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- Submission Examples
- Submission
- Invited Speakers
- Pre-Congress Workshops

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PROGRAMME
Submission

Online Abstract Submission

01 Abstract Submission → 02 Abstract Author → **03 Abstract Preview** → 04 Completed

Abstract Preview
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Linguistic features during assesment interviews between insomnia patients with depression.

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Introduction: Sleep disorders often coexist with psychiatric disorders, especially in patients with depression, where 77%-90% have insomnia symptoms (Stewart et al., 2006). It has been suggested that treatment strategies should be based on depressive symptoms and other subtypes (Blanken et al., 2019) in cognitive behavior therapy for insomnia(CBT-I), and more accurate diagnosis and differentiation will contribute to clinical practice. Previous studies have identified linguistic features of depression (e.g., increased first-person pronouns) in empirical studies for the purpose of more objective diagnosis, and it is not

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Method: Verbatim data from interviews for eligibility assessment in a clinical trial of remote cognitive behavior therapy for insomnia (jRCT : 1030210575) were used. 12 subjects met the following criteria: 1) meet the diagnosis of insomnia (meets DSM-5 criteria for insomnia disorder), 2) have mild or severe insomnia symptoms (≥8 points on ISI), For the presence of depressive symptoms, a cutoff score of 9 was used on the Patient Health Questionnaire-9 (PHQ-9) measured after the interview. The proportion of first person pronouns in the total number of words was calculated by morphological analysis to split the verbatim data into words. These proportion was compared between those with and without comorbid depressive symptoms to see if the trend shown in previous studies is observed. In addition, a co-occurrence network was used to identified words that are characteristic of those with and without comorbid depressive symptoms among those with insomnia disorders.

Results and conclusion: Among all subjects, 6 were depressed (meanage = 49.5 female = 3) and 6 were nondepressed (meanage = 51.67 female = 2). No correlation was shown between the PHQ-9 and ISI of the subjects. (r = 0.02) .A t-test on the percentage of first person pronoun use in the two groups at the cutoff of the depression scale showed no significant difference between the two groups. (t (12) = -2.076, p = .083, d = -1.20) The results suggest that at the treatment of therapy, it is difficult to recognize the co-occurrence of sleep disorders and depressive symptoms based on the findings of previous studies.

On the other hand, a co-occurrence network shows the characteristic words in the two groups, more sleep-related characteristics such as "sleep (verb & noun) " and "wake (verb & noun) " were found in the group with comorbid depression than in the group without depression. Sleep-waked-related words may be a marker for the co-occurrence of depressive symptoms even at the beginning of treatment.

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