

engage in behavioral sleep restriction (BSR), defined as limiting nocturnal time in bed to less than the recommended total sleep time, but little is known about the factors that influence BSR. Notably, the impact of cognitive processes on BSR has not been empirically tested, though processes such as executive function (EF) and social-cognitive beliefs are clearly relevant to other health-related behaviors. This study sought to investigate the extent to which EF and social-cognitive factors predict BSR.

Methods: Participants included 205 healthy adults aged 18–35. EFs (i.e., inhibitory control, working memory, cognitive flexibility) were assessed with a neurocognitive task battery and social-cognitive factors (i.e., attitudes, norms, perceived behavioral control) related to healthy sleep duration were self-reported, followed by 1 week of actigraphy. BSR was represented as the number of nights that actigraphy-estimated time in bed was fewer than 8 hours.

Results: On average, participants engaged in BSR 3 nights per week. Hierarchical linear regressions were tested separately for EFs and social-cognitive factors. Results revealed that, after controlling for general intelligence, EF did not predict BSR. In contrast, social-cognitive factors did predict BSR ($F(202,3)=8.71$, $p<0.001$), with both attitudes ($\beta=.20$, $p=.005$) and perceived behavioral control ($\beta=.15$, $p<.001$) emerging as significant predictors. Interactions between EFs and social-cognitive factors were also explored, suggesting interactions between inhibitory control and perceived behavioral control ($p=.03$) as well as cognitive flexibility and attitudes ($p=.05$).

Conclusion: Taken together, these results highlight the high frequency of BSR and the role that social-cognitive factors may play in facilitating BSR among adults who may otherwise obtain healthy sleep. Efforts to promote sleep health in the general population would benefit from greater understanding of modifiable factors that increase BSR.

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DOES ATTENTIONAL CONTROL RELATE TO SLEEP DISRUPTION AND REPETITIVE NEGATIVE THINKING?

Acenowr, C. Coles, M. Stewart, E.

Binghamton University, Binghamton, NY.

Introduction: Insomnia is associated with increased repetitive negative thinking (RNT) and poor attentional control. There is increasing interest in the relevance of these processes for psychopathology. For example, Cox, Cole, Kramer and Olatunji (2018) proposed that focusing and shifting in attentional control may help explain the link between sleep disturbance and RNT. In support, attentional focus was found to be significant in the relationship between insomnia and RNT. As this study looked at disorder-specific measures of RNT and only insomnia, the current study aimed to replicate and extend the findings by also examining circadian sleep disruption and transdiagnostic RNT.

Methods: The current study included 127 participants. Sleep disruption was assessed by the SLEEP-50 (Spoormaker, Verbeek, van den Bout & Klip, 2005). This measure provides several subscale scores, including disruption in circadian rhythms and insomnia. The Attentional Control Scale (Derryberry & Reed, 2002) is a measure of attentional focus and shifting which was also utilized. Lastly, the Perseverative Thinking Questionnaire (Ehring et al., 2011) is a widely used transdiagnostic measure of RNT.

Results: Pearson's Correlations indicated that both insomnia and circadian disruptions were significantly associated with RNT

(insomnia, $r=.27$; circadian, $r=.24$). Mirroring the results of Cox, Cole, Kramer and Olatunji, attentional focus was significant (insomnia, $r=-.29$; circadian, $r=-.28$), whereas attentional shift was not (insomnia, $r=.02$; circadian, $r=.06$).

Conclusion: The connection between sleep disruption and factors that contribute to psychopathology needs to be better understood. This study differentiates types of attention and their relation to insomnia and circadian sleep disruption, and RNT. If attentional focus can link sleep disruption and RNT, clinicians can move one step closer to understanding the development of risk factors that may jeopardize an individual.

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EFFECTS OF ALCOHOL CONSUMPTION ON SLEEP-WAKE PATTERN OF A RAT MODEL OF ANXIETY

Fierro, A.¹ Cortés, C.¹ Eguibar, J.^{2,1}

¹Institute of Physiology, Puebla, MEXICO, ²Research Office, VIEP, Puebla, MEXICO.

Introduction: Anxiety is an important factor for self-administered alcohol as a tool to reduce its symptoms. However, alcohol is capable to disrupt sleep-wake patterns in subjects with medium- to high-alcohol consumption. We have selectively bred two sublines from Sprague-Dawley rats that differ on its yawning frequency. High-yawning (HY) rats have a mean of 20 yawns/h, whereas the Low-yawning (LY) rats have only 2 yawns/hour. LY rats also showed anxious responses when evaluated on standardized tests. The aim of this study was to assess the changes on sleep-wake patterns after chronic alcohol consumption.

Methods: We used 8 males from HY and LY sublines at 3 months of age, they lived in acrylic cages with water and food pellets available *ad libitum* under a 12:12 light-dark cycle (lights on at 0700) and temperature of 21 ± 1 °C. All subjects were implanted to record EEG, EMG and EOG to characterize sleep-wake phases. A baseline sleep-wake recording was obtained for 24 h. A solution of 9.6% alcohol was administered as a single source of hydration for seven days and then a second sleep-wake recording was obtained. After that period, an additional bottle containing purified water was available. Position of the bottles was randomly changed daily. Water and alcohol consumption were measured daily for a period of 3 weeks and then a third sleep-wake recording was obtained.

Results: LY rats consumed more alcohol than HY rats ($P<0.05$), and they had an increase of bouts and duration of slow wave sleep and REM sleep on their active phase after alcohol administration ($P<0.05$).

Conclusion: LY rats display an anxious behavior and therefore consumed more alcohol compared to HY rats, and only LY rats were susceptible to alcohol effects on sleep on their active phase.

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THE DAY-TO-DAY ASSOCIATIONS BETWEEN SLEEP CHARACTERISTICS, AFFECT, AND AFFECT REACTIVITY

Wong, P. M.¹ Hasler, B. P.² Kamarck, T.¹ Wright, A.¹ Hall, M.² Carskadon, M. A.³ Manuck, S. B.¹

¹Department of Psychology, University of Pittsburgh, Pittsburgh, PA, ²Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, ³Department of Psychiatry & Human Behavior, Alpert Medical School of Brown University, Providence, RI.