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SLEEP PROFILES IN CHILDREN WITH 22Q DELETION SYNDROME: A STUDY OF 100 CONSECUTIVE CHILDREN SEEN IN A MULTIDISCIPLINARY CLINIC

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Introduction: While previous studies have suggested a high prevalence of sleep disorders in children with 22q deletion syndrome (22qDS), they were limited by potential selection bias. In the current investigation, we assessed sleep characteristics in 100 consecutive children presenting to a multidisciplinary clinic.

Methods: Chart review of consecutive children presenting to 22qDS multidisciplinary clinic was performed. Children aged 2 to 17 years of age were included, and data were abstracted including sleep characteristics (sleep history, Childhood Sleep Habits Questionnaire [CSHQ], and free response questions), comorbid medical conditions, and demographics.

Results: Overall, 100 children were included in analysis, 85% of whom had scores on the CSHQ consistent with clinically meaningful sleep disorder. Sleep problems were common in all domains of the CSHQ, including daytime sleepiness (66%), sleep onset delay (54%), parasomnias (52%), night wakings (52%), sleep disordered breathing (49%), sleep duration (45%), bedtime resistance (38%), and sleep anxiety (33%). Overall CSHQ score was significantly associated with daytime behavioral problems and speech delay ($F(2,97) = 10.4$, $p < 0.001$, adjusted $R^2 = 0.16$). The most common interventions reported to be helpful for sleep by parents were behavioral (routine, bedtime story), environmental (light avoidance at night, calming music), and pharmacologic (melatonin, clonidine).

Conclusion: These data confirm a high prevalence of sleep disorders in a large, unselected sample of children with 22qDS, and suggest an important relationship between sleep dysfunction and daytime behavioral challenges. Our findings highlight the potential role for multimodal treatment approaches including behavioral, environmental, and pharmacologic interventions.

Support (If Any):

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CONCURRENT AND LONGITUDINAL LINKAGES BETWEEN BEDTIME ROUTINES AND SOCIAL-EMOTIONAL DEVELOPMENT IN TODDLERS

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Introduction: Sleep is important for optimal development in early childhood. Instituting a consistent bedtime routine is an empirically supported behavioral intervention to promote early childhood sleep health. However, prior work has focused on the benefits of a bedtime routine for sleep outcomes, with little research on its potential benefits to social-emotional development. Thus, the current study examined concurrent and longitudinal associations between a consistent bedtime routine (defined as 5 or more nights per week) and social-emotional development in toddlers (ages 12.0 to 19.9 months).

Methods: Caregivers of 32 infants ($M = 12.5$ mos, 59.4% female) completed baseline questionnaires about the frequency of their child's bedtime routine and other evening activities at their scheduled 12-month well-child visit. At their child's 15-month well visit, caregivers completed questionnaires including items on

bedtime routine frequency, the communication and personal-social subscales of the Ages and Stages Questionnaire (ASQ), and the Brief Infant-Toddler Social and Emotional Assessment (BITSEA). **Results:** Over half (59.4%) of caregivers reported a consistent child bedtime routine at 12 months and nearly three quarters (71.9%) reported a consistent bedtime routine at 15 months. Linear regression showed that having a consistent bedtime routine at 15 months was significantly associated with fewer concurrent social-emotional problems on the BITSEA, $B = -2.40$, $p = .009$, 95% CI [-3.86, -.94]. Toddlers who scored above the BITSEA cutoff for social-emotional concerns (31.3%) were engaged in a consistent bedtime routine less frequently ($M = 4.50$ nights/week) than those below the cutoff ($M = 6.18$ nights/week), $p = .004$, $\eta^2 = .24$. However, bedtime routine frequency at 12 months did not predict 15-month BITSEA concerns, $p > .05$. No associations emerged between bedtime routine frequency at 12 or 15 months and the communication and personal-social ASQ scores.

Conclusion: A consistent bedtime routine is concurrently, but not longitudinally, associated with positive social-emotional development, including less frequent clinically significant concerns, in toddlers at 15 months of age. Bedtime routine frequency was not linked to communication or personal-social interactions. Implementing a consistent bedtime routine may be a feasible method to promote toddlers' social-emotional development within the context of concerns.

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SLEEP IN CHILDREN IN NEED OF A BED AND LIVING IN POVERTY

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Introduction: Healthy sleep is important for child development, with youth living in poverty and especially those who do not have a bed at greater risk for sleep issues. This study assessed sleep in school-aged children identified by social services as needing a bed and living in poverty.

Methods: Fifty-two families (100% living \leq 100% of the US poverty line) of children ages 8-12 years ($M = 9.65$; 55.8% girls; 61.5% non-Latinx Black) referred to a non-profit bed provision program completed Patient-Reported Outcomes Measurement Information System (PROMIS) measures of child sleep disturbances, sleep-related impairment, and sleep practices prior to bed provision. Comparisons were made to normative data for each measure based on converted T-scores/means.

Results: T-scores ($M = 50$; $SD = 10$) for caregiver and child reported child sleep disturbances ($M = 46.81$ and 47.22 , respectively) and sleep-related impairment ($M = 56.82$ and 53.33 , respectively) fell within the normal range. Although few caregiver-child dyads reported clinically significant (> 1 SD above the mean) child sleep disturbances (7.7% and 10.8%, respectively), 30.7% of caregivers and 27.4% of children reported clinically significant child sleep impairment scores compared to an expected rate of 15.9% from normative data. Regarding sleep practices, few caregiver (11.5%) and child (9.8%) reports of problematic sleep timing and caregiver-rated child bedtime routine inconsistency (13.5%) were > 1 SD above the normative mean. However, 25.5% of youth reported inconsistent bedtime routine scores > 1 SD above the normative mean, while 25.0% of caregivers and 31.4% of youth reported scores > 1 SD above the