychiatric personal history, psychotropic drug consumption, distress emotional events in the last twelve months and drugs consumption). Furthermore, we selected the 9-item Patient Health Questionnaire (PHQ-9) because of its rapidly implementation and proven efficacy.

**Conclusions** Rates of depression and suicidal ideation are high in medical students. Currently, there is no program to detect and prevent depression neither suicide in students. For that reason, we consider that creating a new instrument to evaluate mental health in student is useful in order to offer early detection and treatment at medical school.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

**Further reading**

Tan Siew T, Sherina Mohd S, Lekhraj Rampal P. Prevalence and predictors of suicidality among medical students in a public university. *Med J Malaysia* 2015;7(1).

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## EV1239

**Description of the autolitic acts attended in a mental health unit in 2014**

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