tool for clinicians in the health care environment enabling quick identification and assignment of individuals that may have a sleep issue.

P075 DOES TOTAL DAILY SCREEN TIME AFFECT OUR SLEEP QUALITY?

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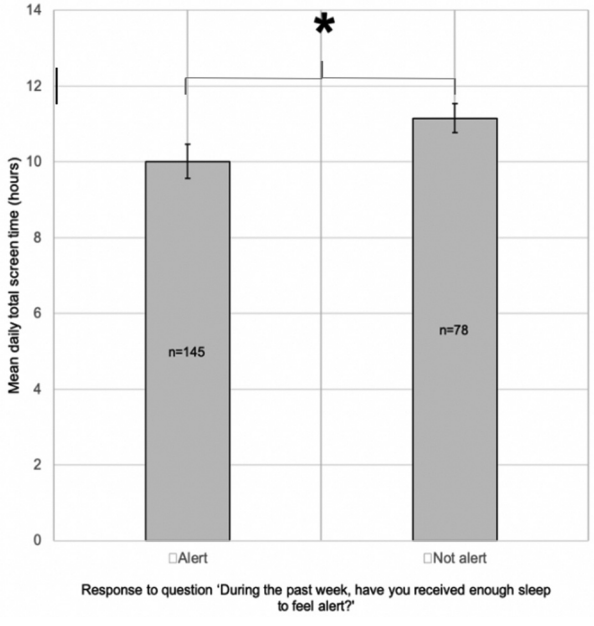
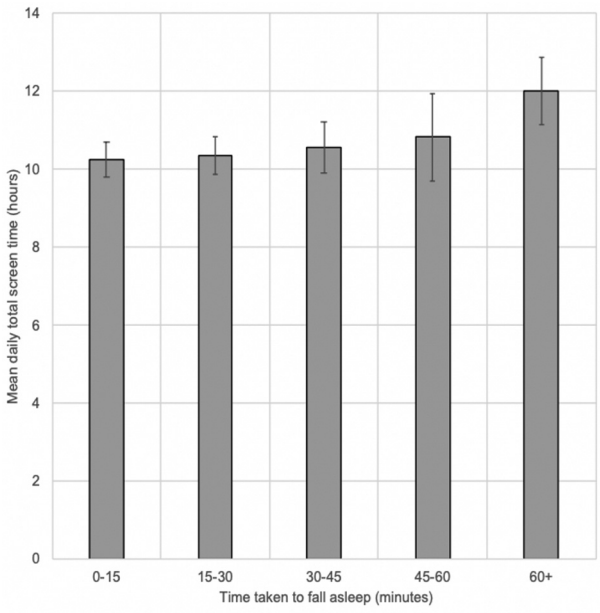
Background The percentage of adults spending >40hrs/week online has increased by 14% in the last decade.[1] Increased screen time is associated with poor sleep quality, which in turn influences memory and attention. This study tested the hypothesis that increased daily screen time was associated with significantly decreased sleep quality.

Methods Data was collected, with ethical approval, over three mornings (May 2019) from 399 randomly selected members of the public in South Kensington. A questionnaire with 15 questions, including age, gender, total daily screen time, sleep onset latency, and daytime alertness was used. A representative sample size of 369 was calculated, based on the daily footfall of Exhibition Road (32,422). 16 responses were excluded due to incomplete questionnaires, sleep disorders and jet lag.

Results Data from participants aged 18–34 was selected for analysis (n=223, 55.9% of the total responses). Respondents who answered 'no' to the question 'Have you had enough sleep to feel alert?' had a significantly higher mean total screen time than those who answered 'yes' (figure 1: Mean ±SEM, alert ('yes'): 10± 0.38 hours, not alert ('no'): 11.2 ±0.45 hours, p=0.02). There was no significant correlation between the total daily screen time and sleep onset latency (Figure 2: spearman's ρ=0.059 and p=0.38).



Abstract P075 Figure 1 A bar graph showing self-reported mean daily total screen time (mean±SEM) against the responses to the question 'During the pastweek, have you received enough sleep to feel alert?' in 18-34 year olds. There was a significantly higher mean daily screen time in individuals who responded 'no' (p=0.024)



Abstract P075 Figure 2 A bar graph showing self-reported mean dailytotal screen time in hours (mean±SEM) against the self-reported sleep onset latency in minutes in 18-34yearolds. No significant correlation was found between daily screen time and sleep onset latency (Spearman's ρ=0.059 and p=0.38)

Conclusion The main finding of this study was that increased total daily screen time was associated with reduced daytime alertness, and a reduced sleep quality in members of the public aged 18–34 years. Although, screen time did not have a significant impact on sleep onset latency. This research could potentially raise awareness about the impact of screen time on sleep, and help inform future research into this area.

Acknowledgements With special thanks to our fellow Sleep CRI project members for their contribution to data collection.

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P076 SIGNPOSTING FOR SNORING: DOES IT OPTIMISE USE OF GP TIME? ONLINE SURVEYS OF PATIENTS AND SLEEP-TRAINED DENTISTS

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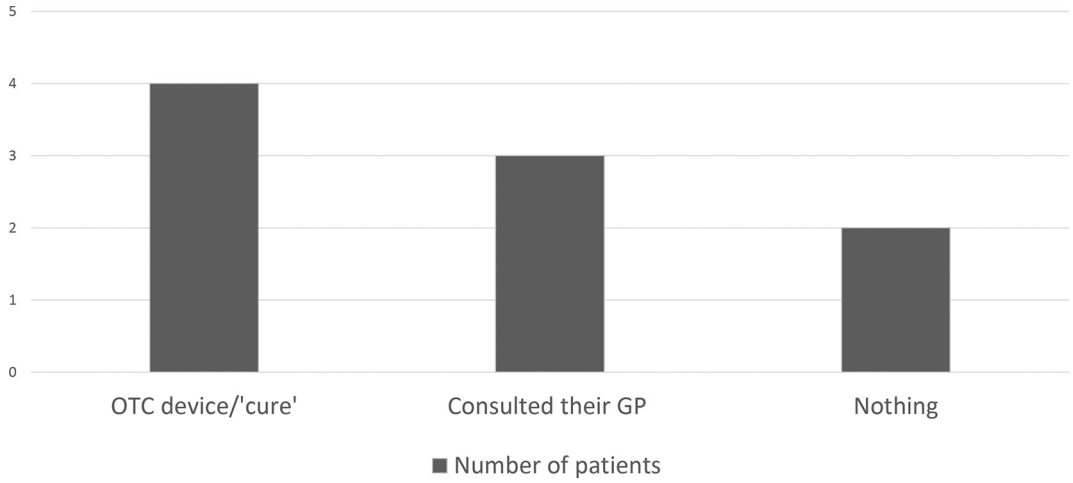
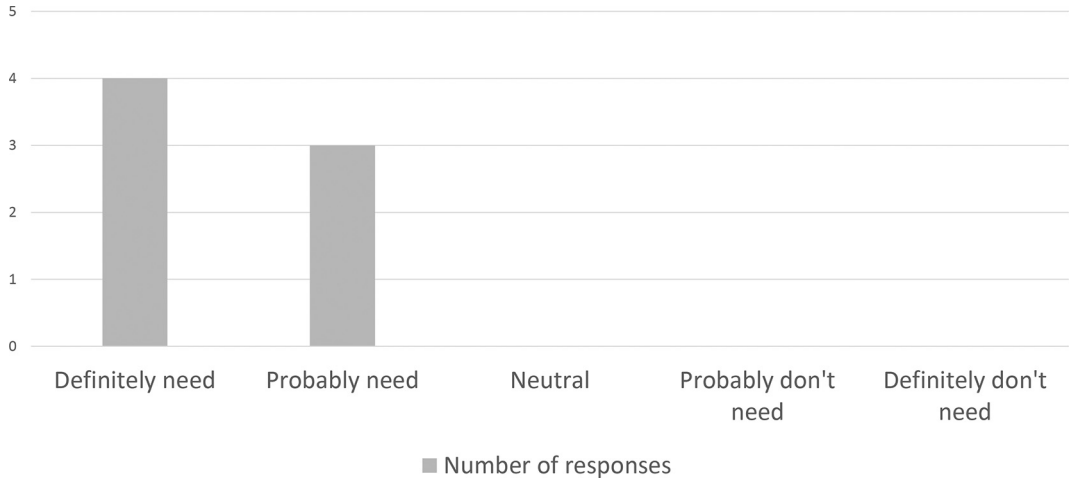
Introduction 30_1 – 95_2% of adults search online for health information, and online systems are increasingly used to optimise GP clinical time. Intra-oral devices (MADs) are recommended by $NICE_3$ for snoring, mild OSA and where PAP is refused or not complied with.

If SRBD services are to cope with increasing demand, signposting non-somnolent patients (without major co-morbidities) directly to sleep-trained dentists could offer a way to optimise both GP time and improve access to MADs.



Abstract P076 Figure 1 When you [patient] think about signposting for snoring do you think of it as something you do or don't need?



Abstract P076 Figure 2 Before their appointment with you [dentist], had your snoring patients tried any these?

A significant challenge is that most patients and medics don't consider 'going to the dentist' a treatment option.

This abstract explores the hypothesis that online signposting could optimise GP clinical time and SRBD service use, while facilitating direct access to MADs for non-somnolent patients.

Note Signposting is a form of triage or care navigation - not screening.

Method We created Snorer.me Signposting an online signposting tool (Clinical Decision Support System, CE marked, Software as a Medical Device) and began assessing outcomes from 4th June 2019 using online surveys of both patients and sleep-trained dentists.

Results (Preliminary data - survey ongoing)

- 115 patients used Snorer.me Signposting with 7 survey respondents. 5 sleep–trained dentists responded
- 100% of surveyed patients considered they needed signposting to snoring treatment (figure 1)
- Sleep–trained dentists said 60% of their snoring patients had already seen a GP. (Figure 2)
- Snorer.me Signposting captured assessment data in the patient's own time, further optimising clinical time

Discussion Results suggest GP clinical time may be optimised and access to MADs improved through use of online signposting that:

- Builds a primary care network (GP & dentist) to serve the patient and 'filter' SRBD referrals to secondary care
- Facilitates direct access to NICE recommended MAD therapy for benign snorers
- Avoids the pitfalls of self–diagnosis and self–treatment with OTC 'cures'

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