

insomnia. Many (60%) reported sleep disruptions due to device usage or due to bad dreams at least once per week (45%). In multivariable regression, non-physicians (OR 3.5, CI: 2.5, 5.0), Hispanic ethnicity (OR 2.2; CI: 1.44, 3.45), being single (1.5, CI: 1.03, 2.21), and youngest age group (18–24) (OR 9.9; CI: 1.44, 68.09) had increased odds of insomnia. In open-ended comments, sleep disruptions mapped to 5 categories: (1) Work demands (“The volume of calls and messages from my patient and caregiver population is through the roof”); (2) Pandemic related (“I never had sleep issues prior to the COVID-19 pandemic. Suddenly I had issues with sleep initiation.”); (3) Children and family (“COVID plus home stress plus stress over my kids, my job, my marriage.”); (4) Personal health (“Insomnia predating COVID, but worsened with COVID.”); (5) Responses to the pandemic (“I worry about how COVID is being managed by the President...This does keep me awake at night.”).

Conclusion: During the COVID-19 pandemic, 90% of healthcare workers surveyed on social media reported poor sleep, with over one-third of participants reporting moderate-severe insomnia. Online sleep interventions for healthcare workers are urgently needed.

Support (if any):

723

SLEEP APNEA CARE DURING THE COVID-19 PANDEMIC: PERSPECTIVES ON THE TRANSITION TO TELEMEDICINE FROM CLINICIANS AND PATIENTS

Suzanne Bertisch,¹ Jessie Bakker,¹ Sherry Hanes,² Carolina Dos Santos,¹ Sloan Bergrestresser,¹ Catherine Siengsukon,³ Melanie Barwick,⁴ Susan Redline,¹ Anna Revette⁵

¹Brigham and Women’s Hospital, Inc., ²Alliance of Sleep Apnea Partners, ³University of Kansas Medical Center, ⁴The Hospital for Sick Children, ⁵Dana Farber Cancer Institute

Introduction: Covid-19-related public health control measures have necessitated a rapid transition in healthcare delivery. We qualitatively explored clinicians’ and patients’ experiences of the pandemic’s impact on the delivery and receipt of obstructive sleep apnea (OSA) care.

Methods: Between September and December 2020, we conducted ten 90-minute virtual focus groups with sleep clinicians (n=19) and English and Spanish-speaking patients with OSA (n= 30) recruited through an urban academic sleep clinic, national organizations, social media, and snowball sampling. An interdisciplinary team conducted a rapid qualitative analysis that included prefigured and emergent domains. The team developed a comprehensive analytic matrix, identifying key themes within and between groups and triangulating them across participant types.

Results: Clinicians and patients across all groups confirmed a rapid shift to the adoption of telemedicine. Clinicians reported telemedicine enhanced evaluations by enabling direct observation of the home environment, providing opportunities to guide patients on medical equipment used in the home, and cultivating meaningful social connections for patients. Perceived benefits varied across patient subgroups (age, language, technological self-efficacy). The majority of clinicians reported that telemedicine’s initial uptake resulted in delays in care and revenue loss, but sustained use was thought to be feasible over time. Patients reported delays in care related to the pandemic’s disruption on healthcare and their personal safety concerns. Additionally, telemedicine’s adoption directly altered other elements of care, including the delivery of patient education materials and loss of tacit information gained during the in-person visit. All groups reported adequate mask fitting as a central challenge for patients using positive airway pressure therapy. Spanish-speaking patients noted concerns

of increased difficulty accessing care and navigating the OSA care system due to limited English proficiency, in addition to the limited availability of OSA resources in Spanish.

Conclusion: During the Covid-19 pandemic, the rapid adoption of telemedicine largely facilitated OSA care but altered patient-clinician interactions, delivery of patient education materials, and mask fitting success. Given that telemedicine will likely be sustained post-pandemic, there are needs for targeted efforts aimed at addressing disparities in telemedicine, enhancing practitioner telepresence and education, and new approaches for mask fitting to ensure successful OSA care.

Support (if any): Patient-Centered Outcomes Research Institute EADI-16493

724

DOES COLORECTAL CANCER SITE INFLUENCE SLEEP QUALITY?

Mimi Ton,¹ Nathaniel Watson,² Julia Labadie,³ Rachel Malen,³ Arthur Sillah,¹ Adriana Reedy,³ Stacey Cohen,³ Andrea Burnett-Hartman,⁴ Polly Newcomb,³ Amanda Phipps¹

¹University of Washington/Fred Hutchinson Cancer Research Center, ²University of Washington School of Medicine, ³Fred Hutchinson Cancer Research Center, ⁴KP Colorado Institute for Health Research

Introduction: Understanding sleep quality among colorectal cancer (CRC) patients could contribute to improved survivorship care in terms of sleep recommendations.

Methods: We ascertained sleep quality within an ongoing population-based study of CRC patients identified through the Puget Sound SEER cancer registry. We assessed sleep quality using components of the standardized Pittsburg Sleep Quality Index. Differences in sleep quality by CRC site were analyzed using chi-square and ANOVA tests. We used logistic regression to estimate odds ratios (ORs) and 95% confidence intervals (CIs) for the association of tumor site (rectal vs. colon) with sleep quality concerns. ORs were adjusted for age at diagnosis, sex, BMI, education, cancer stage, and time since diagnosis.

Results: Of the 1,454 CRC patients included in analyses, 37% (N=543) had rectal cancer compared to 63% (N=911) with colon cancer, and the stage distribution was as follows: 37% localized, 43% regional, and 18% distant stage. Overall, participants with rectal (vs. colon) cancer were more likely to report problems related to trouble sleeping (OR [CI]: 1.63 [1.23, 2.16]), but were also less likely to report trouble sleeping specifically due to issues with breathing, coughing, or snoring (OR [CI]: 0.51 [0.27, 0.96]). However, rectal cancer patients were more likely than colon cancer patients to report changes in sleep patterns after cancer diagnosis (OR [CI]: 1.33 [1.02, 1.73]), and to report trouble sleeping specifically due to getting up to use the bathroom (OR [CI]: 1.49 [1.17, 1.90]) or pain (OR [CI]: 1.50 [1.10, 2.04]). There were no significant differences between rectal and colon cancer cases in terms of amount of sleep, problems staying awake, bad sleep quality, and use of sleep medication.

Conclusion: Overall, rectal cancer patients are more likely to have sleep complications due to potential physical consequences compared to colon cancer patients. This suggests that survivorship care may be adapted according to CRC site to ensure patients receive appropriate support in terms of sleep recommendation.

Support (if any):

725

SERIOUS ILLNESS, SLEEP QUALITY, AND SPIRITUALITY: AN EXPLORATORY STUDY IN A MULTICULTURAL INPATIENT SETTING

Laura Castro,¹ John Peteet,² Tracy Balboni,² Harold Koenig,³ Fatima Cintra¹