EPV1922

Regular Exercise Influences Sleep Patterns in Depressed Individuals

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Introduction: Physical activity has been associated with improved sleep health, yet the specific impact on individuals with depressive disorders remains underexplored. This study aims to investigate the relationship between regular physical exercise and sleep duration in individuals diagnosed with a depressive disorder, utilizing data from the Behavioral Risk Factor Surveillance System (BRFSS). Understanding this relationship could inform integrative approaches to managing depressive symptoms and improving overall sleep health in this population.

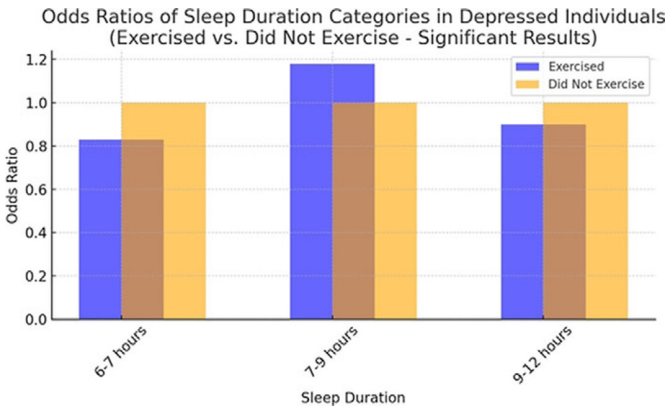
Objectives:

- To analyze the impact of regular physical exercise on sleep duration among individuals with a depressive disorder.
- To assess the potential role of physical exercise in mitigating inadequate and prolonged sleep patterns within this population.

Methods: Data from the BRFSS for the years 2013, 2014, 2016, 2018, 2020, and 2022 were analyzed to explore the relationship between physical exercise and sleep duration in individuals with depressive disorders. The study included 518,214 participants who reported having a depressive disorder. Of these, 342,276 (weighted 68.5%) reported engaging in physical exercise within the past 30 days. Sleep duration was categorized, and regression analysis was used to assess the association between recent physical exercise and sleep duration.

Results: The analysis indicated that individuals with a depressive disorder who engaged in physical exercise in the past 30 days were less likely to experience inadequate sleep (6-7 hours, Odds Ratio [OR] = 0.83, $p < 0.05$) and more likely to achieve adequate sleep (7-9 hours, OR = 1.18, $p < 0.001$) compared to those who did not exercise. They were slightly less likely to have prolonged sleep (9-12 hours, OR = 0.9, $p < 0.05$). No significant associations were found for very inadequate sleep (<6 hours, OR = 1.34) and very prolonged sleep (>12 hours, OR = 0.6) with physical exercise ($p > 0.05$).

Image 1:



Conclusions: Regular physical exercise appears to be associated with better sleep outcomes in individuals with depressive disorders, particularly in promoting adequate sleep duration (7-9 hours). Exercise was linked to a reduced likelihood of inadequate sleep (6-7 hours) and a slight decrease in prolonged sleep (9-12 hours). However, no significant associations were found for very short (<6 hours) or very prolonged (>12 hours) sleep durations. These findings highlight the potential role of physical exercise in managing sleep health within this population. Incorporating regular physical activity into treatment plans for depression may improve sleep quality and contribute to better overall health outcomes. Further research is needed to understand the mechanisms and long-term effects of exercise on sleep patterns in those with depressive disorders.

Disclosure of Interest: None Declared

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Better Sleep, Better Care: Streamlining Obstructive Sleep Apnea Screening in Psychiatric Outpatients

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Introduction: Obstructive Sleep Apnea (OSA) significantly complicates psychiatric conditions, yet its systematic screening within psychiatric settings is not common. We present a unique collaborative initiative within a tertiary care psychiatric hospital in South Bronx, USA, with approximately 3000 outpatients. We aim to bridge this gap by implementing a comprehensive OSA screening and referral process to improve patient outcomes.

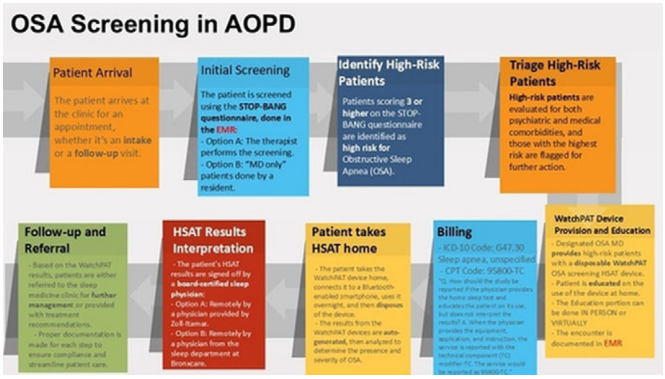
Objectives:

- Implement a standardized Obstructive Sleep Apnea screening in psychiatric outpatient care.
- Enhance collaboration between psychiatry and sleep medicine for integrated care.
- Address compliance barriers by offering at-home sleep diagnostic options.

Methods: Starting in April 2024, patients in the Adult Outpatient Psychiatry Department are being screened for Obstructive Sleep Apnea using the STOP-Bang questionnaire, with this process ending in October 2024. High-risk patients identified through screening will receive WatchPAT Home Sleep Apnea Testing devices, with distribution and testing to be completed by December 2024. Data collected will include the number of patients screened, proportion identified as high-risk, HSAT completion rates, diagnostic outcomes, and subsequent referrals to sleep medicine services.

Results: The STOP-Bang questionnaire has been successfully integrated into routine clinical assessments for psychiatric outpatients, and the screening phase will conclude in October 2024. Preliminary data shows that a substantial number of patients were identified as high risk for Obstructive Sleep Apnea. The distribution of WatchPAT Home Sleep Apnea Testing devices to these high-risk individuals is underway and will be completed by December 2024. Initial results indicate effective triaging of patients and a high rate of compliance with at-home sleep testing. Detailed findings, including the exact number of patients screened, high-risk identification rates, HSAT completion rates, and diagnostic outcomes, will be presented upon project completion.

Image 1:



Conclusions: Early findings from this Quality Improvement project suggest that integrating Obstructive Sleep Apnea screening into psychiatric outpatient care is feasible and beneficial. By identifying at-risk patients and providing accessible, at-home diagnostic tools, we aim to enhance patient care and address the underdiagnosed issue of sleep disturbances in psychiatric populations. The project demonstrates the potential for a streamlined, interdisciplinary approach to improve outcomes and set a scalable model for comprehensive patient management in similar settings. Further analysis will focus on the impact of this intervention on psychiatric care and overall patient health outcomes.

Disclosure of Interest: None Declared

EPV1923

Narcolepsy and the Risk of Pregnancy Complications: Based on a Nationwide Healthcare System Database in South Korea

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Introduction: Narcolepsy is known as an autoimmune disease which altered metabolic functions. It is believed that narcolepsy makes more pregnancy complications. However clinical evidence in narcolepsy patients, especially in pregnant women, is limited.
Objectives: We aim to find out whether there is relationship between narcolepsy and pregnancy complications.
Methods: We examined data from the South Korean nationwide health insurance claims database from 2010 to 2019. Out study included women narcolepsy patients who gave birth, and age- and sex- matched controls without narcolepsy. We estimated the odds ratio of narcolepsy with pregnancy complications and control group with pregnancy complications using multivariate logistic regression analysis.
Results: Our study included 1,836 women with narcolepsy who gave birth and 28,796 women who gave birth without narcolepsy. We found that women with narcolepsy have a slightly high risk of preterm birth (OR, 1.191; 95% CI, 1.034-1.372). Patients with narcolepsy were at a significantly lower risk of spontaneous abortion, caesarean and gestational diabetes (OR, 0.763; 0.682-0.854, OR, 0.679; 95% CI, 0.560-0.824 and OR, 0.656; 95% CI, 0.556-0.774, respectively).
Conclusions: This study is the first study about pregnancy complications in narcolepsy patients in South Korea. We found that preterm birth happened more in the patient with narcolepsy during pregnancy. But patient had lower risk of spontaneous abortion, caesarean, gestational diabetes compared to heath control group. These findings suggest that narcolepsy is not a definite risk factor for pregnancy complications. Further research is needed to investigate the reasons why narcolepsy patients had lower risk of spontaneous abortion, caesarean, gestational diabetes compared to health control.

Disclosure of Interest: None Declared

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Sleep phenotypes and mental disorders: analysis of causality with two-sample Mendelian randomization

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Introduction: Sleep health is s an essential aspect of a healthy lifestyle, and sleep problems are prevalent among individuals with mental disorders. However, this relationship appears complex to explore with classic observational studies, due to bidirectional effects and residual confounding. Additionally, the different measures of sleep quality and the diversity of mental disorders make comprehensive assessment challenging.
Objectives: In the current study, we aimed at investigating the causal relationship between six sleep factors, derived from twelve indicators, and thirteen mental disorders. Specifically, we examined the impact on Alzheimer disease, attention-deficit and hyperactivity disorder (ADHD), anorexia nervosa, anxiety disorder, autism spectrum disorder, alcohol use disorder, bipolar disorder (BD), cannabis use disorder (CUD), major depressive disorder, obsessive-compulsive disorder, post-traumatic stress disorder, suicide attempt, and schizophrenia (SZ).
Methods: Using Genomic Structural Equation Modeling, we estimated genome-wide associations for six sleep factors in the UK Biobank. Next, we examined bidirectional causal relationships with mental disorders in the Psychiatric Genomics Consortium, using Two-sample Mendelian Randomization (MR). Results are presented as inverse-variance weighted betas (B) with 95% confidence intervals (95%CI), representing log-odds for sleep-to-mental disorder causality (forward MR) and linear regression coefficients for mental disorder-to-sleep causality (backward MR).
Results: Our investigation confirmed previous evidence of a six-factor model of sleep, comprising alertness (AF), circadian preference (CPF), efficiency, duration (DF), regularity, and insomnia (IF). MR analyses showed bidirectional causal relationship between IF and ADHD (B:0.747[95%CI:0.392;1.10] and B:0.029[95% CI:0.020;0.040] for forward and backward, respectively). Unidirectional causal effects were found for BD on AF (B:-0.113[95%CI:-0.153;-0.072]), SZ on AF (B:-0.057[95%CI:-0.077;-0.037]), BD on