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Effects of undergraduates' chronotypes and perceived stress on their sleep quality: A cross-sectional study

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doi: 10.1192/j.eurpsy.2023.1508

Introduction: Undergraduate students encounter developmental challenges during their transition into adulthood. Previous studies have claimed that adults with later chronotypes usually manifest negative psychological effects: poor sleep quality, greater stress, depression, and cognitive dysfunction. However, knowledge about the relationship between chronotype, stress, and sleep quality among young adults is lacking.
Objectives: The present study investigated the relationship between undergraduates' chronotypes and perceived stress on sleep quality.
Methods: An online survey with a descriptive, cross-sectional design was conducted with a convenience sample of undergraduate students at a university in southern Taiwan. Those who were 20-25 years old and enrolled as a student were included; but who had been suspended or had deferred graduation were excluded. Students' chronotype, stress, and sleep quality were assessed with three self-reported instruments: Munich Chronotype Questionnaire (MCTQ), Perceived Stress Scale (PSS), and Pittsburgh Sleep Quality Index (PSQI).
Results: Of 161 undergraduates who completed the questionnaires, 51 reported using an alarm clock to wake and were removed from data analysis. One hundred and ten students' mean age is 20.3 and perceived moderate stress. Sixty-one percent were poor-quality sleepers. The mean chronotype score was 5.7, and 85.5% had an intermediate chronotype, while 13.6% had an evening chronotype. Chronotype and perceived stress were positively correlated with sleep quality ($p < .001$). Social jetlag was positively correlated with chronotype ($p = .036$). Undergraduate's later chronotype and higher stress perception predicted 30% of poorer sleep quality ($p < .001$).
Conclusions: Undergraduate students' chronotype and perceived stress were positively correlated and acted as predictors of the sleep quality. The findings could help to develop health-promotion interventions for these emerging adults to adjust their daily routines; and reduce their social jetlag, stress levels, and sleep disturbance.

Disclosure of Interest: None Declared

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Acute confusional state in paediatric age - Case Report

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doi: 10.1192/j.eurpsy.2023.1509

Introduction: Acute confusional state (ACS) or delirium is an acute neuropsychiatric syndrome due to an underlying organic pathological process. Despite its high prevalence, delirium can present a diagnostic challenge, particularly in paediatric patients. ACS can be defined as sudden impairment of mental status in a previously healthy child. The impairment varies; it may be global and severe or very specific and mild, such as impairment of short-term memory in "transient global amnesia." The most common causes of ACS in the paediatric population are high fever, drugs, traumatic brain injury (TBI), and infection and inflammation of the nervous system. Traumatic brain injury is usually associated with some impairment of consciousness, although recovery can vary depending on the severity of the trauma.
Objectives: The aim of this work is to revisit the diagnostic approach and management of ACS associated with traumatic brain injury in the paediatric population.
Methods: Case report of an acute confusional state, secondary to a TBI and a non-systematic review of the literature.
Results: A 17-year-old female was admitted to the emergency department after being injured in a car accident. She was drowsy but easily awakened. She was conscious and partially oriented in time and space. She had amnesia for the episode. She spoke fluently and coherently but was hesitant regarding the hours before the accident, which was probably due to memory impairment. She exhibited sporadic hetero-aggressive behavior during the first few hours of the examination. She had no other thought or perceptual disorders. Head CT scan showed "a thin collection of blood from the frontal interhemispheric area and a discrete subarachnoid sulcal frontobasal hemorrhage, with no other significant changes." Toxicology tests were positive for THC, cocaine, and MDMD and negative for blood alcohol. A forensic medical examination was required. After 48 hours of vigilance and improvement, she was discharged with a booked re-evaluation within a week. At the second evaluation, her mother described a change in her usual behavior with disorientation, drowsiness, difficulty managing daily life, and memory impairment. She had persecutory delusions regarding the physicians and was very agitated. She was admitted to a child and adolescent psychiatric hospital for further evaluation and stabilization. After 72 hours of inpatient stay, she fully recovered, receiving low-dose risperidone daily. She was discharged with the diagnosis of delirium due to another medical condition (TBI), acute, hyperactive. Since discharge, symptoms have not recurred even after discontinuation of antipsychotic medication.
Conclusions: Clinically, ACS can be divided into hypoactive, hyperactive, and mixed level of activity. Hyperactive forms may manifest as varying degrees of psychomotor agitation. With this case report, we'd like to raise awareness of ACS so that it's diagnosed and treated correctly and in a timely manner.

Disclosure of Interest: None Declared

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Essence (Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations) and Spectrum Disorders - a common core?|

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doi: 10.1192/j.eurpsy.2023.1510

Introduction: The concept of *ESSENCE* was created to coin a set of clinical symptoms in early childhood , before the age of 5 to 6 years,

https://doi.org/10.1192/j.eurpsy.2023.1509 Published online by Cambridge University Press