

degree of respiratory disorders during the sleep with lasting deep NREM-sleep periods ($p < 0.001$), the severity of chronic cerebrovascular diseases ($p < 0.001$), the presence of concomitant pathologies including obesity ($p < 0.001$), hypertension ($p < 0.001$), coronary heart disease ($p = 0.004$), diabetes mellitus 2 ($p = 0.006$). medical science data has been obtained that using the long-period CPAP-treatment of patients with chronic cerebrovascular diseases can eliminate respiratory disorders ($p < 0.001$), bring sleep architecture back to normal (by increasing the periods of deep NREM-sleep continuity ($p < 0.001$)), increase the quality of sleep, improve the efficiency of treatment, contribute to the improvement of the quality of life and the rehabilitation of patients.

doi:10.1016/j.jns.2015.08.321

246

WFN15-0630

Sleep Disorders 1

Social support and sleep disturbances in male population 45–69 years in Russia/Siberia (epidemiological study)

V. Gafarov, I. Gagulin, E. Gromova, D. Panov, A. Gafarova. *Collaborative Laboratory of Cardiovascular Diseases Epidemiology, FSBI Institute of Internal and Preventive Medicine, Novosibirsk, Russia*

Objective: To determine the prevalence of social support (indices of close contacts (ICC) and social network (SNI)) in male population aged 45–69 years with violations of quality and duration of sleep in Russia/Siberia (Novosibirsk).

Methods: Under the screening random representative sample of men aged 45–69 years ($n = 1770$) were surveyed in Novosibirsk. Berkman-Sym test was used to measure social support. Sleep disorders studied by the test C.D. Jenkins et al. (JSQ).

Results: The prevalence of high and very high level of SNI was in 15.8% and 2.3% of population, respectively. ICC was high in 7.2%, SNI, and ICC Indices in the analysis by age groups were similar and are not associated with age. At a low level SNI more common persons with severe sleep quality (22.4%) than with high or very high levels (14.7% and 19.5%, respectively). Disturbances of sleep duration remain approximately the same as in those with high level SNI (56.1%), and as with low (55.4%). Sleep quality is much worse than in men with low levels of ICC (20.3%), than with a high ICC (14.1%). Severe disorders of sleep duration in men with high or low levels of ICC remain approximately the same (61.4% and 58.4%, respectively).

Conclusion: At low levels of SNI and ICC are more common persons with severe sleep quality. The expressed disturbances of sleep duration in men with high or low levels of SNI and ICC remain approximately the same.

Supported by Grant of Russian Foundation for Humanities №14-06-00227.

doi:10.1016/j.jns.2015.08.322

247

WFN15-1035

Sleep Disorders 1

Sleep disorders and their influence on the quality of life in haemodialyzed patients with chronic renal failure

J.A. Suárez^a, G. Orzuza^a, B. Galli^b, N. Flores^a, J. Martinez Fascio^a, L. Corregidor^b, G. Ramos^b, G. Vigo^a, E. Cabrera^c, J. Nuñez Burgos^c, D. Dias^a, G. Ivetich^a, C. Furlan^a, M. Burgos^a. ^aNeurology, Hospital San Bernado, Salta, Argentina; ^bNefrology, Hospital San Bernado, Salta, Argentina; ^cInternal Medicine, Hospital San Bernado, Salta, Argentina

Background: Chronic Kidney Disease (CKD) has a worldwide high prevalence. Studies of patients who are on renal replacement therapy, found that 50–80% report excessive daytime sleepiness. Insomnia has been associated with a poor quality of life in these patients.

Objective: The aim of the study is to define the prevalence of sleep disorder and relationship between quality of life and day-schedule dialysis, serum calcium, K/tv rate and systemic inflammatory condition (measured by CRP) CKD in chronic haemodialysis patients.

Material and methods: Descriptive transversal study, includes patients with CKD Stage 5D on haemodialysis who were attended in our Hospital. Demographics variables were determined, aetiology of CKD, Epworth score (ES), CRP, serum calcium, K/tv rate and quality of life (measured by EQ-5D). All patients signed informed consent.

Results: Population consisted of 82 patients on regular dialysis (excluded 15). Average age was 50.8 ± 13.3 years and 54% were male. The main cause of CKD was hypertension. 21% of patients had more than 9 points in ES. The main cause was daytime sleepiness and Restless Legs Syndrome. There was no statistical association between the ES, CRP, k/TV rate and serum calcium. Patients on dialysis in afternoon had better ES than during the night (4.61 vs. 6.91 $p = 0.05$). There was a slight association between EQ5D and ES ($R^2 = 0.01$).

Conclusion: Sleep disorders have a low prevalence in our series. No relationship between daytime sleepiness and k/TV rate or serum calcium was found. There was a mild correlation between EQ5D and ES.

doi:10.1016/j.jns.2015.08.323