Introduction: Suicide is an important public health concern with many factors contributing to increased risk. Sleep is one such factor that may elevate risk, yet this association is not well understood. By identifying the strongest sleep-related predictors of suicidal ideation (SI), providers may be able to better intervene and reduce risk of suicide.
Methods: Data were obtained from the clinical database at the National Intrepid Center of Excellence (NICoE). Patients were active duty service members, predominantly male, and with a mean age of 38. As part of standard care, patients receive a polysomnography sleep study and complete a battery of intake measures offering a comprehensive view of sleep. Individual symptoms were analyzed in an effort to understand the role of each sleep symptom within the context of the many other factors that may contribute to SI in service members.
Results: Of the many data points collected during polysomnography, only rapid eye movement (REM) sleep latency and minimum sleeping heart rate were related to SI. REM latency was associated with increased odds of SI, while minimum sleeping heart rate was related to decreased odds. Subjective reports of bad dreams, trauma-specific bad dreams, sleepiness, and sleep quality were related to increased odds of SI. Notably, subjective reports of sleep were associated with greater odds than objective measures. Traumatic nightmares had the greatest odds, with these patients being much more likely to have SI.
Conclusion: These results support the importance of considering sleep factors when evaluating SI in service members. Subjective sleep reports, specifically, appear to be particularly important, as they were associated with increased odds of SI. These findings focus on the role of individual sleep factors in increasing the odds of SI and suggest it is important to evaluate sleep in combination with comorbid conditions when conducting risk assessments.
Support: N/A

1104

INCREASING ACCESSIBILITY OF NIGHTMARE TREATMENT VIA MOBILE HEALTH

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Introduction: Nightmares have been tied to a myriad of adverse mental health outcomes and are known to persist after treatment of other concerns such as posttraumatic stress, depression, and anxiety. When reaching clinical levels, nightmare disorder is known to effect 2-6% of the general population, Although many treatments exist for nightmare disorder and posttraumatic nightmares, Imagery Rehearsal Therapy has consistently been cited as the first line treatment. Mobile health (mHealth) technology has emerged as a viable platform from which to deliver sleep medicine interventions.
Methods: We assessed the efficacy of an Imagery Rehearsal Therapy-based mobile application (Dream EZ) developed by the National Center for Telehealth and Technology. College students (n = 99) were recruited in a two-part online study and randomized to the treatment condition or waitlist control. Repeated measures analysis of variance were used to assess the efficacy of smartphone-based mHealth application treatment (Dream EZ) in reduction of psychological symptoms (nightmare distress, PTSD symptoms, and suicide risk) as compared to waitlist control.
Results: Findings support the use of Dream EZ for nightmares distress reduction (main effect: p =.004, d = .57; interaction: p =.049, d = .41). Results regarding effectiveness of Dream EZ in relation to reduction of PTSD symptoms (main effect: p = .415, d = .17; interaction: p =.262, d = .23) showed no significant interactions between PTSD symptoms and treatment group assignment. In relation to changes in suicidality (main effect: p =.007, d = .57; interaction: p =.758, d = .07), findings were nonsignificant.
Conclusion: Use of nightmare-focused treatment through a mHealth smartphone application may be a viable avenue for promoting management of nightmare distress in college students. These findings present an opportunity to explore further options for increasing accessibility of sleep-focused treatment options in a challenging and fast-paced population.
Support: No support to disclose.

1105

A RANDOMIZED CONTROLLED TRIAL OF A PSYCHOLOGICAL INTERVENTION FOR DECREASING BEDTIME PROCRASTINATION: THE BED-PRO STUDY

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Introduction: Bedtime Procrastination (BP) is defined as the behavior of going to bed later than intended, without having external reasons for doing so. Previous studies have shown that BP has a negative effect on sleep and health, and there is a need to develop interventions to decrease BP. This study (BED-PRO) is an ongoing study evaluating a behavioral intervention to reduce BP.
Methods: Fifteen participants who scored higher than 33 on the Bedtime Procrastination Scale were randomized to either the treatment (TRT, n=6) or control group (CTRL, n=9). Treatment consisted of four face-to-face individual sessions. All participants completed self-report questionnaires on Bedtime Procrastination Scale (BPS), Epworth Sleepiness Scale (ESS), Positive Affect and Negative Affect Schedule (K-PANAS-R) and completed the 7-day sleep diary. Data was analyzed using two-way mixed Measures Analysis of Variance (ANOVA).
Results: Mean age of the participants was 21.78 (±1.8) years and 80% (n=12) were females. Group by time interactions from repeated measures analyses revealed significant post intervention improvements in the TRT group compared to the CTRL group on all bedtime procrastination duration and scores, sleep efficiency, refreshment after waking, daytime sleepiness and negative affect of K-PANAS-R. Specifically, bedtime procrastination duration in the TRT group measured by sleep diaries decreased significantly from 75.30 (±58.57) min to 14.83 (±7.83) min, while the CTRL group did not change from 57.60 (±32.01) to 54.36 (±40.82) min (p=0.019). In addition, the TRT group reported significant improvements in bedtime procrastination scores from 36.00 (±4.05) to 22.50 (±6.72).
Conclusion: Based on results, the behavioral intervention used in this study looks promising in improving bedtime procrastination and sleep.
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1106

ASSOCIATIONS BETWEEN SEVERE MENTAL ILLNESS AND POSITIVE AIRWAY ADHERENCE IN A VETERAN COHORT

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