through professional networks and social media. The survey asked CPs to record their perceptions on how often patients sought advice on several common sleep problems, as either ‘very often’ (most days), ‘often’ (1–3 times/week), ‘occasionally’ (1–3 times/month) or ‘rarely’ < once/month).

Other areas included self-rated confidence dealing with requests on sleep problems (1–5 Likert scale: 1 being ‘not confident’ and 5 ‘confident’), estimated proportion of GP-referred requests for advice and the perceived need for community-based sleep-related services. Data analyses were descriptive.

Results Completed responses were obtained from 120 CPs. Results summarised in figures 1 and 2. Combining ‘often’ and ‘very often’, the most common sleep-related problems encountered were insomnia (60%) and sleepiness/tiredness/fatigue (54%).

Half the CPs self-rated their confidence as 3 on the ‘confident - not confident’ scale. Fifty-seven percent reported that they received no undergraduate training on sleep problems. Proposed pharmacist involvement in sleep screening/signposting services or a pharmacy-based intervention/referral programme was supported by 78% and 70% respectively.

Fifty-eight percent of CPs were ‘very often’ or ‘often’ asked about symptoms of OSAS, with the majority (93%) asked ‘occasionally’.

Discussion CPs frequently encounter patients with symptoms of sleep disorders, but their confidence and training in dealing with these is lacking. This study highlights the need for specialist sleep training for pharmacists and the development of pharmacy-based services to support and improve patient outcomes.
Introduction 24-hour movement behaviours (physical activity, sedentary behaviour and sleep) are crucial for physical and mental health (Rollo, Antsygina, & Tremblay, 2020). For adolescents with type 1 diabetes several unique challenges arise from navigating standard adolescent changes combined with the constant 24-hour management required for the condition (Cameron et al., 2018). Previous research has examined these behaviours in isolation, yet few have examined them relative to one another. The aim of this study was to conduct a mixed methods systematic review to comprehensively investigate 24-hour movement behaviours and their impact on glycaemic control and quality of life in adolescents with type 1 diabetes.

Studies identified through database searching (n=9922)
- MEDLINE (Ovid) (n=3550)
- Embase (Ovid) (n=3232)
- Web of Science (Core Collection) (n=1418)
- APA PsycINFO (Ebscohost) (n=715)
- Cochrane Library (n=641)
- Applied Social Sciences Index and Abstracts (ProQuest) (n=39)
- SPORTDiscus (Ebscohost) (n=75)
- Sports Medicine & Education Index (ProQuest) (n=185)
- OpenDissertations (Ebscohost) (n=32)
- OpenGrey (Grey Literature) (n=35)

Removed Duplicate Articles (n=3423)

Articles for Title & Abstract Screening (n=6499)

Removed articles based on screening of title and abstracts (n=6241)

Articles for Full Text Screening (n=258)

Removed articles based for not meeting inclusion criteria (n=166)

Studies included for data extraction (n=92)

Qualitative studies (n=10)

Quantitative studies (n=82)

*Subject to change due to contacting of authors and planned reference review of included studies*
Methods 10 databases were searched for quantitative and qualitative English language articles reporting at least one of the behaviours and their impact on priori primary and secondary outcomes (figure 1) in adolescents (11-18 years) with type 1 diabetes. There were no restrictions on article publication dates or study design. Articles were subjected to title and abstract screening, full text screening, data extraction and quality assessment.

Results In total 9922 articles were identified from the initial search with 92 articles included for data extraction after title, abstract and full text screening, (figure 2). Data analysis is ongoing, where possible a meta-analysis (quantitative), meta-aggregation (qualitative) and mixed-methods synthesis (quantitative and qualitative narrative summary) will be conducted.

Discussion This extensive investigation on the full spectrum of 24-hour movement behaviours will identify the different, and perhaps complimentary, physiological and psychosocial impacts of each behaviour.

REFERENCES

Abstract 23 Figure 1 Percentage time spent with O2 saturations <90% (%T<90) vs AHI resulting from hypoxia. Further research is needed to develop an alternate measure of severity to accurately reflect this risk, a composite of AHI and hypoxic burden would be a first step.

24 INSOMNIA PREVALENCE IN CONFINED ELITE ATHLETES


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The demands of training, competition stress, and impact of frequent (inter)national travel are assumed to contribute to the shorter night-time sleep durations and poor overall sleep quality reported for elite athletes (1–3). However, systematically exploring this assumption is challenging, since a robust evaluation of sleep quality and practices in the presence and absence of sports participation would interrupt elite sports careers. The COVID-19 pandemic resulted in a cessation of international sport, and the home confinement of athletes. Using baseline data from an ongoing (pre-pandemic) study of athlete sleep, we compared the insomnia levels, sleep quantity and practices of elite athletes when exposed to, and deprived of...