Pearson product moment correlation between the pruritus rating (item 2 of PILL) and REM sleep parameters were as follows: % REM (Pearson r= -0.172; p=0.144) and REM duration (Pearson r= -0.247; p=0.035).
Conclusion: Daytime pruritus was inversely related to the duration of REM sleep in a sample of PTSD patients. Pruritus can be a difficult condition to manage. Optimization of REM sleep may have a role in the management of pruritus.
Support (If Any): None

0603

CHANGES IN HEALTHCARE VISITS AND EXERCISE HABITS ASSOCIATED WITH POOR SLEEP IN SLEEP MEDICINE PATIENTS DURING THE COVID-19 PANDEMIC

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Introduction: Patients may be experiencing increased stress and sleep disturbance due to healthcare and changes in daily habit during the COVID-19 pandemic. Healthcare changes may include telemedicine visits, delayed or canceled appointments and sleep studies. The purpose of this study was to assess the association between changes in healthcare and daily habits on sleep.
Methods: Sleep medicine clinic patients completed an online survey during the pandemic and again 6 months later (December 2020 - May 2021), where they answered questions about COVID-19 (COVID-19 vaccination and test results, changes in health care visits and habits during the pandemic), PROMIS measures (Sleep Disturbance, Sleep-Related Impairments), and Insomnia Severity Index (ISI). General linear regression model was performed using SAS to determine if changes in healthcare and daily habits predicted poorer sleep.
Results: Among 81 patients who completed baseline survey, 54 (aged 55.2±18.4 y, 61% female, 70% Caucasian) completed the 6-month follow-up survey. Among them, 6% tested positive for COVID-19 and 83% were vaccinated. 30% changed their healthcare office appointments to telephone visits, 50% changed to video visits; whereas 22% cancelled and 30% rescheduled their healthcare appointments. At baseline, changes in health care visits had significant increase on ISI (3.98 ± 1.66, p=0.02). Upon follow-up, changes in health care visits had significant increase on ISI (4.77 ± 2.12, p=0.03) and Sleep Impairments (7.97 ± 3.83, p=0.04). A decrease in exercise predicted lower Sleep Disturbance (6.81 ± 3.31, p=0.04).
Conclusion: Sleep medicine patients who reported changes in health care visits at baseline and 6-month follow up reported higher insomnia severity, and sleep-related impairments. Changes in healthcare had deleterious effects on sleep and should be considered when managing patients' healthcare. Unexpectedly, patients who reported a reduced level of exercise reported improved sleep. Pandemic public policies (e.g., gym closures) may have made it more difficult to exercise but allowed for greater opportunity to sleep.
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0604

DEPRESSION, ANXIETY AND COPING-AVOIDANCE BEHAVIORS ASSOCIATED WITH LONG-TERM INSOMNIA SYMPTOMS DURING THE COVID-19 PANDEMIC

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Introduction: Stressful events, such as the COVID-19 pandemic, can have long-lasting, detrimental effect on sleep. It is important for practitioners to understand how their patients may be stil experiencing residual negative effects of the pandemic to optimize their care. In this study we evaluated how measures of self-reported measures of anxiety and depression during the COVID-19 pandemic predicted measures of sleep disturbnce 6 months later among sleep medicine clinic patients.
Methods: Between June-November 2020, 81 sleep medicine clinic patients (54.8±15.9 y, 44% male, 69% Caucasian) completed an online survey that included PROMIS measures (Sleep Disturbance, Sleep-Related Impairments, Informational Support, Emotional Distress-Anxiety) and Insomnia Severity Index (ISI). Patients were recontacted 6 months later to complete the same surveys. 54 patients (55.2±18.4 y, 39% male, 70% Caucasian) completed the follow-up survey and were included in this present analysis. We conducted multivariate regression analyses to determine how the change in self-reported PROMIS measures from baseline during the pandemic were predictive of post-pandemc 6 month follow-up PROMIS measures and ISI.
Results: PROMIS depression score at baseline was predictive of both sleep disturbance (0.63 ± 0.15; p<.0001) and sleep impairment (0.49 ± 0.18; p=0.01) 6 months later. Baseline brief coping avoidance also predicted 6 month sleep disturbance (0.85 ± 0.33; p<0.009) and sleep impairment (0.85 ± 0.33; p=0.014) as well as ISI (0.52 ± 0.18 units; p=0.006). Baseline anxiety predicted ISI at 6 months (0.25 ± 0.09 units, p=0.009).
Conclusion: Higher levels of self-reported depression, anxiety and coping-avoidance behaviors during the COVID-19 pandemic lead to long-lasting increase in sleep disturbance and impairment as well as insomnia. Addressing depression, anxiety and coping behaviors that occur as result as a stressful event is advised to avoid long-term detrimental effects on sleep.
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0605

LONGITUDINAL ASSESSMENT OF CPAP USE IN SLEEP MEDICINE CLINIC PATIENTS DURING THE COVID-19 PANDEMIC

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Introduction: Due to the COVID-19 pandemic, there may be changes in continuous positive airway pressure (CPAP) adherence. This study aimed to examine the longitudinal effect of using CPAP