

public health. The prevalence of insomnia and its impact on mental health in Qatar's non-clinical population is relatively unknown.

Objectives: We aimed to estimate the prevalence of Insomnia Disorder in the household population of Qatar and explore its link to depressive and anxiety symptoms.

Methods: We hypothesized that insomnia would be prevalent and strongly associated with depressive and anxiety symptoms in the Qatari population. We used probability-based sampling to select a Qatar household population sample (N= 1,611). Face-to-face household interviews were conducted with consenting adults living in Qatar. We used the Espie (2014) Sleep Condition Indicator and DSM-5 criteria to estimate the prevalence of insomnia. Depressive and anxiety symptoms were ascertained using the PHQ-9 and GAD-2 and markers of autoimmune disease resorted. Univariate, bivariate, and multivariate statistics were used in analysis.

Results: The prevalence of insomnia was 5.5% (95%CI: 4.3-6.7) and was higher in females (6.3%) than males (4.6%), ($P = 0.216$). Insomnia was strongly associated with depressive (OR=5.4, $P<0.01$) and anxiety symptoms (OR=3.0, $P<0.05$). Having one or more autoimmune diseases were strongly associated with insomnia (OR=3.9, $P<0.001$). Insomnia was positively associated with younger age ($P<0.01$) and negatively associated with higher (post-secondary) education (OR=0.4, $P<0.05$). Evidence of strong association between religious affiliation and insomnia was found (OR=25.0, $P<0.01$), which requires further exploration in future studies.

Conclusions: These findings highlight the potential impact of insomnia on mental health in the otherwise healthy population of Qatar.

Conflict of interest: No

Keywords: Insomnia; stress; Anxiety; Dépression

EPP1172

Use of electronic devices in evenings and nights predict worse subjective quality and higher sleepiness after control for anxiety, depression and sleep-related beliefs

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Introduction: Use of electronic devices in the evenings and nights is wide-spread especially in adolescents and youth (Soldatova et al., 2017) that could be related to poorer sleep quality and sleepiness due to sleep hygiene disturbances, higher psychophysiological arousal or more ruminations before sleep (Perlis et al., 2011).

Objectives: The aim was to study relationships between the use of electronic devices and sleep-related complaints in people without diagnosed sleep disturbances after adjusting for other behavioral and psychological factors of sleep disorders.

Methods: 103 adults with at least 85% of sleep efficiency filled Insomnia Severity Index, Behavioral Factors of Sleep Disorders Scale, Hospital Anxiety and Depression Scale Dysfunctional Beliefs about Sleep Scale, the Epworth Sleepiness Scale, Glasgow Content of Thoughts Inventory, Checklist of Subjective Reasons of Sleep Disturbances.

Results: The use of devices in the evenings and at nights was associated with a worse subjective quality of sleep, its lower duration and efficiency, greater sleepiness and a feeling of "lack of sleep"

($r=0.21-0.39$, $p<0.05$). The relationship between the use of devices, shorter duration of sleep ($\beta=-0.21$, $p<0.05$, $\Delta R^2=4.0\%$) and feeling of "lack of sleep" ($\beta=0.24$, $p<0.05$, $\Delta R^2=4.6\%$) didn't depend on any psychological or other behavioral factors of sleep disorders.

Conclusions: The use of electronic devices in the evenings and at nights predicted shorter sleep duration, worse sleep efficiency, a feeling of "lack of sleep" after adjusting for other behavioral and psychological factors. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

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Keywords: sleep; Electronic devices; sleep complaints; Anxiety

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Anxiety and beliefs about sleep disturbances as moderators of subjective appraisals of objective sleep in patients with insomnia and sleep apnea syndrome

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Introduction: Possible explanation for well-known mismatch between the objective and subjective quality of sleep is that subjective sleep appraisals are the result of a personal decisions and generalization. According to theory of self-regulation in health and illness (Leventhal et al., 2002), in patients with sleep disorders subjective appraisals could be moderated by emotional condition and beliefs about sleep disturbances.

Objectives: The aim was to study psychological factors of subjective sleep appraisals at a particular night and in general in patients with insomnia and obstructive sleep apnea.

Methods: 46 patients with sleep apnea syndrome and 93 patients with chronic insomnia underwent a neurological examination, filled out a Sleep Quality Checklist, a Screening for Sleep Apnea, an Epworth Sleepiness Scale, a Hospital Anxiety and Depression Scale, a Checklist for Subjective Reasons of Sleep Disorders. Polysomnography was recorded for 1 night.

Results: A general appraisal of sleep in both groups is associated with the duration of falling asleep and the latent period of delta sleep, while a specific appraisal of sleep quality is associated with the duration of delta sleep, REM sleep and the number of sleep cycles. Anxiety and beliefs about sleep sensitivity were associated with the worst assessment of sleep in the case of longer delta-sleep ($\beta=-.21 - -0.14$, $p<0.05$, $\Delta R^2=2.0\%-4.1\%$, $p<0.05$).

Conclusions: In both patients with insomnia and sleep apnea anxiety and beliefs about sleep sensitivity but not depression moderate the relationship between delta-sleep and subjective sleep. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

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Keywords: sleep apnea syndrome; sleep; Insomnia