elucidated. However, it is clear that future research and policy initiatives to encourage families to prioritise sleep in the family routine has the potential to improve not only cognitive and academic outcomes but also child health and wellbeing.

P064 ASSOCIATION BETWEEN SELF-REPORTED SLEEP-DISORDERED BREATHING AND ESTIMATED CARDIOVASCULAR RISK

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Background Sleep-disordered breathing (SDB) is associated with the increased cardiovascular (CV) morbidity, however, it is not considered in the standard risk stratification scales.

Purpose We evaluated the association between self-reported SDB (population-based sample) and two common risk stratification scales: SCORE and ASCVD.

Methods We selected 526 adults without known CV-disease (156 males, 30%; mean age 54±6.8years) from the population-based sample (the epidemiological study ESSE-RF). All subjects were interviewed (lifestyle, medical history, complaints) using standard questionnaire. We assessed self-reported snore (‘Do you snore?’) and sleep apnea (‘Do you have sleep apneas?’). Affirmative response was considered diagnostic. The 10-year risk of fatal CV-events was assessed by the SCORE high-risk charts calculator and ASCVD risk estimator.

Results Overall, 288 (55%) subjects had snoring, while 27 (5%) reported sleep apneas. Based on the SCORE the participants were divided as following: low risk (<1%) was the most predominant category (33%); moderate risk (≥1% and <5%)-44%, high risk (5–10%)-16%, and very high risk-5%. Based on the ASCVD scale the subjects were divided as following: low risk (<5%) consisted 55,4%; borderline (6–7,4%)-16,3%, intermediate (7,5–19,9%)-23,3% and high-5,3%. High-to-very-high SCORE-risk was more frequent in subjects with self-reported snoring compared to non-snorers: 27.1% vs. 7.5%, respectively (Chi-square=44.5,p<0.001). No association was found between self-reported sleep apneas and CV-risk (p>0.05). Similarly, intermediate-high ASCVD-risk is found more often in snorers vs. non-snorers (34,7% vs. 16,4%, respectively,Chi-square=22.5,p<0.001), with no association between self-reported sleep apneas and ASCVD-risk (p>0.05). Logistic multiple regression demonstrated an association between SCORE-risk and self-reported snoring (OR=3.21 95%CI 1.82–5.67,p<0.001); between self-reported snoring and ASCVD-risk (OR=2.24 95%CI 1.35–3.71, p=0.002).

Conclusions In Russian population-based sample self-reported snoring (unlike self-reported sleep apnea) is associated with the increased 10-year risk of CV-events independently of the risk stratification scale. The lack of association between CV-risk and sleep apnea might be related to the subjective assessment.

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