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. A systematic review (pending publication) revealed UK research about primary healthcare (PC) management is limited. Parents seek advice online, however, no published research to date has explored parents’ discussions online about PC management. This qualitative study explored (in online discussions) parents’ concerns/experiences 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 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.

This study/project is funded by the National Institute for Health Research (NIHR) School for Primary Care Research. 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.

REFERENCES


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

Indrajit Sau*, Meggan Beacham, Angela Holden, Shabana Chowdhury, Atul Gulati. New Cross Hospital, Wolverhampton, UK

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
Abstract 52 Table 1 CPAP compliance (% of usage >4 hours per night) and average hours of CPAP use per night in both study groups

<table>
<thead>
<tr>
<th>CPAP compliance (in %)</th>
<th>Number of patients</th>
<th>Median</th>
<th>IQR</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID group</td>
<td>110</td>
<td>38.50</td>
<td>69</td>
<td>0.141</td>
</tr>
<tr>
<td>Post-COVID group</td>
<td>98</td>
<td>57.00</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Average CPAP use (in hours)</td>
<td></td>
<td>3.02</td>
<td>5.06</td>
<td>0.034</td>
</tr>
</tbody>
</table>

Abstract 52 Table 2 CPAP compliance (% of CPAP usage >4 hours/night) across the categories

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Median</th>
<th>IQR</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID group</td>
<td>36.0</td>
<td>30.0</td>
<td>61</td>
<td>77</td>
<td>0.049</td>
</tr>
<tr>
<td>Post-COVID group</td>
<td>55.0</td>
<td>70.0</td>
<td>84</td>
<td>77</td>
<td>0.99</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>British white</td>
<td>47.0</td>
<td>36.5</td>
<td>70</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Other white</td>
<td>25.0</td>
<td>25.0</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Not stated</td>
<td>13.0</td>
<td>0.03</td>
<td>32</td>
<td>6.0</td>
</tr>
<tr>
<td>Anti-depressant</td>
<td>No</td>
<td>Yes</td>
<td>35.0</td>
<td>55.0</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Other depressant</td>
<td>75.0</td>
<td>75.0</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>ESS ≤ 10</td>
<td>27.5</td>
<td>27.5</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>ESS &gt; 10</td>
<td>51.0</td>
<td>51.0</td>
<td>74</td>
<td>74</td>
</tr>
</tbody>
</table>

Abstract 53 Figure 1

This study aims to add to previous evidence 1,2 that SMA type II patients have respiratory events (we defined them as 'pseudo-obstruction') which do not conform to the current AASM guidelines for obstructive or central events. They are the result of paradoxical breathing and REM-related shallow breathing.

**Methods**

Respiratory events were defined as either ‘obstructive apnoea’ (OA), ‘central apnoea’ (CA), ‘central hypopnoea’ (CH), ‘obstructive hypopnoea’ (OH) as per AASM guidelines.

We additionally defined the criteria for ‘pseudo-obstruction’ (PO) based on previous publications (figure 1).1

Trained sleep physiologists were provided 8 ‘test’ epochs randomly chosen from either SMA II or other patients. Physiologists were asked to designate the respiratory events they deemed most appropriate for each epoch, blind to diagnosis of the patient. Interscorer reliability tests were performed against the gold standard for each event.

Results

The average concordance with the gold standard was 73% overall. It was mildly reduced to 67% when looking specifically at POs.

We are currently evaluating whether disease progression is associated with an increase in POs by looking at subsequent yearly sleep studies of 10 SMA II and 1 SMA I patient, self-ventilating in room air, across a 3-year period.

**Discussion**

Future efforts will aim to look more closely at inter scorer reliability. Recognising these pseudo-obstructive events may influence treatment.2 Additionally, if these events correlate along the motor and respiratory deterioration, they can be used as markers of response to overnight ventilation and, more importantly, to new available treatments.

**REFERENCES**


**53 PSEUDO-OBSTRACTIVE EVENTS IN SPINAL MUSCULAR ATROPHY AS A POTENTIAL MARKER FOR DISEASE PROGRESSION**

Sakina Dastagir, Hui-Leng Tan, Andrew Bush, Federica Trucco.

**Introduction**

Sleep disordered breathing (SDB) is common in children with spinal muscular atrophy (SMA) as a result of respiratory muscle weakness. However, SDB events are currently scored according to criteria created for healthy children.

**54 SLEEP SPINDLES AS A BIOMARKER FOR ALPHA-SYNUCLEINOPATHIES IN RAPID EYE MOVEMENT (REM) BEHAVIOUR DISORDER (RBD)**

Eilidh McMillan, Stevie Williams, Renata Riha.

**Introduction**

Idiopathic rapid eye movement behaviour disorder (iRBD) is a strong predictor for the development of alpha-synucleinopathies. Electroencephalographic (EEG) oscillations known as sleep spindles are found during non-rapid eye movement sleep. These bursts of neural oscillatory activity are associated with an increase in POs by looking at subsequent yearly sleep studies of 10 SMA II and 1 SMA I patient, self-ventilating in room air, across a 3-year period.

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