Results: The mean (SD) score of ISI, ESS and STOP were 10.6 (5.9), 8.6 (4.5) and 0.87 (0.8) respectively. There were significant differences in ISI, ESS and STOP scores between shift workers and non-shift workers ($P < 0.001$) which were more clinically important in ISI scores with the mean difference of 3.67. Among 405 shift workers, 164 (40.5%) had moderate and severe insomnia with a significant difference with non-shift workers (OR= 3.5, CI95%: 2.58–4.76).

Conclusions: The overall scores of sleep disturbances were not high in the workers of the natural gas refinery. However, moderate and severe insomnia was more prevalent among shift workers in this population.

Disclosure: Nothing to disclose.

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Depressed insomniac patients benefit from group cognitive behavioural therapy for insomnia (CBT-I)
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Cognitive behavioral therapy for insomnia (CBT-I) originally addressed primary insomnia. However, a large proportion of outpatients in sleep clinics suffer from comorbid insomnia, and most prominently depression. In this study, we investigated whether the outcome of group CBT-I on sleep symptoms depended on the depression status and, conversely, whether the CBT-I improved depression.

Method: 91 patients (67 women, 24 men; 48.8 ± 1.2 yrs) with chronic insomnia received a therapeutic program (cognitive, behavioural and educational components) delivered by two therapists in groups of 6 to 10 patients, for 6 consecutive weekly sessions. Sleep characteristics from agendas were assessed before, during and at 2 months follow-up. Insomnia (Insomnia Severity Index: ISI, visuo-analogic scales), the depression severity (Beck Depression Inventory) and anxiety symptoms (Beck anxiety scale) were assessed before and after treatment, and at 2 months and 1 year follow-up.

Results: At baseline, the ISI was significantly higher in all groups of depressed patients (mild: 18.5 ± 0.6, n = 32; moderate: 20.1 ± 0.8, n = 17; and severe: 20.1 ± 0.8, n = 10) than in non-depressed ones (16.0 ± 0.6, n = 32). The treatment outcome was significantly different depending on the depression status (anova for ISI: $F(3,91) = 98.3, P < 0.0001$), with less efficacy in patients with severe depression. These benefits were maintained after 2 months, but less consistently in the severely depressed group.

Conversely, CBT-I induced a significant decrease of the depression score in all patients at the end of the treatment and at 2 months follow-up.

Conclusion: Insomniac patients with depressive comorbidity benefit from the group CBT-I therapy that alleviates not only insomnia but also depression.

Disclosure: Nothing to disclose.

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Familial aggregation of insomnia
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Objective: A positive family history of insomnia has been suggested as a predisposing factor of new onset insomnia. This study examined the evidence of familial aggregation of insomnia by showing that the risk of insomnia in biological relatives related to cases (with insomnia) exceeds that of relatives related to controls (without insomnia).