limitations in interpretation of findings due to the small number of participants in the pilot survey.

REFERENCES

A cross-sectional analysis was carried out on baseline data from the UK Biobank (n=82995). Sociodemographic, health-related and lifestyle information were collected using touch-screen questionnaires. Sleep and physical activity parameters were measured objectively using wrist-worn accelerometers (participants were aged 43–79 years). Sleep durations have been categorised into five groups. Short sleepers: (1) <5 hours/night, (2) 5–6 hours/night, (3) 6–7 hours/night; normal sleepers: (4) 7–8 hours/night; long sleepers: (5) >8 hours/night.

Short objective sleep duration was associated with male gender, older age and lower social status. A greater proportion of males with a sleep duration <5 hours/night have very high risk waist circumference (>102cm) compared to normal and long sleepers (22.1%, 14.9%, 11.7%, 10.4% and 10.2%, respectively). A similar pattern was also seen in females (60.0%, 50.6% 43.9%, 41.3% and 40.6%, respectively). The percentage of participants with cardiometabolic diseases is significantly lower in those who sleep between 6–8 hours/night compared to other short and long sleepers (34.8%, 27.7%, 26.0%, 25.9% and 29.1%, respectively). They also have better health ratings and less likely to have hypertension, diabetes and cardiovascular disease. Finally, those who sleep 6–7 hours were most physically active compared to other sleep groups. In conclusion, 6–8 hours of sleep per night is associated with better metabolic health and higher physical activity level. Short sleep duration is associated with male gender and social deprivation. Although, no causal link can be established from this study, the results can help to develop interventions for targeted groups to reduce the adverse effects of poor sleep.
Results Sixteen participants (Mean age 20.3 (±1.2) years; 10 female, 6 male) completed the study. During the hotel stay, mean sleep quality in the control group was 54.6 (AU) compared to 46.3 in the intervention group. Sleep quality of the control group increased from 54.6 in the hotel to 66.2 at home. No observed differences were statistically significant.

Discussion Overall, no statistically significant evidence was found to support the presence of the FNE in hotels or that use of one’s own pillowcase reduces the FNE. However, there is still potential to build upon this research as this is an understudied area and applications in business and wellbeing.

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**P071** PSYCHOLOGICAL MORBIDITY IN CHILDREN WITH NARCOLEPSY

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Introduction Narcolepsy occurs due to an inability to regulate the sleep-wake cycle, causing disturbed night-time sleep and excessive daytime sleepiness. Children and young people with narcolepsy have increased psychiatric illness, compared to healthy controls. A recent study of 31 paediatric narcolepsy patients found 43% had psychiatric comorbidity, compared with 10% in the general population.1

The aim of this service evaluation was to determine whether Sheffield Children’s Hospital narcolepsy patients have increased psychological morbidity in order to inform service development.

Methods 43 patients, aged 4–16 years, and their parents were given Revised Children’s Anxiety and Depression Scale (RCADS) questionnaires in clinic [Service Evaluation SE1473]. Software produced by the developer was used to analyse the results, using data from a cohort of children and parents separated by gender and American school grade.

Scores are divided into: Separation Anxiety, General Anxiety, Panic, Social Phobia, Obsessive Compulsive Disorder and Depression.

Results 34 patients and parents completed their questionnaires. A positive score was defined by a T score>65, indicating clinically significant anxiety or depression. 16 patients scored positively based on their questionnaires and 25 scored positively based on their parent’s questionnaires, giving psychological morbidity rates of 47% and 74% respectively. The category scored positively in most frequently was depression: 15 parents scored positively here.

Scoring for anxiety was lower: 13 in the parent and 2 in the child’s questionnaires.

Discussion This service evaluation showed raised levels of anxiety and depression in Sheffield Children’s Hospital narcolepsy children and young people, compared with national averages. Regular psychological assessment and early intervention for patients would be appropriate, given the results shown here and these results will be put forward as part of a future business case.

REFERENCE