

# Sleep disorder in patients with cystic fibrosis and primary ciliary dyskinesia

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**Background:** Cystic fibrosis (CF) and primary ciliary dyskinesia (PCD) are characterized by impaired mucociliary clearance causing sinopulmonary ver, they differ in morbidity, mortality and otherinfections. Howe characteristics.

**Aim:** To compare the frequency of sleep disorders and the correlation of complaints with QOL in three distinct populations: patients with PS-creatic sufficiency (CFPI), CF and pan-CF and pancreatic insufficiency (CF) and PCD.

**Methods:** Patients treated at the Hadassah Medical Center were enrolled. Patients completed a *sleep quality questionnaire* (SDSC, PSQI), a *quality of life questionnaire* (BE) and-PedQL, QOL *the Epworth sleepiness scale* (S). General and subcategory scores were calculated. TheES medical records were reviewed for clinical data.

**Results:** seven patients-Sixty (20 PI and 15 PCD; 34/67 female; 34/67 adults), completed the -PS, 32 CF-CF study. eased normal daytime sleepiness (ESS5Sleep latency was 5), and 38% had incr). In children, 78% slept hours, and 30% had increased normal daytime 11-8 sleepiness (ESS5). A significant correlation was found between sleep quality al (0.63and QOL (Pearson = 0.72), physical (0.493), emotional (0.434), soci) and school scores. Sleep time was affected by the patients` age (0.457) (p=0.0002), diabetes (p=0.038), FEV<sub>1</sub> (p=0.012), pseudomonas infection (p=0.007) and recent intravenous (IV) antibiotic treatment (p=0.08). Other variables that and QOL included age, serum hemoglobin affected sleep level, diabetes, pseudomonas infection, and IV antibiotics. We found no children ;0.739=-significant differences in the sleep quality (adult: p: or (0.369=-p oups ofQOL (adult: p=0.923; children: p=0.5) between the three gr patients.

**Conclusion:** Sleep disorders are common and similar in frequency in PI and PCD patients, and -PS, CF-CF correlate with QOL. They are influenced by age, serum hemoglobin level, diabetes, pseudomonas infection, and need for IV antibiotics.