

treatment differences vs placebo were seen from Week 1 (mean reductions from baseline for 25 mg, 50 mg vs placebo of -1.56 , -1.90 vs -0.92 , respectively), with further separation from placebo until Week 4.

Image 1:

Figure 1. Mean \pm SE change from baseline in subjective total sleep time (STST) by week

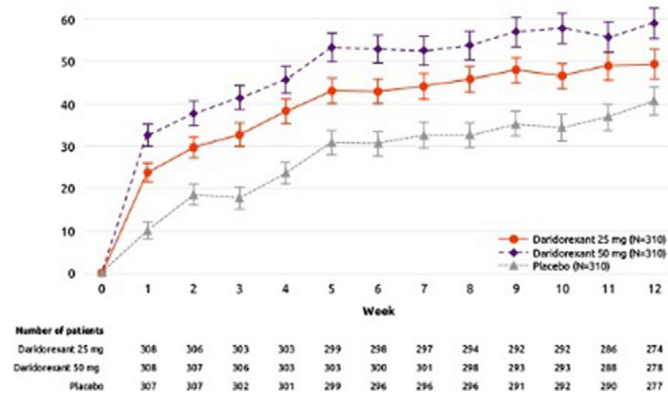
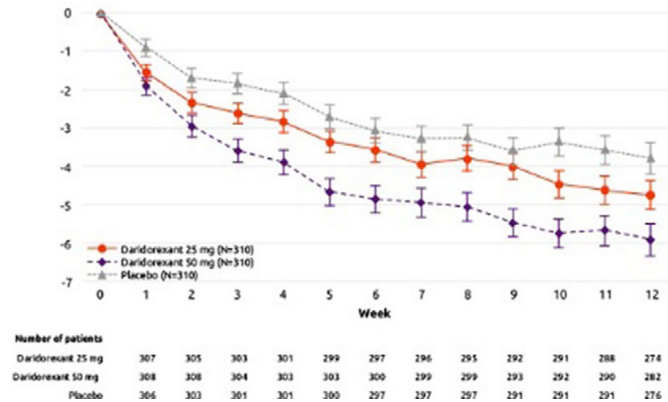


Image 2:

Figure 2. Mean \pm SE change from baseline in IDSIQ sleepiness score by week



Conclusions: The benefits of daridorexant treatment on total time asleep and daytime functioning start to be perceived from Week 1. With consistent nightly use, efficacy on sleep and daytime functioning continued to build over the course of the 3-month treatment period, with the greatest effect being observed with daridorexant 50 mg.

Disclosure of Interest: T. Bakker Employee of: Idorsia Pharmaceuticals, O. Briasoulis Employee of: Idorsia Pharmaceuticals, A. Olivieri Employee of: Idorsia Pharmaceuticals, S. Pain Employee of: Idorsia Pharmaceuticals, L. Palagini Consultant of: Bruno, Fidia, Idorsia Pharmaceuticals, Pfizer, Sanofi, Pharmanutra, Neopharmed Gentili, D. Kunz Consultant of: Austrian Association of Skiing (ÖSV), Idorsia Pharmaceuticals, Speakers bureau of: AbbVie, Idorsia Pharmaceuticals, German Ministry for Economy (BMWi), Austrian Association of Skiing (ÖSV), P.-A. Geoffroy

Consultant of: Apneal, Arrow, Biocodex, Dayvia, Di&Care, Idorsia Pharmaceuticals, Janssen-Cilag, Jazz pharmaceuticals, Myndblue, Mysommeil, Posos, ResilEyes, Withings, Speakers bureau of: Biocodex, Bioprojet, Ibsa, Idorsia Pharmaceuticals, Janssen-Cilag, Isis Medical, Jazz pharmaceuticals, Lundbeck, MySommeil, Withings

EPP183

Evaluation of an Enhanced Sleep Education Programme in Promoting Sleep and Circadian Health in Adolescents

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Introduction: Sleep problems, particularly insomnia and sleep deprivation, are common among adolescents, and may increase their risk for poor psychosocial and metabolic health. Traditional classroom-based education programmes showed inconsistent results in promoting sleep behavioural changes. In contrast, enhancing training programme with experiential activities alongside classroom learning may be considered as a more sustainable means to promote healthy sleep in adolescents.

Objectives: The present study evaluated the impact of a four-week enhanced sleep education programme on adolescents' sleep quality, knowledge and behaviour, and their experience of participation.

Methods: Adolescent participants took part in the Youth Sleep Ambassadors Programme, which was designed to equip them with evidence-based information on sleep and circadian health through active learning and community outreach activities. A mixed-methods design was adopted to evaluate the programme. Participants completed self-administered questionnaires, including a sleep knowledge quiz, the Pittsburgh Sleep Quality Index (PSQI) to assess subjective sleep quality, and the Sleep Hygiene Index (SHI) to evaluate healthy sleep behaviour, before and after the programme. Additionally, two focus groups were conducted to understand participants' experiences with the programme.

Results: Thirteen participants, aged 15 to 17, participated in the programme and rated the programme's effectiveness at 4.38 out of 5. At post-programme, there were significant increases in total sleep time (baseline: 6.12hr, post: 7.31hr, $p=.006$) and time in bed (baseline: 6.83hr, post: 7.98hr, $p=.046$), in addition to a reduction in PSQI score (baseline: 5.92 ± 1.98 , post: 3.92 ± 1.50 , $p=.031$). There was a noticeable trend of improved sleep knowledge with a 13.5% increase in correct rate and healthy sleep behaviour (SHI: baseline: 24.4 ± 6.76 , post: 20.6 ± 5.33). Focus groups revealed increased awareness and confidence to advocate for better sleep and mental health among peers. Participants praised the programme as professional and well-organised but expressed a preference for more experiential and research activity over classroom learning, underscoring the limitations of classroom-based sleep education.

Conclusions: The findings provided preliminary support for this enhanced sleep education programme as a viable strategy to engage

adolescents in understanding and awareness of sleep and circadian health. Beyond traditional classroom education, self-discovery and knowledge application with experiential tasks can better develop their perspectives and advocate in their community.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP184

Effectiveness of EMDR Therapy on Cognitive Performances in Patients with Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder: A 6-Month Follow-Up Study

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Introduction: Complex post-traumatic stress disorder (cPTSD) is a clinical entity characterized not only by the typical symptoms of hyperarousal, avoidance, and flashbacks but also by disturbances in self-organization. Given the well-known association between trauma and cognitive deficits, it is common to observe a significant prevalence of such alterations among patients with cPTSD.

Objectives: The aim of this study is therefore to assess cognitive functioning in response to treatment using Eye Movement Desensitization and Reprocessing (EMDR).

Methods: Fifty-eight patients were recruited and divided into two groups (28 PTSD; 23 cPTSD), to whom scales for post-traumatic symptomatology (Impact of Event Scale – revised – IES-R; Clinician-Administered PTSD Scale – CAPS), along with cognitive tests (MATRICS Consensus Cognitive Battery - MCCB), were administered. The patients were evaluated at baseline (T0) and 6 months after the completion of the last EMDR session (T6).

Results: EMDR was effective in the treatment of post-traumatic symptomatology (IES-R; CAPS - $p < 0.001$). The PTSD group showed improvement in the domains of verbal learning (RAVLT), visual attention (TMT-A), and working memory (CBTT) ($p < 0.05$). The cPTSD group reported improvement in the verbal learning domain ($p < 0.05$).

Conclusions: In addition to clinical symptomatology, EMDR has been shown to be effective in treating cognitive deficits in patients with PTSD and cPTSD. However, further studies are needed to confirm the results and identify the underlying mechanisms of this effect.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP185

Nightmares and childhood trauma in depression and insomnia among adolescents: A pilot study

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Introduction: Nightmares have been linked to childhood trauma and an increased risk for mental health problems, such as depression. Meanwhile, there is a high comorbidity of nightmares and insomnia. Yet relatively few studies have compared the clinical presentations of nightmares in different clinical groups. Additionally, considering the close association between childhood trauma, insomnia, and depression, there might exist potential unique interactions between childhood trauma and clinical diagnoses on nightmare experience.

Objectives: This case-control study aimed to compare nightmare-related parameters (i.e., frequency, distress, severity, and impairment), and childhood trauma among adolescents with depression only (DG), insomnia only (IG), and healthy control (HG) groups. We explored the interaction between diagnosis and childhood trauma on nightmare parameters.

Methods: Participants completed a clinical interview to ascertain their eligibility. Data on demographic and clinical information, childhood trauma as assessed by the childhood trauma Questionnaire (CTQ), and nightmare-related parameters, including nightmare frequency, nightmare distress, nightmare severity, and nightmare impairment, were analysed in the current study. Analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA) were used to examine the group differences, and regression analysis was used to examine the interaction effect on study variables.

Results: Adolescents with insomnia ($N = 31$; age 16.84 ± 1.88 years; female: 54.8%), depression ($N = 22$; age 17.50 ± 2.18 years; female: 54.5%) and healthy controls ($N = 31$; age 16.84 ± 1.88 years; female: 54.8%) were recruited. Compared to the HG, the IG and DG had greater nightmare distress (IG: $p = .024$; DG: $p = .005$) and nightmare impairment (IG: $p = .007$; DG: $p = .031$), but not nightmare frequency. However, only DG showed significantly higher nightmare severity ($p = .038$). No other significant differences were found in nightmare parameters between IG and DG (all $p > .05$). For childhood trauma, only DG showed significantly higher scores in emotional abuse ($p = .013$), emotional neglect ($p = .021$), and physical neglect ($p = .012$). No interaction effect of childhood trauma and clinical diagnosis was found on nightmare-related parameters (all $p > .05$).

Conclusions: This study showed that adolescents with insomnia or depression exhibited greater nightmare-related distress and impairment. Higher nightmare severity may be a unique characteristic in adolescents with depression but not for insomnia. Despite the depression group reporting significantly more childhood traumatic experiences, the potential interaction effect between diagnosis and childhood trauma was not observed on nightmare-related parameters. Future research may examine the relationship between the relevant variables in a larger sample size using a longitudinal design.