Comparing the Subjective Sleepiness and Social Health of Higher Education Students Alongside a Non-Student Sample

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Introduction This paper will evaluate the difference between Sleepiness, Loneliness and Social Connectedness between a higher education and mundane sample. Although current literature evaluates the role of Sleepiness within Higher education (Araújo et al, 2021), to the best of our knowledge there are no papers comparing a student population to a non-student sample.

A significant difference between the subjective sleepiness scores of a student and non-student population is expected, which would demonstrate that a student sample perceive themselves to be sleepier than their non-student counterparts.

Methods An online survey was administered to 202 participants via Qualtrics. 94 were non-students and 108 were higher education students. Sleepiness was measured using the Stanford Sleepiness Scale (Shahid et al, 2011), The UCLA Loneliness Scale was used to measure loneliness (Russell, 1980).

Results An independent t-test showed that there was a significant difference between students and non-students subjective sleepiness scores. (t(200) = 2.23, p = 0.02) with students being significantly more like to rate themselves higher on the Stanford Sleepiness Scale. (Figure 1).

Further analysis shows that Loneliness and Subjective Sleepiness are significantly correlated for a student sample (r (108) = 0.308, P = 0.001).

Discussion This study suggests that students enrolled within higher education are more highly associated with the risks of increased odds ratio (OR) of diseases including diabetes (OR= 1.42, p<0.001), hypertensive disease (OR= 1.22, p<0.001), ischaemic heart disease (OR= 1.12, p<0.001) and organic mental disorder (OR= 1.77, p<0.001).

Investigating Methods of Sharing Information to Support Adolescent Sleep Issues During COVID-19

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Introduction Many studies outline adolescents are particularly at risk of developing sleep issues, experiencing delayed sleep onset. The aim of our study was to identify effective ways to support young people to improve sleep patterns using behavioural intervention during Covid-19 by promoting youth participation and sharing information at scale.

Methods The study entailed recruiting young people with lived experience of sleep issues to create three distinct advisory boards. Through consultation it was established that Covid-19 was having a significant impact on sleep patterns in this cohort and there was an urgent need to create accessible, evidence-based sleep intervention. We established a website dedicated to sharing sleep education. A downloadable e-Book, live web chat, videos, a newsletter and resources for schools and parents were all created with the input of the boards.

Results The website launched on 1st October 2020 with the aim to reach 400 young people by the end of the project on 6th June 2021. The project had the following reach:

- Website visitors - 19,766
- eBook downloads - 33,468
- Newsletter signups – 1,601
- Video views sharing sleep tips – 14,491
- Young people receiving direct support through live chat – 34
- Schools receiving resource pack – 3,500

Feedback from 50 individuals was evaluated to inform future work around the eBook and it was established that there is a strong preference for printed material, these findings were also supported by our youth advisory board.

Discussion Young people consistently told us that they want to be able to access evidence-based sleep information to support their own sleep patterns, our work lays significant foundations on which to build nationally to support adolescent sleep and wellbeing at scale.

Evaluating of a One-to-One Sleep Service Delivered via Online Clinics by Community Sleep Practitioners in the UK

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Introduction Poor sleep is associated with many adverse outcomes in childhood. The most common sleep difficulty experienced by children is behavioural insomnia which responds to behavioural therapy. The Coronavirus disease 2019 (COVID-19) global pandemic in 2020 has had a profound effect on children’s sleep patterns. This project aimed to evaluate a one-
to-one sleep service delivered via on-line clinics by community sleep practitioners in the UK.

Methods
The study was an observational pre- and post-evaluation in a 12-month period. The intervention is derived from the behavioural aspects of Cognitive Behavioural Therapy for insomnia. The evaluation was questionnaire-based and assessed sleep parameters and wellbeing.

Results
104 parents returned completed questionnaires. Average sleep onset was 1 hour, 39 minutes pre-intervention and 20 minutes post-intervention. Average nights that the child woke per week was 3.9 pre-intervention and 0.85 post-intervention. Number of awakenings per night fell from 1.9 to 0.45. Time awake during night (mins) fell from 66.8 minutes to 5.75 minutes. The average time slept asleep per night was 8.0 hours pre-intervention and 10.2 hours post-intervention. Improvement in all sleep measures was statistically significant (p < 0.05) see figure 1. All measures of parental and children’s wellbeing improved significantly (p < 0.05) except for their perceived ability to drive (p = 0.07), see figure 2 for children’s wellbeing scores. 100% parents stated that they would recommend the sleep support and 20% already had.

Discussion
We believe that this is the first report of a video-based clinic developed for children’s behavioural insomnia during the COVID-19 pandemic in the UK. The COVID-19 pandemic has accelerated the evolution of telehealth and, in the case of children’s sleep clinics, has provided a mode of intervention delivery that is as effective as face-to-face delivery, acceptable and accessible.