analyses involving group comparisons and regression were then performed. Analyses for Lgi-1 (Leucine-rich, glioma inactivated 1) and Caspr-2 (Contactin-associated protein-like 2) antibodies were also performed.

Results: Seven (39%) VGKC-AS patients had RBD, including 5 (71%) men. VGKC-AS patients had intermediately higher RSWA, higher than controls but lower than traditional RBD patients ($p < 0.05$). LE patients had higher phasic muscle activity in AT ($p = 0.03$). VGKC-RBD patients had higher tonic muscle activity than those without dream enactment ($p = 0.03$). Only 3/18 (17%) VGKC patients were Lgi-1 positive and all 18 were Caspr2 negative. No associations between Lgi-1 and RSWA were found.

Conclusions: VGKC patients had higher overall RSWA than controls, but lower than traditional RBD patients. VGKCAS-RBD patients had higher tonic RSWA than VGKC-AS patients without dream enactment, and LE patients had higher overall and leg phasic RSWA than other VGKC-AS patients. This data informs prompt diagnosis of VGKCAS-RBD, potentially enabling immunomodulation. Future prospective research is needed to analyze immunotherapy impact on VGKC-AS RSWA and clinical outcomes.

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Sleep Disorders 1
REM sleep without atonia predicts cognitive impairment in REM sleep behavior disorder

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Background. REM Sleep Behavior Disorder (RBD) is a potentially injurious parasomnia that is strongly associated with synucleinopathy. Patients with RBD exhibit REM sleep without atonia (RSWA), the loss of normal muscle atonia during REM sleep, on polysomnography (PSG). We aimed to determine whether RSWA severity was associated with cognitive functioning in RBD.

Methods. Both idiopathic (iRBD) and symptomatic RBD (sRBD) patients completed two cognitive batteries: CNS Vitals Signs (CNS-VS) and Useful Field of View (UFOV). All subjects underwent PSG and their muscle (SM: submentalis; AT: anterior tibialis) tone during REM sleep was visually and automatically scored. Group differences between sRBD and iRBD were then compared, and regression models fit to determine the relationship of RSWA and dependent cognitive measures.

Results. Twenty iRBD and 10 sRBD participated. Demographics were similar between groups.

Deficits on cognitive testing were observed on CNS-VS in processing speed ($p = 0.014$) and psychomotor speed (sRDB < iRBD, $p = 0.019$) and on Total UFOV and subtests 2 and 3 (sRBD > iRBD, all $p < 0.002$). sRBD patients had greater combined phasic and tonic RSWA in SM ($p = 0.026$) and longer mean phasic burst duration ($p = 0.03$). Regression analyses demonstrated that SM RSWA independently predicted overall CNS-VS Neurocognitive Index (NCI) ($F = 4.5$, $p = 0.006$), adjusting for age, gender, depressive symptoms (Zung Score), and sleep disturbances (PSQI), and this relationship also remained significant in the iRBD group after excluding sRBD patients ($F = 3.5$, $p = 0.03$).

Conclusions. RSWA is predictive of lower overall cognitive performance in patients with RBD.

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Sleep Disorders 1
Sleep patterns and risk of cognitive impairment in hypertensive patients in Yaounde, Cameroon, Sub-Saharan Africa

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Background/objectives: Sleep disorders predispose to hypertension but little is known on the effect of hypertension on sleep patterns and cognitive function in Sub-Saharan Africa. In this study we sought to describe sleep patterns and determine the risk of cognitive impairment in hypertensive subjects (HTS) in Yaoundé- Cameroon.

Methods: We carried out a case-control study involving HTS and age- and sex-matched normotensive subjects (NTS), screening for sleep quality and risk of cognitive impairment using the Pittsburgh Sleep Quality Index (PSQI) and the International HIV Dementia Scale (IHDS) respectively. Informed consent was obtained from each participant and clearance obtained from the Faculty IRB. Data were compared between both groups.

Results: In total 50 HTS and 54 age- and sex-matched NTS were enrolled. HTS were significantly "poor sleepers" (global PSQI > 5, $p = 0.016$), "short sleepers" (<5 h, $p = 0.027$) than NTS. After adjusting for BMI, there was a significant association between sleep quality (aOR = 4.18, $p = 0.005$), and Hypertension. In all, 11.1% of HTS had a higher risk of dementia (IHDS < 10) against 1.9% of NTS ($p = 0.07$). There was no clear sleep trend observed with respect to the severity of hypertension (JNC8 classification).

Conclusion: Sleep quality and sleep duration were poorer and shorter respectively and the risk of cognitive impairment higher in HTS than in NTS.

Keywords: Sleep disorders, hypertension, cognitive impairment.

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Sleep Disorders 1
Sleep related breathing disorders in patients with chronic cerebrovascular diseases

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The purpose of scientific research: Analysis of the parameters of respiratory disorders during sleep in patients with chronic cerebrovascular disease by polysomnography. Increase in the effectiveness of treatment and rehabilitation of patients with chronic cerebrovascular disease and sleep disorders through the use of CPAP-therapy for elimination of respiratory disturbances during sleep.

Material and methods: 183 patients took part in our investigation: Male 133 (72.7%), Female 50 (27.3%) Age average − 58.4. Severity: cerebrovascular insufficiency 74, encephalopathy 1–54, encephalopathy 2–55.

Comorbidities: Obesity 98, Coronary heart disease 51, Diabetes 10, Arterial hypertension 94. The objective parameters of sleep disorders were defined by polysomnography method. The quality of life was determined by the unspecific questionnaire SF-36.

Findings and academic novelty: It's been determined that the severity of cerebrovascular diseases statistically depends on all valued indicators of sleep related breathing disorders. Clinically and statistically relevant interconnection was obtained between the