1.14 The impact of Multiple Sleep Latency Testing (MSLT) as an additional diagnostic tool to assess central disorders of hypersomnia at Connolly Hospital Sleep Disorders Unit.

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Background: Central disorders of hypersomnolence are encountered episodically at sleep clinic and require a highly skilled MSLT investigation as well as tailored therapy. In July 2021, MSLT was added to the established sleep service. We summarise the population of patients assessed to date.

Methods: In 24 months, 1360 patients had sleep studies: 981 (72%) polysomnography (PSG); (379) 28% polygraphy and 11 (0.80 %) MSLTs.

Results:

Report parameters	Mean (min-max range)
Self-reported sleep duration	493 min (390-720)
2 week Actigraphy reported sleep duration	417 min (318-494)
Mean Sleep efficiency	87.70 % (47.7-98.5)
Mean Sleep latency	22.5 min (2.5-54)
REM latency	130.7 min (40.5-396)
Arousal index	8.03 (3.9-19.2)
AHI	8.54 (0.6-35.9)
PLM index	12.2 (1.2-43)
Average sleep latency	7.27min (1.5-15.6)

Conclusion: Diagnoses were narcolepsy type I (0 %), narcolepsy type 2 (27.27 %), idiopathic hypersomnia (63.64%), other (9.09%), and co-morbid Obstructive Sleep Apnoea (18.18%). An MSLT service is labour intensive and time consuming but is essential to a high volume sleep service to accommodate the spectrum of sleep disorders encountered.

Disclosures: None

Conflict of Interest: The authors declare that they have no conflict of interest.

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