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

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Introduction Gestational obstructive sleep apnoea (G-OA) affects around one in four pregnant women,¹ and is associated with poor maternal and foetal outcomes.²⁻⁴ G-OA 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-OA, 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-OA as being desirable, there are concerns:

- Women might not perceive sleep problems as being a risk-factor for adverse outcomes. Increased knowledge of G-OA 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-OA, 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
Unvalidated 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

Abstract P057 Figure 1 Eligibility and screening flow-chart. 125 results were excluded as not being relevant, and 8 studies could not be accessed. A further 11 full-text studies were excluded as they did not include sleep-related measures. A total 16 full-text studies were included in the analysis

Few studies have attempted to describe the scale or nature of poor sleep quality in patients living with mesothelioma, so this review aims to establish the type of sleep-related outcomes that have been applied in studies of this population.

Method The PubMed database was used to search for studies that have included measures of sleep, or sleep quality in patients living with mesothelioma. Search terms included: Mesothelioma AND (Sleep* OR Tiredness).

Results The initial search yielded 160 results, after eligibility screening 16 full text studies were included in the qualitative synthesis (see figure 1). The most common method of evaluating sleep or sleep quality in mesothelioma was the EORTC QLQ-C30 questionnaire.⁴ Other methods included the lung cancer symptom scale,⁵ and the Sheffield Profile for Assessment and Referral to Care,⁶ as well as various un-validated or subjective free-text responses (see table 1).

Discussion The studies identified have included fairly superficial measures of sleep or sleep quality (see table 1). Items in the generic cancer-related quality of life questionnaires relate to 'difficulty' or 'trouble' sleeping, as well as daytime

sleepiness. There were no studies using objective or subjective measures of sleep such as actigraphy or diaries, and no sleep-specific quality of life questionnaires.

Conclusion Further work is required to understand the nature and impact of poor sleep quality in this population. This should include objective measurement, sleep-specific questionnaires, and qualitative analysis.

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ASSOCIATIONS BETWEEN SLEEP PARAMETERS, NON-COMMUNICABLE DISEASES, HIV STATUS AND MEDICATIONS IN OLDER, RURAL SOUTH AFRICANS

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Abstract P058 Table 1 Logistic regression models for association between demographic and sleep variables. Each of the six sleep parameters (dependent variables) was evaluated in a separate model with the demographic variables serving as independent variables

		Self-reported sleep duration	Bedtime	Wake time	Insufficient sleep	Restless sleep	Snoring
		Quartile 1 - Quartile 4	Quartile 1 - Quartile 4	Quartile 1 - Quartile 4	Sometimes/ Rarely/ Never sufficient vs. Often/ Very often sufficient	Yes vs. No	Yes vs. No
		OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Age group (y)	50-59 vs 40-49	0.83 (0.70, 0.98)	1.00 (0.85, 1.17)	0.76 (0.64, 0.89)	1.13 (0.93, 1.37)	1.39 (1.12, 1.72)	1.28 (1.00, 1.63)
	60-69 vs 40-49	0.78 (0.65, 0.94)	0.99 (0.83, 1.19)	0.61 (0.51, 0.73)	1.04 (0.84, 1.29)	1.79 (1.42, 2.25)	1.64 (1.26, 2.13)
	70-79 vs 40-49	0.93 (0.76, 1.15)	0.75 (0.61, 0.92)	0.85 (0.69, 1.04)	1.15 (0.91, 1.47)	1.97 (1.53, 2.54)	1.54 (1.14, 2.07)
	80+ vs 40-49	1.24 (0.97, 1.59)	0.53 (0.41, 0.67)	1.18 (0.93, 1.51)	1.37 (1.04, 1.81)	2.46 (1.84, 3.29)	1.80 (1.27, 2.55)
Sex	Female vs Male	0.73 (0.64, 0.83)	0.93 (0.82, 1.05)	0.50 (0.44, 0.57)	1.05 (0.91, 1.21)	1.28 (1.10, 1.49)	0.74 (0.62, 0.88)
BMI	Underweight vs normal	1.01 (0.79, 1.30)	0.71 (0.55, 0.90)	1.06 (0.83, 1.35)	1.09 (0.82, 1.44)	1.27 (0.95, 1.69)	1.34 (0.94, 1.89)
	Overweight vs normal	1.03 (0.90, 1.19)	0.97 (0.84, 1.11)	0.91 (0.79, 1.04)	1.14 (0.97, 1.33)	1.14 (0.97, 1.34)	1.30 (1.07, 1.60)
	Obese vs normal	1.08 (0.93, 1.24)	1.06 (0.92, 1.22)	1.10 (0.95, 1.26)	1.30 (1.11, 1.53)	1.02 (0.86, 1.20)	2.50 (2.05, 3.05)
Education	1-7 years vs No formal education	0.89 (0.78, 1.02)	1.19 (1.05, 1.35)	1.02 (0.9, 1.16)	0.93 (0.81, 1.08)	0.94 (0.81, 1.09)	1.29 (1.08, 1.53)
	8-11 years vs No formal education	0.96 (0.79, 1.16)	1.18 (0.97, 1.43)	1.17 (0.97, 1.42)	0.67 (0.53, 0.85)	0.82 (0.64, 1.04)	1.09 (0.83, 1.44)
	12+ years vs No formal education	0.82 (0.64, 1.03)	1.45 (1.15, 1.83)	0.81 (0.64, 1.02)	0.71 (0.54, 0.94)	0.50 (0.36, 0.70)	1.23 (0.89, 1.70)
Employment	Employed vs Not working	0.57 (0.48, 0.67)	1.00 (0.86, 1.18)	0.43 (0.36, 0.50)	0.94 (0.78, 1.13)	0.76 (0.62, 0.94)	0.99 (0.79, 1.24)
	Homemaker vs Not working	0.45 (0.37, 0.54)	0.88 (0.74, 1.05)	0.96 (0.80, 1.14)	0.34 (0.27, 0.43)	0.86 (0.70, 1.06)	1.20 (0.95, 1.52)
Marital status	Never married vs Currently married	1.18 (0.92, 1.51)	0.95 (0.75, 1.20)	1.57 (1.24, 1.99)	1.10 (0.84, 1.46)	1.14 (0.83, 1.56)	0.82 (0.57, 1.17)
	Separated / divorced vs Currently married	1.20 (1.01, 1.43)	0.85 (0.71, 1.00)	1.35 (1.13, 1.59)	1.15 (0.94, 1.40)	1.38 (1.12, 1.69)	0.76 (0.59, 0.97)
	Widowed vs Currently married	1.23 (1.07, 1.42)	0.79 (0.69, 0.91)	1.20 (1.04, 1.38)	1.13 (0.96, 1.33)	1.33 (1.13, 1.57)	0.66 (0.54, 0.81)
Wealth quintile	2 vs 1 (lowest)	0.94 (0.79, 1.11)	1.21 (1.03, 1.44)	0.92 (0.77, 1.08)	1.11 (0.92, 1.35)	0.91 (0.75, 1.11)	0.86 (0.68, 1.10)
	3 vs 1	0.81 (0.68, 0.97)	1.31 (1.11, 1.56)	0.90 (0.76, 1.07)	0.93 (0.76, 1.14)	1.09 (0.89, 1.33)	0.93 (0.73, 1.18)
	4 vs 1	0.73 (0.61, 0.87)	1.66 (1.40, 1.97)	0.99 (0.83, 1.18)	1.03 (0.84, 1.26)	1.05 (0.85, 1.29)	0.92 (0.72, 1.18)
	5 vs 1	0.76 (0.63, 0.92)	1.83 (1.52, 2.19)	0.99 (0.83, 1.19)	1.05 (0.85, 1.30)	0.89 (0.72, 1.11)	0.88 (0.68, 1.14)

OR: odds ratio, CI: confidence interval, BMI: body mass index.