Abstracts

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Rapid-Fire Presentations

Assessing the Relationship Between Sleep Duration and Quality and Mental Health Among University Students

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Aims: Despite sleep being an important factor in maintaining mental health, some students frequently experience poor sleep quality and insufficient duration. Reasons such as prioritising academic duties over sleep and well-being may be implicated in the understanding of this relationship. Our study aims to assess the relationship between sleep duration and quality and mental health parameters among university students in the UAE.

Methods: A cross-sectional study was conducted with 550 university students, of whom 420 met inclusion criteria. Most notably, 81 were excluded due to pre-existing medical conditions. Data was collected using an online self-administered questionnaire incorporating the Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), and Pittsburgh Sleep Quality Index (PSQI) to evaluate anxiety, depression, and sleep quality. Data was analysed using SPSS with significance at $p < 0.05$. Ethical approval from the University of Sharjah Ethics Committee was obtained, and informed consent was taken from all participants.

Results: The sample comprised 61% males (n=256) and 39% females (n=164), predominantly undergraduates (93.1%, n=391) aged 18–23 (92.9%, n=390). Poor sleep quality (PSQI≥5) was identified in 87.2% (n=366), with a mean PSQI score of 7.84 (SD=3.26). Mean anxiety (GAD-7) and depression (PHQ-9) scores were 8.49 ± 5.655 and 9.75 ± 6.376, respectively, with pronounced gender disparities: 24.6% of females reported severe anxiety symptoms versus 6.7% of males (p<0.001). Similarly, females scored higher on PHQ-9, with 25.8% having severe depressive symptoms compared with 12.8% of males (p=0.004). Mid-range GPA students (3.0–3.5) had significantly worse sleep quality (PSQI = 8.75±3.73) compared with higher (3.5–4.0; 7.22±2.88) and lower (<3.0; 7.84±3.10) GPA groups (p = 0.003). Participants with severe anxiety had significantly higher PSQI scores (10.28±3.362) than those with none/mild symptoms (6.98±2.863; p<0.001). Similarly, 81.1% with severe anxiety and 80.5% of students with severe depressive symptoms scored above the median PSQI score (median=7.00, p<0.001).

Conclusion: The study findings elucidate an important correlation between sleep quality, mental health parameters, and academic performance among university students, with notable gender disparities. Mid-range GPA students (3.0–3.5) reported the worst sleep quality, suggesting this group being more likely to experience stress-related sleep difficulties, while possibly striving for

higher GPAs. The high prevalence of poor sleep, moderate-to-severe anxiety, and depression symptoms particularly among female students highlights a pressing need for gender-sensitive interventions. Further studies are required to ascertain culturally appropriate approaches to improve quality of sleep and mental health among university students.

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Association Between Low Vitamin D Levels, Sleep During Pregnancy and Post-Delivery, Depressive and Anxiety Symptoms: Longitudinal Analysis of the NiPPeR Trial

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Aims: Sleep is altered during pregnancy, particularly during the third trimester. Low Vitamin D levels have been linked to shorter sleep duration, depression and anxiety. In the NiPPeR double-blind randomised controlled trial of nutritional supplementation, women received either a formulation with additional ingredients including Vitamin D ('intervention group') or standard prenatal vitamins ('control group'). The association between Vitamin D deficiency, sleep, depression and anxiety was examined from pre-conception to six months post-partum. We aimed primarily to determine if women deficient in Vitamin D (<50nmol/L) were more likely to have disordered sleep compared with those Vitamin D sufficient. A secondary aim was to examine if women deficient in Vitamin D were more likely to be depressed or anxious compared with those with adequate Vitamin D levels.

Methods: We examined sleep data from women with at least one measurement of Vitamin D in the pregnancy and post-delivery periods (n=515). Pittsburgh Sleep Quality Index (PSQI) scores were compared between those with sufficient or deficient Vitamin D levels: by convention a PSQI score of >5 is considered to indicate disordered sleep. Depression was assessed using the Edinburgh Postnatal Depression Score (EPDS), with a score >13 indicating depression. The State-Trait Anxiety short form scale was used to measure anxiety, with a cut off >45 indicating state anxiety. One-way ANOVA in Stata version 18.0 was used throughout.

Results: As reported previously, the intervention substantially reduced the proportion of women who were Vitamin D deficient during pregnancy but did not change EPDS scores; PSQI scores were also not changed by the intervention. In the combined control and intervention group total PSQI scores increased from pre-conception until six weeks post-delivery. Total hours of sleep declined from pregnancy weeks 19–20 to six weeks post-delivery. At recruitment preconception, PSQI scores were higher in those deficient in Vitamin D, compared with those with sufficient levels (p=0.015); at later time-points PSQI scores were higher in Vitamin D deficient women but not significantly so. Depression as assessed by EPDS >13 was associated with Vitamin D deficiency only at preconception recruitment (p=0.019) and at 7 weeks' gestation (p=0.004), but not later in pregnancy or post-delivery. There was no association found between anxiety and Vitamin D status.

Conclusion: At pre-conception, sleep was worse in women with low Vitamin D levels. At preconception and early in pregnancy, low Vitamin D levels were associated with depression. Intervention with a Vitamin D containing supplement did not improve sleep in pregnant women.

Lost in Translation? Bridging the Gap in Communication Through Experiential Learning in Psychiatry

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Aims: Much like a doctor's diagnostic or procedural skills, communication skills are crucial in shaping patient outcomes. Poor communication in psychiatry through use of medical jargon, failure to validate concerns or a lack of empathy, can have far-reaching consequences including breakdown of the doctor-patient relationship, disengagement from treatment potentially resulting in a mental health crisis and future distrust of medical professionals. Concerningly, research suggests that without targeted training, medical students' communication skills and empathy declines during their degree. However, despite its importance, training in communication skills in psychiatry is often underrepresented in the medical curriculum. This workshop aimed to bridge this gap, equipping students with communication skills for mental health settings, improving student confidence and ultimately enhancing patient-centred care.

Methods: This workshop was co-developed by doctors in psychiatry at different stages of training, education fellows and patient actors. The aim was to integrate both clinical and communication expertise. Workshops were primarily delivered face to face, with one session trialled online. There were between 24–28 students in attendance for each workshop. The students were fourth year medical students from Queen Mary University, London, on placement in psychiatry at North East London NHS Foundation Trust. Forum theatre simulation techniques were used by facilitators to role play a doctor-patient consultation and encourage students to interact and actively reflect. Students then worked in groups and practiced explaining common psychiatric diagnoses and management plans to a simulated patient or relative.

Results: Pre- and post-session questionnaires were completed by students. Prior to the workshop, 80–92% of students reported lacking confidence in explaining a psychiatric diagnosis to a patient and 73–94% felt unprepared to discuss a psychiatric management plan. Whereas following the workshop, 72–80% felt quite or very confident explaining a psychiatric diagnosis and 82–95% reported reduced anxiety around communicating with patients in mental health settings; 91–100% rated the session as useful, engaging, and thought-provoking.

Conclusion: This workshop notably improved medical students' subjective confidence in communication in mental health settings. By integrating experiential learning, real-time feedback, and role-plays, students developed essential skills for communication in psychiatry. The overwhelmingly positive feedback from students supports the need for structured communication training in medical