

### ASSOCIATIONS BETWEEN DAILY SLEEP AND AFFECTIVE EXPERIENCES: A SYSTEMATIC REVIEW

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**Introduction** This work reviews empirical research investigating the bidirectional relationship between daily sleep and affective experiences. In particular, the review focuses on ambulatory assessments such as experience sampling (ESM) and daily diaries. A secondary objective explored the differential impact of affective disorder diagnosis and shift work on daily sleep-emotion dyads.

**Methods** EMBASE (Ovid), Ovid MEDLINE(R), PsycINFO (Ovid), and Scopus (Elsevier) were searched to January 2021. Additional studies were identified through reference checking and hand searching. Records were deduplicated on EndNote and uploaded to Rayyan.

**Results** 1526 studies were identified and 51 met the full inclusion criteria. Studies predominantly included healthy populations (N=42), of which four involved shift workers; remaining studies investigated mood disorders (N=9). Studies with only self-report sleep measures were most common (N=31) but a high number incorporated actigraphy (N=20). Overall, 13 studies used both actigraphy (objective) and self-report (subjective) sleep markers. Sleep diaries (N=13), the Pittsburgh Sleep Quality Index (PSQI; N=10), and Positive and Negative Affect Schedule (PANAS; N=20) were the most widely used measures. In general, findings support a mutual relationship between sleep and next-day affective experiences among healthy populations and individuals diagnosed with a mood disorder.

**Discussion** This work expands on prior reviews by Konjarski, Murray, Lee, and Jackson (2018) and Ong, Kim, Young, and Steptoe (2017) across four areas: to include affective disorders and shift workers; to focus on the situational context of daily assessments; to account for interchangeable affective definitions; and to include studies published after 2017.

### REFERENCES

- Konjarski M, Murray G, Lee VV, & Jackson ML. Reciprocal relationships between daily sleep and mood: A systematic review of naturalistic prospective studies. *Sleep Medicine Reviews* 2018;**42**:47-58. doi:https://doi.org/10.1016/j.smrv.2018.05.005
- Ong AD, Kim S, Young S, & Steptoe A. Positive affect and sleep: A systematic review. *Sleep Med Rev* 2017;**35**:21-32. doi:10.1016/j.smrv.2016.07.006

### MANAGEMENT OF CENTRAL APNOEAS – ANALYSIS OF A PAEDIATRIC COHORT REFERRED TO A TERTIARY CARE SLEEP SERVICE

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**Introduction** Central sleep apnoea (CSA) is common in childhood and is usually clinically associated with developmental delay, syndromes, brain and/or brainstem involvement. The threshold for significant CSA remains controversial. Only one study so far has described CSA in a large paediatric cohort.<sup>1</sup>

The aim of this study was to review the prevalence, clinical correlation and management of CSA in a cohort of paediatric patients referred to a tertiary UK sleep service.

**Methods** Retrospective study of children <18 years referred to the paediatric sleep service for a sleep study between April 2018-July 2020. We included patients with a cAHI of  $\geq 1$ . Patients with previous sleep studies, diagnosis of CSA and on ventilatory support or oxygen therapy were excluded.

**Results** 162 patients were included with a median age of 2.7 years (range 9 days to 9.7 years). 129 patients had isolated cAHI of 1-5 without association with obstructive sleep apnoea (OSA), defined as oAHI>5. 14 had isolated cAHI  $\geq 5$  and 19 had CSA with OSA.

Abstract 35 Table 1 Background and severity of cAHI

Diagnoses	Isolated CSA with cAHI 1-5	Isolated CSA with cAHI>5	CSA with OSA>5
Congenital heart disease	8 (6.0%)		3 (15.8%)
PWS Pre-GH	6 (4.5%)	1 (10%)	
PWS Post-GH	1 (0.8%)		
Trisomy 21	6 (4.5%)	1 (10%)	1 (5.3%)
Ex-preterm	13 (9.8%)	2 (20%)	2 (10.5%)
Chronic lung disease	2 (1.5%)		
Unsafe swallow	3 (2.3%)		1 (5.3%)
Obesity/overweight	4 (3.0%)		3 (15.8%)
Neurodisability/neuromuscular including seizures	9 (6.8%)	2 (20%)	3 (15.8%)
Congenital syndromes	3 (2.3%)	2 (20%)	
Recurrent lower respiratory tract infections	4 (3.0%)		1 (5.3%)
Adenotonsillar hypertrophy/symptoms osa	59 (44.4%)	2 (20%)	9 (47.4%)
Asthma/VIW/bronchiolitis	24 (18.0%)	1 (10%)	2 (10.5%)
Gastro-oesophageal reflux disease	3 (2.3%)	1 (10%)	1 (5.3%)
Miscellaneous	11 (8.3%)		3 (15.8%)