

Methods: 10 healthy participants were recruited to undergo both MRI and ultrasound of the lateral airway. Surrounding anatomical landmarks were examined to establish the presence or absence of the PMR. These results will be compared to MRI to determine parameters on ultrasound which correlate to an absent PMR.

Progress to date: 8 of the 10 participants have undergone both MRI and ultrasound, of which half were women, mean age 53 years, mean BMI 28 and mean AHI 3. In all 8 participants so far parameters for assessment of the PMR were identified and described, including presence of anatomical landmarks, localisation and width of the PMR space, and presence of a hyperechoic structure within the space. Comparison of these parameters with MRI to determine predictors of PMR presence or absence is currently underway.

Intended outcome and impact: Validation of ultrasound in the assessment for presence or absence of a tendinous PMR will enable further study of this structure as a predictive marker for MAS efficacy in OSA. This could assist clinicians in identifying suitable patients for MAS therapy.

P014

SHIFT WORK DISORDER AND THE PREVALENCE OF HELP SEEKING BEHAVIOURS FOR SLEEP CONCERNS IN AUSTRALIA

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Introduction: Shift work disorder is a circadian rhythm sleep-wake disorder, defined by symptoms of insomnia and excessive levels of sleepiness resulting from work that occurs during non-standard hours. Sleep problems are common in shift workers, yet our understanding of help-seeking behaviours for sleep in shift workers is limited.

Methods: As a part of a national sleep health survey, data were collected on the help-seeking behaviours for sleep problems in an online sample of Australian individuals on non-standard work schedules (n=448). Of the sample of non-standard workers, 10.5% (n=41) met the criteria for probable shift work disorder (pSWD).

Results: Non-standard workers with pSWD did not seek help for sleep problems at higher rates than workers without SWD (p = .979). General practitioners were the most reported healthcare professional sought out for sleep problems of individuals with pSWD. Self-management was common in workers with pSWD, with a high self-reported prevalence of alcohol use (31.7%) as a sleep management strategy, and caffeine consumption (76.9%) as a sleepiness management strategy. The majority of individuals with pSWD reported the mentality of 'accept it and keep going' as a sleepiness management strategy, highlighting a potential barrier to help-seeking behaviour in workers with pSWD.

Discussion: These findings provide novel insight into the help-seeking behaviours of individuals with pSWD. There is a need for further research to understand why individuals at risk for shift work disorder are not actively seeking help, and to develop health promotion and intervention strategies to improve engagement with healthcare professionals.

P015

HOME (LEVEL 2) SLEEP STUDIES ARE FEASIBLE IN CHILDREN

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Introduction: In-hospital polysomnography (PSG or Level 1 study) is the "gold-standard" for investigating sleep disorders in children. There are long waiting lists for sleep studies in Australian tertiary centres. Level 2 home-PSG has been proposed as an alternate option. However, there are limited data regarding the feasibility in a clinical population. The aim of this study is to assess the feasibility and patient experience of home-PSG in a clinical cohort.

Methods: The signal quality and outcomes of a home-PSG in young people undergoing sleep investigation in a single centre were reviewed. A successful home-PSG was defined as a study with ≥ 6hrs of sleep and all channels present for ≥90% of sleep time. Feedback from the guardian/young person was collected using a questionnaire.

Results: Fifty-five patients (4m-18yrs) were included. Successful home-PSG, on the first attempt, was achieved for 48/55 (87%) patients. There were no differences in success when accounting for neurodevelopmental conditions, OSA severity or age. A clinical diagnosis was confidently made in 53 (96%) patients. The majority (76%) rated their sleep as the same or better than normal and only 12% found having the study conducted at home difficult. Following the study, only 8% would have preferred a hospital sleep study.

Discussion: Home-PSG produced technically adequate recordings for most subjects and families found the experience of having a home sleep study to be positive. These data support, in appropriate circumstances, home-PSG as a viable alternative to an in-patient sleep study.

P016

DAYTIME LIGHT EXPOSURE PREDICTS BETTER MOOD-, SLEEP- AND CIRCADIAN-RELATED OUTCOMES IN >8,000 UK BIOBANK PARTICIPANTS

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Introduction: Light has powerful effects on mood, sleep, and the circadian system. Humans evolved in an environment with a clear distinction between day and night, but our modern lighting environments have blurred this distinction. While the disruptive effects of night time light exposure are well described, the potential positive effects of daytime light exposure on these systems are less well studied.

Method: Participants were a subset of the UK Biobank cohort who were invited to complete a seven day wrist-worn actimetry and light sensor study (n = 8,372, 61% female, age range: 39–70). Hierarchical linear models assessed the association between average daytime light exposure and mood-, sleep- and circadian-related outcomes, adjusted for age, sex, and season of assessment.

Results: Greater daytime light exposure was associated with earlier chronotype (p < .001), greater ease of getting up in the morning (p < .001), lower odds of using antidepressant medication (p < .001), less frequent low-mood (p = .002), less frequent anhedonia (p < .001), greater happiness (p < .001), less frequent insomnia symptoms (p = .01) and less frequent tiredness (p < .001).