time with patients can determine the initial changes in individuals and play a crucial role in the decision-making process.
Objectives: This systematic review aimed to investigate the effect of nurse-led interventions in reducing post-traumatic stress disorder symptoms in inpatients.
Methods: In this review, we investigated studies from Pubmed, Cochrane Library, Medline (OVID), Scopus, Web of Science, CINAHL, Dergipark and TR Dizin (a directory) databases that met the inclusion criteria. The methodological quality of the studies was assessed using the Cochrane Risk of Bias 1 tool. This study was performed based on the Guidelines of Systematic Reporting of Examination presented in the PRISMA checklist. The search protocol has been registered at the PROSPERO International Prospective Register of Systematic Reviews.
Results: This systematic review included seven studies with a total sample size of 736 inpatients (intervention group: 350 participants; control group: 345 participants). The meta-analysis revealed that nurse-led interventions showed no statistically significant impact on post-traumatic stress disorder symptoms (SMD: -4,08, Z = .79, p = .43), anxiety (SMD: .28, Z = .18, p = .86) and depression (SMD: -.60, Z = .87, p = .38) in inpatients.
Conclusions: Out of seven studies, five of them indicated that these interventions were not effective in reducing PTSD symptoms while in two studies, the interventions were found to be effective in alleviating PTSD symptoms. To effectively reduce or prevent post-traumatic stress symptoms in inpatients, it is recommended to integrate a comprehensive range of therapeutic, evidence-based practices into clinical settings, facilitated by a multidisciplinary team approach within a educative and collaborative working environment.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

O008

Sleep debt in adolescence as a risk factor for depression in young adulthood

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Introduction: Adolescence is a crucial stage, during which sleep undergoes significant maturation. Among the sleep changes that characterise adolescence, sleep debt is particularly relevant. Although existing evidence indicates that sleep debt is very prevalent in adolescents, little is known about its impact on adolescents' mental health.
Objectives: To explore the cross-sectional and longitudinal associations between sleep debt in adolescence and depression in adolescence and young adulthood.
Methods: This study is based on the Avon Longitudinal Study of Parents and Children. Here, we used data from 4,993 participants with information on sleep and depression at 15-16 years, and 3,962 on depression at 24 years. Self-reported information on amount of sleep hours per night during weekdays and weekends (i.e., actual sleep) and amount of sleep hours per night they felt they needed (i.e., sleep need) was collected at 15-16 years. Sleep debt at 15-16 years was calculated as the difference between sleep need minus actual sleep, with higher scores indicating higher sleep debt. Depression symptoms at 15-16 years were self-reported using the Short Mood and Feelings Questionnaires and the cut-off of total scores ≥ 8 was used as a criterion for depression. Moderate depressive disorder at 24 years old was measured using the self-administered computerised version of the Clinical Interview Schedule revised. To test the cross-sectional and longitudinal associations between exposures and outcomes, a series of logistic regression analyses (unadjusted and adjusted) were conducted.
Results: The results from the cross-sectional logistic regression analyses showed that the three measures of sleep debt (weekday, weekend and average) were significantly associated with the outcome, indicating that adolescents with higher sleep debt were at higher risk of concurrent depression at 15-16 years (weekday: OR=1.15, CI 95%=1.11-1.19, p<0.001; weekend: OR=1.04, CI 95%=1.01-1.07, p=0.010; average: OR=1.11, CI 95%=1.07-1.15, p<0.001). Regarding the longitudinal associations, only adolescents with higher sleep debt during weekdays were at higher risk of moderate depression at 24 years (OR=1.12, CI 95%=1.05-1.20, p<0.001), despite sleep debt on average being close to significant (OR=1.07, CI 95%=0.99-1.16, p=0.052).
Conclusions: Higher sleep debt is associated with higher risk of depression in adolescents and constitutes a risk factor for depression in young adulthood, particularly when the sleep debt occurs during weekdays. Our results contribute to the debate on early school times in adolescents and how these can impact their sleep patterns and consequently negatively affect their mental health. Further efforts to understand sleep debt in adolescence are needed, to prevent the development of future mental health problems.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

O009

The role of psychosocial stressors in PTSD development among medical staff in Ukraine

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Introduction: Prevalence of posttraumatic stress disorder (PTSD) has been documented in war-affected populations. A third of Ukrainians met diagnostic requirements for PTSD according to the UN, but the information on the mental health of medical staff is still insufficient. Well-known increased risk of mental disorder is

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