

sleep-related impairments. Patients who reported changes in healthcare visits during the pandemic reported higher insomnia severity. Assessing sleep medication changes and preference for healthcare visit format is advised when treating sleep medicine patients during the pandemic.

Support (if any): This work is supported by National Institutes of Health (NIH) Grant # R01NR018342 (PI: Nowakowski) and by the Department of Veteran Affairs, Veterans Health Administration, Office of Research and Development, and the Center for Innovations in Quality, Effectiveness and Safety (CIN 13–413).

712

COVID-19 RISK PERCEPTION, SLEEP HEALTH AND PERITRAUMATIC DISTRESS AMONG NEW YORKERS: THE NYU COVID-19 MENTAL HEALTH STUDY

Judite Blanc,¹ Azizi Seixas,¹ Omonigho Babu,¹ Anthony Briggs,¹ Alain Claude Compas Jr.,¹ Yolette Williams,¹ Giardin Jean-Louis¹

¹NYU Grossman School of Medicine

Introduction: Long-term exposure to pandemics like COVID-19 may increase psychological distress (e.g., peri-traumatic and post-traumatic distress) and sleep problems. Little is known about the effects of COVID-19 on peritraumatic distress, a well-documented risk factor for post-traumatic stress disorders (PTSD). The aim of this study was to investigate the association between COVID-19 risk perception and peritraumatic distress, and whether this relationship is moderated by sleep quality among individuals located in NY.

Methods: We examined data from 541 individuals (69% were female, mean age (SD) = 40.9 (15.3)) recruited online during summer and fall 2020 in New York for the NYU-COVID-19 Mental Health Study. Data were gathered on sociodemographic, COVID-19 risk perception (yes or no items), peri-traumatic distress measured by Peritraumatic Distress Inventory (PDI), and sleep quality measured by the Pittsburgh Sleep Quality Index (PSQI). Descriptive, regression analysis and interaction terms were conducted using SPSS v. 25 to examine associations between COVID-19 risk perception with symptoms of peritraumatic distress and sleep quality.

Results: Of the 541 participants, 311 (57.5%) reported they felt at risk for contracting COVID-19. PSQI was positively correlated with PDI ($r = .38$, $p = 0.01$). An independent sample t student test indicated, on average, that the symptoms of PDI [(mean (SD))=27.3 (7.63), $t = 7.07$, $n = 307$] and PSQI [mean(SD)=10.62(3.57), $t = 4.31$, $n = 311$] of our participants who felt at risk for contracting the COVID-19 significantly exceeded those who did not [(PDI mean(SD))=22.7(7.13), $n = 228$]; PSQI (mean(SD))=9.25(3.72), $n = 229$]. Results of multiple linear regression analysis shown that COVID-19 risk perception was the strongest predictor of PDI [$B(t) = -.630(12.7)$; $p < .001$]. Furthermore, the interaction effect of PSQI scores and COVID-19 risk perception revealed that sleep quality significantly reduced the association between COVID-19 risk perception and PDI [$B(t) = .319(5.71)$; $p < .001$], such that poorer sleep and feeling at risk of contracting COVID-19 resulted in more severe PDI scores.

Conclusion: COVID-19 risk perception was associated with peritraumatic distress and poorer sleep quality, and sleep quality attenuated this relationship.

Support (if any): NIH (T32HL129953, K07AG052685, R01MD007716, R01HL142066, K01HL135452, R01HL152453)

713

SLEEP OF INFANTS AND TODDLERS DURING 12 MONTHS OF THE COVID-19 PANDEMIC

Gita Gupta,¹ Louise O' Brien,¹ Louis Dang,¹ Renée Shellhaas¹

¹University of Michigan

Introduction: SARS-CoV-2 changed the lives of children and their parents in 2020. To our knowledge, no studies have examined infant and toddler sleep during this pandemic. We sought to compare parent-reported sleep characteristics of infants and toddlers over successive quarters of the past year.

Methods: Parents of children aged 0–36 months were surveyed primarily in the Midwestern USA between 01/17/2020 and 12/07/2020. Each parent responded only once. Age was categorized as: <6 months, 6–12 months, 12–24 months, and 24–36 months. Income was categorized as: <\$50,000, \$50-100,000, \$100-150,000, and >\$150,000. The year was divided into quarters. Multivariable linear regression included Total Sleep Time (TST), Sleep Onset Latency (SOL) and parental frustration with sleep (any frustration, scale of 1–5) as dependent variables and year quarter, child's age, prematurity, child's comorbidities, maternal age (during their child's birth), parenting experience, household income, and room sharing as independent variables. Logistic regression included nap consistency (napping at the same time daily) as the dependent variable, and year quarter, child's age, prematurity, comorbidity, maternal age, parenting experience, household income, and room sharing as independent variables.

Results: Of 594 children, mean age was 18.5±9.7 months and 52% were female. Prematurity and comorbidities were reported for 8% and 15%, respectively. Mean maternal age was 31.8±4.5 years. Neither TST ($\beta = -0.488$; $p = 0.16$) nor SOL ($\beta = 0.029$; $p = 0.23$) were associated with year quarter. SOL was 3 minutes less for each increase in income category ($\beta = -0.051$; $p = 0.003$). TST ($\beta = -0.994$; $p < 0.001$) and SOL ($\beta = 0.092$; $p < 0.0001$) were most associated with child's age. Parental frustration was associated with child's age ($\beta = 0.12$; $p = 0.04$), comorbidity ($\beta = 0.30$; $p = 0.05$) and room sharing ($\beta = -0.38$; $p = 0.006$), but not year quarter. Nap consistency was associated with increased child age category (OR 1.47; 95% CI 1.13, 1.94) and lack of room sharing (OR=2.09; 1.10, 3.97), but not year quarter.

Conclusion: Parent-estimated TST, nap consistency and sleep-related frustration did not differ significantly over the first 12 months of the pandemic. Yet, our results underscore that special attention should be given to the sleep of infants and toddlers with comorbidities, who share a room, and who have a lower household income.

Support (if any): 2T32HL110952-06

714

SLEEP DISORDERED BREATHING POLYSOMNOGRAPHIC MEASURES AND COVID-19 RISK OF WHO-7 CLINICAL OUTCOMES IN A LARGE HEALTH CARE SYSTEM

Cintha Pena Orbea,¹ Lu Wang,² Vaishal Shah,³ Lara Jehi,⁴ Alex Milinovich,² Nancy Foldvary-Schaefer,⁵ Mina Chung,⁶ Saif Mashaqi,⁷ Reena Mehra¹

¹Sleep Disorders Center, Neurological Institute, Cleveland Clinic,

²Department of Quantitative Health Sciences, Cleveland Clinic,

³Neurologic Institute, Cleveland Clinic, ⁴Neurological Institute,

Cleveland Clinic, ⁵Cleveland Clinic, ⁶Heart, Vascular and Thoracic

Institute, Department of Cardiovascular Medicine, Cleveland Clinic,

⁷University of Arizona School of Medicine

Introduction: There is lack of clarity of sleep disordered breathing (SDB)--including the role of nocturnal hypoxia and confounding influence of obesity--on the clinical course of human coronavirus disease 2019 (COVID-19). We postulate that SDB portends increased risk of adverse COVID-19 clinical outcomes even after accounting for confounding factors.

Methods: A retrospective cohort analysis of COVID-19 and sleep laboratory observational registries March-November 2020 within the Cleveland Clinic health system was performed. Ordinal logistic