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A QUALITATIVE STUDY OF PUBLIC ONLINE DISCUSSION FORUMS: EXPLORING PARENTS' CONCERNS ABOUT CHILDREN'S SLEEP PROBLEMS AND VIEWS ABOUT ONLINE, COMMUNITY AND PRIMARY CARE SUPPORT

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Introduction Chronic insomnia is common in children. Behavioural interventions are effective.¹ A systematic review (pending publication) revealed UK research about primary healthcare (PC) management is limited. Parents seek advice online,² however, no published research to date has explored parents' discussions online about PC management. This qualitative study explored (in online discussions) parents' concerns/expectations about children's sleep problems, awareness of online, PC, and community management resources, and perceptions of management within PC.

Methods Two public online discussion forums were searched for parents' discussions about children's sleep problems. Eligible threads were analysed with Braun and Clarke's reflexive thematic analysis.

Results Ninety-three threads were included.

Five main themes were developed. Parents had many 'concerns about children's sleep problems' and were emotional/practical support for one another: 'parents experiences or sharing advice online as a resource'. Parents expressed little regarding PC but had 'mixed experiences and perceptions of community-based PC professionals' and 'limited experiences and perceptions of general practice'. They often discussed 'other resources for supporting parents with child sleep problems' (e.g. apps, private sleep consultants).

Discussion Parents may have unmet management needs, act as resources for one another, and use non-healthcare resources, however the accuracy of these resources must be explored. The management of chronic insomnia within PC specifically must be further explored.

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REFERENCES

- Mindell JA, Kuhn B, Lewin DS, *et al.* Behavioral treatment of bedtime problems and night wakings in infants and young children. *Sleep* 2006; **29**(10):1263-76.
- Hatton REM, Gardani M. Maternal perceptions of advice on sleep in young children: How, what, and when? *British Journal of Health Psychology* 2018; **23**(2):476-95.

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DOES SIMULTANEOUS TONIC AND PHASIC REM SLEEP WITHOUT ATONIA PREDICT PHENOCONVERSION TO OVERT NEURODEGENERATIVE DISEASE IN IDIOPATHIC REM SLEEP BEHAVIOUR DISORDER?

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Introduction Idiopathic rapid eye movement behaviour disorder (iRBD) is a strong predictor for alpha-synucleinopathies including Parkinson's disease. In this study, we examined whether the percentage of REM sleep without atonia (RSWA)

during polysomnography (PSG) can predict phenoconversion to neurodegenerative disease in idiopathic REM sleep behaviour disorder (iRBD).

Methods Patients with PSG-confirmed iRBD, including those that phenoconverted during follow-up after diagnosis and those that remained free of neurodegeneration, were identified from an existing database. Tonic, phasic, mixed and "any" RSWA activity from the mentalis, tibialis anterior and flexor digitorum superficialis muscles was analysed. Demographic, clinical, PSG and RSWA variables were compared between converters and non-converters. RSWA cut-offs predicting phenoconversion were established using receiver operating characteristic analysis.

Results Six (46%) patients developed parkinsonism (n = 4) or Lewy Body dementia (n = 2). Phenoconverters had significantly higher percentages of RSWA at iRBD diagnosis than non-converters (p = 0.04). Optimal cut-off values to predict phenoconversion were 59.2% for "any" (mentalis) RSWA (67% sensitivity; 100% specificity) and 0.26% for tonic without mixed RSWA (83% sensitivity; 100% specificity), with respective area under the curve values of 0.857 and 0.905.

Discussion Patients with an increased percentage of RSWA at iRBD diagnosis were shown to have an increased risk of subsequent neurodegenerative disease. Recent changes to the AASM Manual for Scoring Sleep and Associated Events (v2.6) state that reporting a RSWA index using SINBAR criteria is optional; this study provides further evidence for the value and clinical relevance in producing and reporting a RSWA index.

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CPAP COMPLIANCE FOR OSA SYNDROME: PRE AND POST COVID-19 – A SINGLE CENTRE, RETROSPECTIVE STUDY

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COVID-19 pandemic changed the mode of service delivery for Obstructive sleep apnoea (OSA) patients. Decisions related to the interventions, including Continuous Positive Airway Pressure (CPAP) were taken in telephone clinics compared to conventional face to face appointments.

Aim To look at the impact of new service mode delivery on OSA syndrome management.

Study Population and Methods Patients were randomly selected from all newly diagnosed OSA cases attending sleep and ventilation clinic. One hundred ten patients were selected in the Pre-COVID group (June 2019 to February 2020) and 98 in the Post-COVID (June 2020 to January 2021).

Compliance reports were generated 30 days post CPAP trial. Demographic and clinical data were analysed. Mann-Whitney U and ANOVA tests were used for nonparametric data, and chi-square test for parametric data.

Results CPAP compliance (measured as% of CPAP usage >4 hours/night) on 30 days data were slightly higher in post-COVID group (median 57.0, IQR 85) compared to pre-COVID group (median 38.5, IQR 69); p= 0.141. Average hours of CPAP usage were significantly higher in the post-COVID group (median 4.46, IQR 5.40) than the pre-COVID group (median 3.02, IQR 5.06); p-value 0.034 (table 1). There were trends supporting better compliance among female