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**P45** A SYSTEMATIC REVIEW OF THE EFFECTS OF SLEEP MEDICINE TEACHING ON THE KNOWLEDGE OF DOCTORS AND MEDICAL STUDENTS

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**Introduction** Sleep Medicine is a rapidly growing field gaining increased awareness amongst the general public. However, educational exposure received by aspiring clinicians has only

marginally improved in the last two decades (Romiszewskiet al., 2020).<sup>1</sup> This review identifies research in which clinicians or clinical students' Sleep Medicine knowledge was measured at baseline and retested following specific Sleep teaching. The extent of knowledge increase, alongside correlation between improvements and duration of teaching time were evaluated.

**Methods** Studies were screened to ensure they contained a relevant population, aged >18yr, exposed to an educational intervention focusing on sleep, with required assessments of clinical knowledge. Those focusing on non-clinical populations and non-English Language studies were excluded. Searches were performed using the Ovid platform alongside hand-searches in 'Search Oxford Libraries Online' and reference lists from review articles. Quality appraisal was conducted using published tools. For each study change in knowledge was converted to percentage, and statistical analyses performed to calculate the mean, participant number weighted mean, standard deviation and Spearman's rank of correlation coefficient.

**Results** See table 1 and table 2. Seven studies were identified including five cross-sectional, one cohort study and one RCT. All showed a significant effect of Sleep Medicine Education. In total 445 who experienced interventions were included for

Abstract P45 Table 1

Study	Mean Pre-test Score / %	Mean Post Test Score / %	Change / %
(Saetia, Reed and Jernstedt, 2005)	39.8	78.5	+38.7
Schillinger et al 2003	51	2 weeks; 68	+17
		6 months : 67	+16
Bandla et al., 2007	56	85	+29
Salas et al., 2013	55.0	69.9	+14.8
Ersu et al. , 2017	55	Immediately after: 93	+38
		At 3 months : 77	+22
Mazer et al., 2021	39.6	49.5	+9.93
Wappel et al., 2021	67.1	77.5	+10.4
	71.3	81	+9.67
			Mean +10.0

Abstract P45 Table 2

Population	All Medical Practitioners and Students	Undergraduates Only
Mean increase in Sleep Medicine Knowledge (95% Confidence)	+20.0%	+21.7%
Participant number weighted Mean	+18.5%	+19.8 %
Standard Deviation	10.6 %	11.8 %
Spearman's Rank Correlation Coefficient	0.679	0.9

analysis. A mean increase in Sleep Knowledge of 20% was noted across all studies, with the intensity of the educational intervention correlating with the degree of increase (Spearman's rank 0.679) in all participants, and very strongly in the undergraduate population (Spearman's rank 0.900).

**Discussion** Comparability remains a limitation of the review as not all intervention groups were assessed using validated measures of sleep medicine knowledge. Nevertheless, this provides compelling evidence to argue for additional formalised Sleep teaching in medical education in an already crowded medical curriculum.

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P46

#### DEVELOPMENT AND EVALUATION OF A PERSONALISED SLEEP CARE PLAN ON CHILD AND ADOLESCENT IN-PATIENT MENTAL HEALTH WARDS

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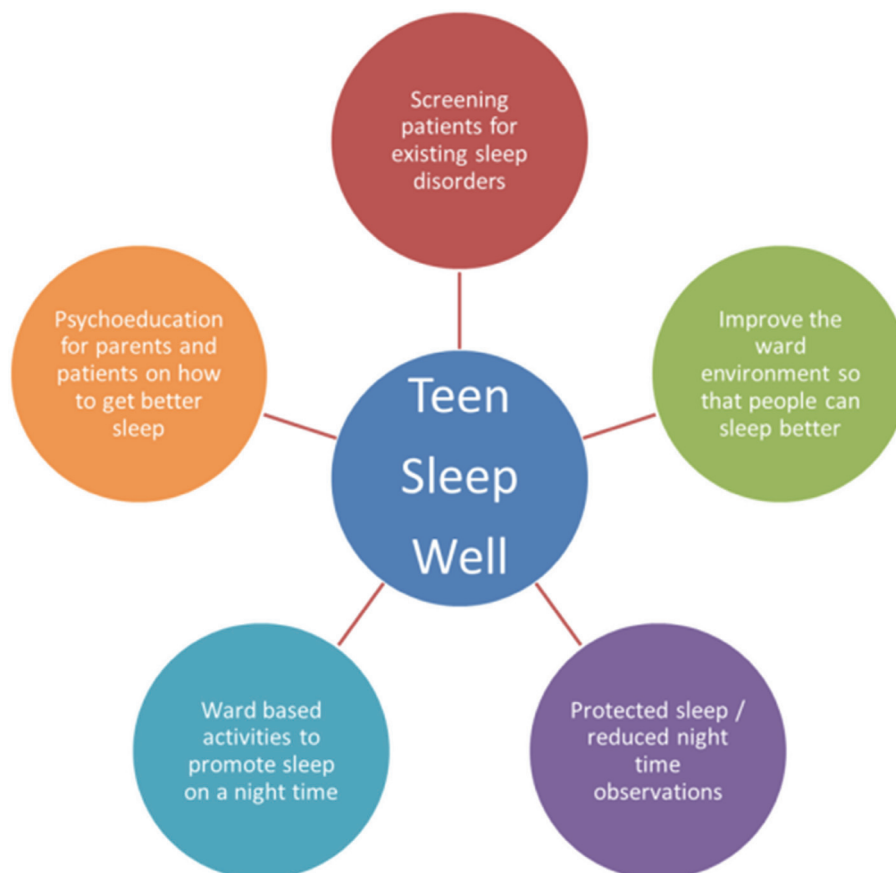
**Introduction** Sleep disturbance has a significant impact on adolescent mental health. The total sleep requirement for adolescents is longer than adults with specific differences in circadian rhythms. However, in-patient mental health wards

can directly cause poor sleep, independent of the problem that led to admission. Sleep disruption significantly impacts mental health and is an independent risk factor for suicide and behavioural disturbance. In addition, sleep disorders such as insomnia, delayed sleep phase syndrome and restless legs syndrome are common in adolescents with mental health problems. These sleep disorders remain under diagnosed despite effective therapies. We have previously shown in adults that the timed hourly overnight observations were disruptive, not necessary for all and a personalised sleep care plan was safe with reduced hypnotics used.

**Methods** A pilot study was carried out on 4 Children and Young Person Services (CYPS) mental health wards, (including learning disability units, general adolescent service and intensive care) to test a package of measures to safely enhance sleep management specifically for adolescent in-patients (Teen-SleepWell). The aim was to evaluate the outcomes and if successful, for this to be used trust-wide across all CYPS inpatient units. This is novel for the UK. The measures are detailed in figure 1 below with identified ward sleep champions and regular 3 monthly review of hypnotics, those able to have protected sleep and any adverse events measured over a 2 year time period.<sup>1-3</sup>

**Results** Staff, patient and parent feedback interviews were positive with no adverse events relating to protected sleep but decreased total issue of hypnotics, this allowed 57% of patients to have a protected 8 hour sleep period at any one time.

**Discussion** A personalised sleep care plan was safely implemented allowing protected sleep for many adolescents and



Abstract P46 Figure 1