difference at post (t=-1.43, df=46, p=.159, Cohen's d=-.35), but a difference at follow-up (t=-3.11, df=46, p=.003, Cohen's d=-.67) favoring the HW group, although about 50% were lost to follow-up on this item. For the VR-36 Mental Component Scale, there was no significant group difference at either timepoint (t=.20, df=46, p=.841, Cohen's d=.05; t=.77, df=46, p=.444, Cohen's d=.26).

Conclusion: At both post and follow-up, the CBT-I group surpassed estimated thresholds for clinically important improvements in both insomnia severity and sleep-related functioning, whereas HW did not. CBT-I for psychosis should be investigated with a larger, fully-powered randomized controlled trial, using sleep-specific functioning outcome measures.

Support (If Any): This material is the result of work supported by: resources and facilities at the VA Maryland Health Care System, Baltimore, Maryland; the U.S. Department of Veterans Affairs, Rehabilitation Research and Development Service-1IK2RX001836 (NCT02535923), PI: Elizabeth A. Klingaman. Contents do not represent the views of the U.S. Government or Department of Veterans Affairs.

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NOCTURNAL WAKEFULNESS AND SUICIDE RISK IN THE AUSTRALIAN POPULATION

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Introduction: Temporal patterns for suicide over a 24-hour period have shown mixed results among prior studies. However, analyses of 24-hour temporal patterns for wakeful actions including suicidal behavior, should adjust for expected sleep requirements that inherently skew such activities to conventional wakeful times. This study analysed the time-of-day for suicide cases from the Australian population for the year 2017, adjusting for expected sleep patterns. Identification of time-of-day trends using this methodology may reveal risk factors for suicide and potentially modifiable contributors.

Methods: The Australian Coronal database was accessed and data for suicide deaths were extracted for the most recent completed year, 2017. Time of suicidal action is frequently unable to be pinpointed and for this analysis an estimation was performed from time last seen alive and time found subsequently using data extracted from police and coronial reports. Time of suicide was allocated to one of four 6-hourly time bins across 24 hours from the mid position of time last seen alive and time found subsequently. Cases were excluded if allocation to a time bin was not able to be confidently determined if time last seen and time found crossed both boundaries for a given time bin. Prevalence of suicide for each time bin was adjusted for the likelihood of being awake for each bin according to sleep-wake norms published in 2020 from a large Australian community survey of 1966 subjects. Observed prevalence of suicide were compared to expected values predicted from likelihood of being awake across each time bin calculated as a standardised incidence ratio (SIR).

Results: For year 2017 there were 2208 suicides for which 1407 were able to be allocated into one of four 6-hourly time bins. Reasons for exclusion were cases for which allocaton into a time bin was not able to be performed. When adjusted for the likelihood of being awake based from population norms, cases were significantly more likely to enact suicide between the hours of 2301-0500 than predicted (SIR 3.93, P< 0.001). Furthermore, there was a lower-than expected rate of suicide for the time bins, 1101-1700 (SIR 0.86, P=0.002). When subcategories of suicide cases were analsysed, suicide death in asssociation with alcohol consumption demonstrated the strongest for relatoinship to the 2301-0500 time bin (SIR 6.03, P< 0.001).

Conclusion: Higher than expected rates of suicide overnight associated proposes that nocturnal wakefulness may represent a modifiable risk factor for triggering suicide events. Nocturnal wakefulness may be linked to increased rates of loneliness and depair as well as greater tendency toward impusive actions and behaviors. Impusivity may be compounded by alcohol consumption Our findings offer a potential mechanism for which individuals with insomnia have increased suicidal thoughts and behaviors.

Support (If Any): Untied grant provided by Rhinomed LTD

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ASSOCIATION OF POOR SLEEP WITH STRESS, ANXIETY, EMOTIONAL SUPPORT, SOCIAL ISOLATION, AND DEPRESSION DURING THE COVID-19 PANDEMIC

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Introduction: The COVID-19 pandemic has impacted multiple facets of daily living: personal finances, physical activity, and mental and physical health. These changes can result in additional stress and negatively affect sleep. It is important for sleep medicine providers to understand how their patients are impacted by these changes to optimize their care. In this study, we evaluated the association of poor sleep with stress, anxiety, emotional support, social isolation, and depression among sleep medicine clinic patients during the COVID-19 pandemic.

Methods: Sleep medicine clinic patients were distributed an online survey at baseline followed by a 6-month follow-up survey (December 2020 - May 2021). Participants answered questions regarding Insomnia Severity Index (ISI), Patient-Reported Outcomes Measurement Information System (PROMIS) measures (sleep disturbance and sleep-related impairments), and COVID-19 testing. Stepwise linear regression was performed using SAS to determine if self-reported poor sleep predicted stress, anxiety, emotional support, social isolation, and depression. This study was approved by Baylor College of Medicine IRB. Informed consent was obtained from all subjects involved in the study.

Results: Eighty-one adults completed baseline survey, and 54 adults (mean age 55.2±18.4 years, 61% female, 70% Caucasian) completed 6-month follow-up survey. At baseline, anxiety had a significant effect on sleep disturbance (0.43±0.11, p=0.0001), sleep-related impairments (0.53±0.12, p=0.0001) and ISI (0.28±0.08, p=0.0004). Upon follow-up, an increase in ISI predicted higher perceived stress (0.18±0.07, p=0.013) and worse anxiety (0.61±0.16, p=0.0003). An increase in sleep disturbance predicted a decrease in emotional support (0.25±0.12, p=0.038). Additionally, an increase in sleep-related impairments predicted an increase in social isolation (0.39±0.11, p=0.0002) and depression (0.57±0.07, p<0.0001). Interestingly, only 3 participants tested positive for COVID-19.

Conclusion: In this study of sleep medicine clinic patients during the COVID-19 pandemic, we observed that poor sleep predicted greater stress, anxiety, social isolation, and depression along with less emotional support. This study illustrates the importance of addressing stress management, mental health (anxiety, depression), and emotional support when treating sleep medicine clinic patients during the COVID-19 pandemic.

Support (If Any): National Institutes of Health (NIH) Grant #R01NR018342 (PI: Nowakowski); Department of Veteran

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