

2020). A final sample of 491 completed the entire survey (length ~45 minutes) which asked about sleep quality, psychological stress, depression, and exercise. Paired t-tests were conducted to compare pre-COVID and during COVID data.

Results: There were significant differences in sleep onset latency (26.44 ± 23.53 min vs 32.06 ± 26.88 min; $t = -3.81$, $P < .001$), sleep duration (7.30 ± 1.45 hours vs 7.63 ± 2.07 hours; $t = -2.23$, $p = 0.027$) and overall sleep quality (6.29 ± 3.29 vs 7.44 ± 3.86 ; $t = -7.26$, $p < .001$), as well as depression scores (IDS no sleep questions) (5.61 ± 4.18 vs 17.59 ± 5.45 ; $t = -54.9$, $P < .001$). There was no difference in perceived stress (28.03 ± 5.27 vs 28.39 ± 5.53 , $t = -1.49$, $p = .138$). Exercise (vigorous, moderate and walking) all decreased with regards to days and time spent, (all P 's $< .001$), whereas minutes sitting significantly increased (426.50 ± 239.88 vs 542.26 ± 249.63 , $p < .001$).

Conclusion: These data empirically support the claim that the pandemic is having a significant negative impact on physical and mental health among college students. In the best of times, college students have irregular sleep patterns and significant depression, but these behaviors are worsened under government restrictions. These findings underscore the need to prioritize prevention and intervention of modifiable behaviors, especially if the pandemic extends into 2021.

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ASSOCIATION OF SELF-REPORTED ANXIETY, INFORMATIONAL SUPPORT, AND SLEEP IN SLEEP MEDICINE PATIENTS DURING THE COVID-19 PANDEMIC

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Introduction: Stressful events, such as the COVID-19 pandemic, can have a detrimental effect on sleep. It is important for practitioners to understand how their patients are affected by events to optimize their care. In this study we evaluated associations of anxiety and daily habits with self-reported sleep disturbance among sleep medicine clinic patients.

Methods: Between June-November 2020, 81 sleep medicine clinic patients (54.8 ± 15.9 y, 44% male, 69% Caucasian) completed an online survey that included PROMIS measures (Sleep Disturbance, Sleep-Related Impairments, Informational Support, Emotional Distress-Anxiety) and Insomnia Severity Index (ISI). Patients were asked about changes in their daily habits (sunlight exposure, caffeine consumption). During the 5-month survey completion time window, the weekly average of positive COVID-19 cases in the Houston area was 2,914. Stepwise linear regression was performed using SAS to determine if self-reported anxiety and informational support predicted PROMIS Sleep Disturbance, PROMIS Sleep-Related Impairments and ISI.

Results: 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 , $p=0.0004$). Informational support had a significant inverse effect on Sleep Disturbance (-0.29 ± 0.10 , $p=0.0063$), Sleep-Related Impairments (-0.26 ± 0.11 , $p=0.01$) and ISI (-0.31 ± 0.08 , $p<0.0001$) measures. Decreased sunlight exposure during the pandemic contributed to a significant increase in Sleep Disturbance scores (0.06 ± 0.03 , $p=0.045$). Increased caffeine consumption during the pandemic had significant increase in ISI scores (16.3 ± 7.59 , $p=0.035$).

Conclusion: Higher levels of anxiety and lower levels of informational support predicted greater insomnia severity, sleep disturbance, and sleep-related impairments in sleep medicine clinic patients during the COVID-19 pandemic. Decreased sunlight exposure and increased caffeine consumption also predicted greater sleep disturbance and

insomnia severity, respectively. Addressing anxiety symptoms and access to accurate information during the pandemic is advised when treating sleep medicine clinic patients.

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RAPID ADOPTION OF TELEMEDICINE DURING COVID-19 PANDEMIC: IMPACT ON PAP ADHERENCE AND HEALTH CARE UTILIZATION

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Introduction: The COVID-19 pandemic has required rapid reconfiguration of healthcare services from in-person to telemedicine. Positive Airway Pressure (PAP) is the gold-standard treatment for sleep apnea, but success requires substantial clinical support, which has traditionally been provided in-person. In this quality analysis, we examined the impact of PAP initiation (PAPI) via telemedicine on adherence and subsequent health care utilization, compared to the conventional, in-person model.

Methods: Patients who completed PAPI and initial adherence period between April-August 2020 were included. During this window, telemedicine visits were encouraged, but not required. Adequate adherence status was considered met if 21/30 consecutive days with use >4 h was achieved by day 90 therapy. Health care utilization was represented by the number of follow-up visits, stratified by provider type (Physician, Physician Assistant (PA), or PAP Technologist).

Results: 839 patients (54% telemedicine, 46% in-person), 38.0% female, aged 54.2 ± 0.5 years, BMI 32.4 ± 0.3 (\pm SEM) were included. Adherence was similarly achieved following both initiation methods: 78.8% (telemedicine) and 76.4% (in-person) ($p>0.4$). Clinical follow-up was lower after in-person PAPI compared to telemedicine, regardless of adherence status ($p<0.05$). Non-adherent patients also had less clinical follow-up than adherent patients after both initiation methods ($p<0.0001$), though this differed by provider type. Non-adherent patients in both initiation methods were less likely to follow-up with a PA or PAP Technologist ($p<0.01$), though follow-up rate with Physician providers was similar ($p>0.1$). Clinical follow-up with PAP Technologist was increased after telemedicine compared to in-person PAPI ($p<0.01$).

Conclusion: Implementation of a telemedicine PAP initiation protocol during the COVID-19 pandemic resulted in similar rates of adherence compared to the conventional in-person method, which suggests that telemedicine is an appropriate alternative to in-person PAPI. However, clinical follow-up was lower after in-person PAPI compared to telemedicine regardless of adherence status. Further, non-adherent patients had less follow-up with PAs and PAP Technologists, but similar follow-up with Physicians. This may indicate that provider type plays a role in supporting patients through the adherence process and should be considered. Further research is needed to understand the relationship between care teams, adherence, and healthcare utilization in the age of telemedicine.

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HEALTHY SLEEP AS AN IMPORTANT RESOURCE AND BUFFER FOR INTERSECTIONAL DISCRIMINATION: RESULTS FROM COVID 19 STUDY

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