

sleep onset latency, sleep efficiency). Youth with OCD had significantly greater self-reported, $t(24) = 3.29$, $p < 0.01$, and parent-reported sleep disturbance, $t(41) = 2.94$, $p < 0.01$, relative to healthy controls. OCD symptom severity was positively correlated with SSR scores, $r = .53$, $p < 0.01$, and CSHQ scores, $r = .47$, $p = 0.03$. There were no significant correlations between actigraphy measures and OCD symptom severity.

Conclusion: Youth with OCD exhibit sleep disturbance on subjective but not objective sleep measures relative to healthy controls. Findings are discrepant from objective-subjective sleep patterns found in other studies of youth with OCD, but consistent with those found in youth with anxiety disorders. Findings may suggest subjective measures capture forms of sleep disturbance (e.g., bedtime resistance, nighttime anxiety, etc.) not measured by actigraphy.

Support (If Any):

0650

DOES PAIN RELATED DISABILITY MODERATE THE RELATIONSHIP BETWEEN SUBJECTIVE INSOMNIA AND ANXIETY IN COMORBID FIBROMYALGIA AND INSOMNIA?

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Introduction: Fibromyalgia is a chronic widespread pain condition with up to 90% of patients experiencing comorbid sleep disorders (e.g., insomnia) and up to 64% experiencing comorbid anxiety disorders. Past research has shown: 1) a bidirectional relationship between insomnia and anxiety, 2) associations between pain and insomnia and 3) associations between pain and anxiety. However, research has yet to explore the role of pain, specifically pain related disability, in moderating the association between insomnia and anxiety. The present study evaluated the moderating impact of self-reported pain related disability on the relationship between subjective sleep variables and anxiety scores in adults with fibromyalgia and insomnia (FMI).

Methods: Two-hundred and nineteen adults with FMI (Mean=51.53, SD=1.89, 92.8% female) completed daily sleep diaries over fourteen days, the Pain Disability Index (PDI), and the State-Trait Anxiety Inventory Form Y-1 (STAI-Y1) as part of the baseline for a larger randomized clinical trial (SPIN, NCT#02001077). Moderation analyses included STAI-Y1 as the dependent variable, sleep variables averaged over 14 days (Sleep Onset Latency- SOL, Wake After Sleep Onset-WASO, Total Sleep Time-TST, Sleep Efficiency-%SE) as independent variables, PDI as the moderator, and age and years of education as covariates. For moderation at significance levels of $p < 0.05$, significance of simple slopes at high (1 SD above), average, and low (1 SD below) PDI scores were examined.

Results: PDI moderated the relationship between SOL and STAI-Y1 ($B=0.0052$, $SE=0.0019$, $p=0.01$, $R^2=0.04$). At high PDI scores (but not average), higher SOL was associated with higher STAI-Y1 scores ($B=0.0748$, $SE=0.0310$, $p=0.02$). At low PDI scores, higher SOL was associated with lower STAI-Y1 scores ($B=-0.0844$, $SE=0.0453$, $p=0.06$; trend).

Conclusion: Results indicate that at higher levels of perceived pain related disability, greater difficulty falling asleep is associated with increased levels of anxiety in FMI. At lower levels of pain related disability though, difficulty falling asleep and anxiety levels may have an inverse relationship. This points to a possible complex interplay between sleep difficulties, pain related disabilities and anxiety in the FMI population. Future research is warranted to

examine potential causal relationships between pain, sleep, and anxiety.

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0651

DAILY ASSOCIATIONS BETWEEN INSOMNIA AND DEPRESSION: EMOTION REGULATION AS A MEDIATOR

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Introduction: Insomnia has been shown to prospectively predict depression in longitudinal studies. The mechanisms underlying this relationship have not been fully elucidated. Emotion regulation (ER) has been proposed as a potential mediating mechanism; however, empirical tests of it are limited. This study aimed to examine the within-individual relationship between insomnia and depressive symptoms in a 14-day daily study. It was hypothesized that insomnia symptoms on a given night would positively predict depressive symptoms in the subsequent day via ER.

Methods: This study was conducted in 60 adults (65% female, age = 18-65 years) with elevated insomnia symptoms (Insomnia Severity Index ≥ 10). They were asked to fill out morning and evening diaries and wear an actigraph for 14 days. The morning diary measured their sleep parameters in the previous night with the Consensus Sleep Diary. The evening diary measured emotional reactivity with the International Positive and Negative Affect Schedule, ER strategy use with the Emotion Regulation Questionnaire and Cognitive Emotion Regulation Questionnaire, and depression with the Center for Epidemiologic Studies Depression Scale. Multilevel modeling was used to analyze the within-individual associations, controlling for between-individual factors such as age and gender.

Results: Shorter total sleep time on one night predicted greater next-day depressive symptoms ($\beta = -0.063$, $SE = 0.009$, $p = .028$). Sleep quality was negatively associated with next-day depression at the between-individual level ($\beta = -0.387$, $SE = 0.882$, $p = .003$). Negative reactivity partially mediated the relationships between sleep quality and depression ($\beta = -0.463$, $SE = 0.030$, $p = .008$), total sleep time and depression ($\beta = -0.611$, $SE = 4.938$, $p = .011$), and sleep efficiency and depression ($\beta = -0.702$, $SE = 0.007$, $p = .002$), all at the between-individual level.

Conclusion: The findings suggest that total sleep time is associated with depressive symptoms on a daily level. They also suggest that one of the facets of emotion regulations, namely negative reactivity, plays a mediating role in the insomnia-depression relationship. Nonetheless, we did not find evidence for the mediating role of ER at the within-individual level. Emotional reactivity and ER strategy use may not vary substantially across days.

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0652

ASSOCIATIONS BETWEEN ANHEDONIA AND MALADAPTIVE BELIEFS ABOUT SLEEP IN MIDDLE AGE AND OLDER ADULTS WITH INSOMNIA DISORDER

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Introduction: Comorbid depression often exacerbates dysfunctional beliefs about sleep in those with insomnia disorder. Anhedonia, a core symptom of depression, may be mechanistic in this association. Previous research suggests that, when appraising potential decisions, individuals with anhedonia regularly