Conclusions: Sleep disorders result from perceived stress. These disorders can cause headaches, neck, shoulder, and hand pain in both sexes, and back pain only in boys.

Disclosure of Interest: None Declared

EPV1639

Studying the syndrome of absenteeism among staff of the capital emergency center in relation to the severity of insomnia

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Introduction: The shift work and irregular work schedules of emergency providers are associated with physical and psychological problems, such as sleep disorders. However, emergency medical workers in Ulaanbaatar work an average of 62 hours more per month, indicating a high workload and low rest. Therefore, cases of quitting work due to workload are increasing. As of 2020, it was estimated that four out of 10 doctors had at least one symptom of burnout syndrome.
Objectives: The aim was to investigate the burnout syndrome among doctors and medical specialists of the Ulaanbaatar emergency medical center in relation to sleep disorders. The objective of the study was to examine the relationship between burnout syndrome and sleep disorders, as well as regression.
Methods: The overall assessment of the study was performed using Fisher's exact test. Burnout syndrome was assessed using the Maslach Burnout Inventory (MBI), which evaluates three domains of psychological change: emotional exhaustion, reduced passion for work, and diminished personal accomplishment, through a total of 22 items. The Insomnia Severity Index (ISI) was employed as a standardized questionnaire to determine the severity of insomnia.
Results: Emotional exhaustion was weakly positively correlated with the Insomnia Severity Index (r=0.38, p=0.00). Depersonalization was moderately positively correlated with the Insomnia Severity Index (r=0.40, p=0.00). Personal accomplishment was strongly positively correlated with depersonalization (r = 0.84, p=0.00). The number of work shifts per month was inversely correlated with emotional exhaustion (r=-0.22, p=0.00), while it was weakly positively correlated with the length of vacation between work shifts (r=0.23, p=0.00). In simple linear regression analysis, an increase of one in the number of work shifts was associated with a 15.6% decrease in emotional exhaustion and a 21% decrease in depersonalization, which was statistically significant (p = 0.00, p = 0.02). A one-point increase in the Insomnia Severity Index score increased emotional exhaustion by 15.6% and depersonalization by 29.01%, which was statistically significant (p=0.00). However, a one-point increase in emotional exhaustion score increased insomnia severity by 97.92% and depersonalization by 151%, which was statistically significant (p=0.00, p=0.00). A one-point increase in depersonalization score increased emotional exhaustion by 46.77% and insomnia severity by 56.94%, which was statistically significant (p=0.00, p=0.00). In simple logistic regression analysis, a one-point increase in emotional exhaustion score increased insomnia severity by 1.25 times, which was statistically significant (p=0.00).
Conclusions: The severity of insomnia is weakly positively correlated with burnout syndrome. Mood swings affect the severity of insomnia by 1.25 times.

Disclosure of Interest: None Declared

EPV1640

Results of a study on the correlation between medical students' adaptability and stress

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Introduction: Stress is one of the important factors that affects students' academic performance. Medical students are constantly exposed to pressure, such as academic load and exams, which makes students with weak adaptive capacity more susceptible to stress, and, to cope with stress, they make various changes in their daily lives, such as insomnia, irregular eating, smoking, and drug use. Inability to cope with stress effectively leads to poor academic and professional performance and increases psychological distress. Therefore, research has shown that exposure to stress is higher during medical school. First-year students are more likely to be exposed to stress due to the lack of adequate adaptation to the learning environment, learning process, social interaction, socio-psychological protection, support, and success needs.
Objectives: To investigate the relationship between the adaptability of first-year students at the School of Health Sciences of Etugen University and some of the factors that influenced it.
Methods: The Mental Health Screening Questionnaire—SRQ-20 is a 20-item self-report questionnaire developed by WHO specifically for primary health care services. In order to study how students' learning motivation is related to the adaptive process, the T.I. Ilyin University Motivation Assessment Methodology was used to detect learning motivation in three areas: acquiring knowledge, acquiring a profession, and obtaining a diploma.
Results: 402 first-year students aged 16 to 31 from the School of Medicine of Etugen University participated. Of the participants, 74.39% were stressed, 43.29% were stressed, and 31.1% were classified as having a stressful and possibly problematic psycho-behavioral condition, which requires consideration, review, and research. When the stress score increases by one, adaptation to learning activities increases by 27.46% (p=0.023), and when the F48 fatigue score increases by one, adaptation to learning activities decreases by 35.7% (p=0.045), which is a negative effect, and r=-0.48 indicates that these two indicators are inversely correlated. According to the adaptation indicators among the school community, 73.63% are at an average level of adaptation, and the indicators in the professional field are similar. The high adaptation indicator of 33.08% to learning activities is 18.65% higher than the adaptation ability score among the school community.

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When the adaptation score among the learning environment and community increases by one, the adaptation score to learning activities increases by 58.2%, and P=0.000 is more significant. Stress scores are correlated with adaptability scores (r=0.58, p=0.00).

Conclusions: Adaptation to the learning environment and adaptation to learning activities are at an average level among first-year students. It also indicates that students are exposed to stress in their first year of university and need psychological help and support.

Disclosure of Interest: None Declared

EPV1641

Zopiclone and the accuracy of adverse events and mortality reporting

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Introduction: Safety reporting is essential due to right clinician's decision-making. It is a critical part of a healthy environment in clinical trial registration. Zopiclone was first introduced in 1986 in Europe to treat insomnia. Zopiclone itself is not approved in the United States, but its active stereoisomer, eszopiclone, was approved by the FDA in 2024.

Objectives: The main objective of this research was to assess the consistency and transparency of safety reporting of zopiclone in the registry ClinicalTrials.gov and corresponding publications. The categories that were assessed during this research were: Serious Adverse Events, Other Adverse Events, and All-cause mortality. Secondary outcomes of this research were descriptive information provided in the registry fields in the registry and corresponding publications.

Methods: In this cross-sectional study, I followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines for the reporting. This is a cross-sectional study on RCTs on zopiclone comprising RCTs registered on the ClinicalTrials.gov web registry. We searched ClinicalTrials.gov registry using the term zopiclone, for interventional type of studies, with results posted, registered on or after January 1, 2015, and updated on or before November 1, 2025. For corresponding publications, we searched PubMed, Google Scholar, and Web of Science.

Results: We retrieved 2 trials from ClinicalTrials.gov registry that met our inclusion criteria. We selected eligible RCTs after applying our exclusion criteria. Our exclusion criteria were RCTs that did not study zopiclone, studies without results posted, non- interventional trials, preprints, editorials, letters to editor.

Our findings demonstrated the discrepancies in reporting for 2 RCTs between ClinicalTrials.gov and corresponding publications.

Moreover, the sample size of only two RCTs that met inclusion criteria in the time frame of 10 years in ClinicalTrials.gov demonstrated that the zopiclone was poorly reported in AEs and in corresponding publication. Since ClinicalTrials.gov registry is primarily U.S. we registry it is clear why it is not approved in the United States.

Conclusions: To our knowledge, this is the first study to evaluate the concordance of adverse event reporting from zopiclone in ClinicalTrials.gov and corresponding publications in peer-reviewed journals. Our study assessed discrepancies in adverse events and all-cause mortality reporting from RCTs on zopiclone and presented inconsistent and incomplete reporting in corresponding publications. We found that AE data discrepancies were high between the registry and publications. Discrepancies in the reporting of adverse events from zopiclone trials diminish the transparency of the safety profile of essential sleep disorder treatments.

Disclosure of Interest: None Declared

EPV1642

Metabolomics profiles of short- and long-sleep duration: results from the UK biobank

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Introduction: Short and, to a lesser extent, long sleep duration has consistently been found associated with increased risk of cardiometabolic disorders such as hypertension, diabetes, obesity and metabolic syndrome. The metabolomics signatures of different sleep patterns have not been examined to date in large populations.

Objectives: This study aimed to examine metabolomics profiles related to sleep duration among over 270,000 participants in the UK Biobank study.

Methods: The population for this study included altogether 272,318 participants with complete data on plasma metabolomics and self-reported sleep duration collected at the first assessment (2006-2010). The levels of 237 metabolites were compared in individuals with medium (7-8 h/day) vs. short (<7 h/day) vs. long (≥9 h/day) sleep duration, using univariable and multivariable linear regression models (adjusted by age, sex, education level and ethnicity). The False Discovery Rate was applied to account for multiple testing. This research has been conducted using the UK Biobank Resource under application number 99811.

Results: In unadjusted models, individuals with short sleep duration (n=67,295, 24.7%; 202/237 metabolites, median estimate -0.011 SD) and long sleep duration (n=21,110, 7.8%; 222/237 metabolites, -0.029 SD) had significantly different profiles than those reporting 7-8 sleep h/day (n=183,913, 67.5%). Their profiles were suggestive of higher cardiometabolic risk, with more monounsaturated and saturated fatty acids, higher levels of the inflammation marker glycoprotein acetyls, more triglycerides, less HDL and LDL, but more VLDL cholesterol, free cholesterol, cholesterol esters, total lipids and phospholipids. The profiles remained substantially unchanged (short duration: 178/237 metabolites, 0.015 SD; long duration: 220/237 metabolites, -0.030 SD) after minimal sufficient adjustment. The magnitude of the associations was consistently larger among individuals who slept nine or more hours per day. The associations with short sleep duration partly attenuated to non-significance (96/237 metabolites, 0.001 SD) after full adjustment (age, sex, education level, ethnicity, BMI, physical activity, smoking status, chronotype and fasting time).

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