

P056 OBSTRUCTIVE SLEEP APNOEA IN PREGNANCY: SEEKING THE VIEWS OF SERVICE USERS

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Introduction Gestational obstructive sleep apnoea (G-OSA) affects around one in four pregnant women,¹ and is associated with poor maternal and foetal outcomes.²⁻⁴ G-OSA therefore represents a potentially modifiable risk-factor for perinatal outcomes, but more intensive screening risks over-diagnosis due to a lack of research into i) optimal intervention thresholds, and ii) the preferences and experiences service users.⁵

Method This project aims to explore the perceptions, concerns, and values of service users regarding screening and diagnosis of G-OSA, using qualitative semi-structured interviews with thematic analysis. This study has received research ethics committee approval.

Results At the time of writing interviews are ongoing. Preliminary analysis suggests that, while pregnant women would likely see screening for, or research into G-OSA as being desirable, there are concerns:

- Women might not perceive sleep problems as being a risk-factor for adverse outcomes. Increased knowledge of G-OSA would therefore represent an additional perceived 'risk' in pregnancy.
- Women may feel offended if they felt that their behaviour or lifestyle was a factor in whether screening was offered.
- Women may find diagnostic equipment scary and would need reassurance that it would not harm their baby.
- Despite the practical burden of screening or treatment for G-OSA, women may feel obliged to take part due to societal pressures.
- Women may feel guilty or distressed if they were unable to tolerate continuous positive airway pressure.

Discussion We expect to develop these themes further with more interviews and analysis, but the results so far promise that the research will offer insight into how clinical and research programs might be designed in order to minimise distress and optimise service user participation. This adds to the debate around the risk-benefit analysis of increasing the screening burden faced by women in pregnancy.

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P057 SLEEP IN PATIENTS LIVING WITH MESOTHELIOMA: A SCOPING REVIEW

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Introduction Poor sleep quality is common for patients living with cancer,¹ and is linked with poor quality of life, psychological disorders, and poor outcomes.² Interventions designed to optimise sleep quality therefore have the potential to improve patient wellbeing.³ This may be important for people living with cancers such as mesothelioma, where a poor prognosis may tend towards palliative management regimes.

Abstract P057 Table 1 Summary of sleep-related measures used in mesothelioma populations

Sleep-related measures	Frequency	Sleep-Related Measures	Citation
EORTC QLQ-C30	9	Questionnaire items include <ul style="list-style-type: none"> • "Have you had trouble sleeping?" • "Were you tired?" 	4
LCSS	2	N/A Items relating to fatigue and pain only	5
SPARC	1	Questionnaire items include <ul style="list-style-type: none"> • "Problems sleeping at night?" • "Feeling sleepy during the day?" 	7
Invalidated subjective responses	1	Subjective questionnaire responses relating to sleep	8
Case reports	2	Subjective descriptions relating to sleep or fatigue, including patient being unable to sleep on back	9, 10
The mesothelioma survivor group	1	Questionnaire items include <ul style="list-style-type: none"> • "Does your pain prevent you from sleeping 6- 8 hours?" 	11