

P433**Risk factors and protection in school and the prevalence of alcohol and tobacco use among Brazilian and Spanish students: its influence on sleep quality**K. STANCATO¹, M. PÉREZ SOLÍS², I. GARRIDO GUTIÉRREZ², A. C. GABAN¹ and O. L. DE FIORE³¹Universidade Estadual de Campinas, Campinas, BR, ²Universidad Complutense de Madrid, Madrid, ES, ³Secretaria de Saúde de Sumaré, Sumaré, BR**Objectives:** to know the similarities and differences in consumption patterns, experiences, information and belief, the influence of protective factors and risk of legal drug in sleep quality of Brazilian and Spanish children.**Method:** A multicenter survey sampling intentional comparing public and private schools in central and peripheral areas. Participants 1012 children, 720 Spanish and 292 in Brazil, aged 11 years. The six questionnaires were administered to students after the study was approved by the Ethics in Research of the Faculty of Medical Sciences, Unicamp (number protocol 633/2008).**Results:** the level of participants' age, protective factors and risk do not work, but did not specify the subject as the various factors exert their effect on their sleep behavior related to alcohol and tobacco. Once the protective factors and risk work in relationships, to modulate and interfere with each other, so it is difficult to figure out how to relate to each other.**Conclusion:** it is supported by the fact that we found a very small number of significant differences when analyzing gender differences in the binding of protective factors with no consumption and risk factors of tobacco use. Descriptors: risk factors; smoking; alcoholism; child; alcohol drinking; tobacco; sleep.**P434****Subjective sleep quality effect on cognitive functioning in institutionalised elderly**

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We wish to describe subjective sleep aspects in institutionalised elderly and examine the extent to which subjective sleep quality and subjective sleep aspects are related to cognitive functioning, controlling educational level. Ninety-nine institutionalised elderly (mean age, M = 78.65, SD = 6.92; 44.4% without schooling; 52.5% schooling above 4 years) from Coimbra Council filled in a test battery, including socio-demographic questions, subjective sleep questions (daytime napping and sleepiness, sleep routines, physical exercise, pain during night, sleeping with someone, sleep disease and medication), neuropsychological tests (Mini Mental State Examination; MMSE; Montreal Cognitive Assessment, MoCA; Frontal Assessment Battery, FAB; Semantic fluency tests; copy and 3-min recall of Rey-Osterrieth figure; modified Stroop interference test) and a subjective sleep quality index (SSQI). The SSQI assesses sleep latency, difficulty in falling asleep, number of night awakenings, waking up spontaneously too early, subjective perception that waking up too early constitutes a problem, general subjective sleep quality and sleep depth. Some elderly reported daytime napping (48.5%) and sleepiness (45.5%), sleeping routines (91.8%), physical exercise practice (44.9%), pain during night (34.7%), having someone in the room that disturbs sleep (22.2%), sleeping disease (45.9%) and sleep medication intake (62.8%). Regarding SSQI, we found

prolonged sleep latency (37.5%), trouble falling asleep (41.4%), sleep fragmentation (greater nighttime wakefulness and frequent, long wake episodes) (66.3%), short sleep duration (49.1%) and global poor sleep quality (48.5%). Controlling education, SSQI was associated with clock drawing task; sleeping with somebody with better result on FAB abstraction task; physical exercise practice with MoCA fluency task; sleeping medication with MoCA abstraction task; and having pain during night with the Stroop task. Concluding, napping, daytime sleepiness, physical exercise practice and sleeping disease were fairly prevalent. Sleep medication intake and sleeping routines were very common. Sleep disturbances prevalence, including poor sleep quality, was relevant. Controlling education, some executive functions were associated with sleep subjective quality and other subjective sleep aspects. Future studies should address education level when assessing the association of cognitive functioning with sleep variables.

P435**Associations between sleep quality and different correlates in the elderly**

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Describe subjective sleep quality and explore the associations between several correlates and sleep quality in an elderly sample. Ninety-nine institutionalised elderly (mean age, M = 78.65; SD = 6.92; range = 60–95) from Coimbra Council filled in voluntarily a test battery (or whose relatives/caregivers gave consent), including socio-demographic questions, initial sleep assessment (daytime naps, daytime sleepiness, sleep routines, physical exercise, presence of pain/noise during night, sleep diseases and medication, sleep satisfaction), medical problems assessment and of medication that affect sleep, a subjective sleep quality index (SSQI), depressive (Geriatric Depression Scale) and anxious (Geriatric Anxiety Inventory) symptomatology and satisfaction with life (Satisfaction with Life Scale). The SSQI assesses sleep latency, difficulty in falling asleep, number of night awakenings, waking up spontaneously too early, subjective perception that waking up too early constitutes a problem for the person, general subjective sleep quality and sleep depth. Forty-nine percent of the elderly reported poor sleep. Older age was associated with early awakenings and decreased sleep depth, both in men and women. In men, age was associated with early awakenings, decreased sleep depth, diminished sleep satisfaction, and more daytime naps. In women, older age was not associated to any variable. Poor subjective sleep quality was associated with less education, no sleep satisfaction, more daytime sleepiness, pain during night, presence of medical problems that affect sleep, and depressive symptoms, both in men and women. In men, subjective sleep quality was associated with diminished sleep satisfaction, more daytime sleepiness, and pain or noise during night; older women had less sleep satisfaction, more daytime sleepiness, medical problems that affect sleep and more depressive symptoms. Decrease in sleep quality is fairly common in old institutionalised persons, and poor sleep is associated with less education, no sleep satisfaction, more daytime sleepiness, pain during the night, presence of medical problems that affect sleep and higher depressive symptoms. Studies are required to establish whether improvements in these outcomes will ameliorate sleep in institutionalised elderly.