

Danielle Saade,<sup>1</sup> Rosalie Delvert,<sup>2</sup> Chantal Raheison-Semjen,<sup>3</sup> Oriane Dumas,<sup>2</sup> Mohammed Sedki,<sup>4</sup> Blandine de Lauzon-Guillain,<sup>1</sup> Bénédicte Leynaert,<sup>2</sup> Rachel Nadif,<sup>2</sup> Annabelle Bédard,<sup>2</sup> Sabine Plancoulaine<sup>1,5</sup>.

<sup>1</sup> Université Paris Cité and Université Sorbonne Paris Nord, Inserm, INRAE, Center for Research in Epidemiology and Statistics (CRESS), Paris, France; <sup>2</sup> Université Paris-Saclay, UVSQ, Univ. Paris-Sud, Inserm, Equipe Epidémiologie respiratoire intégrative, CESP, Villejuif, France; <sup>3</sup> Bordeaux University, Inserm, Bordeaux Population Health Research Center, Team EPICENE, UMR 1219, Bordeaux, France; <sup>4</sup> Université Paris-Saclay, UVSQ, Univ. Paris-Sud, Inserm, Pôle méthodologies et statistiques, CESP, Villejuif, France; <sup>5</sup> Lyon Neuroscience Research Center (CRNL), Waking team, Inserm UMRS 1028, CNRS UMR 5292, Université Claude Bernard Lyon 1, Lyon, France

## INTRODUCTION

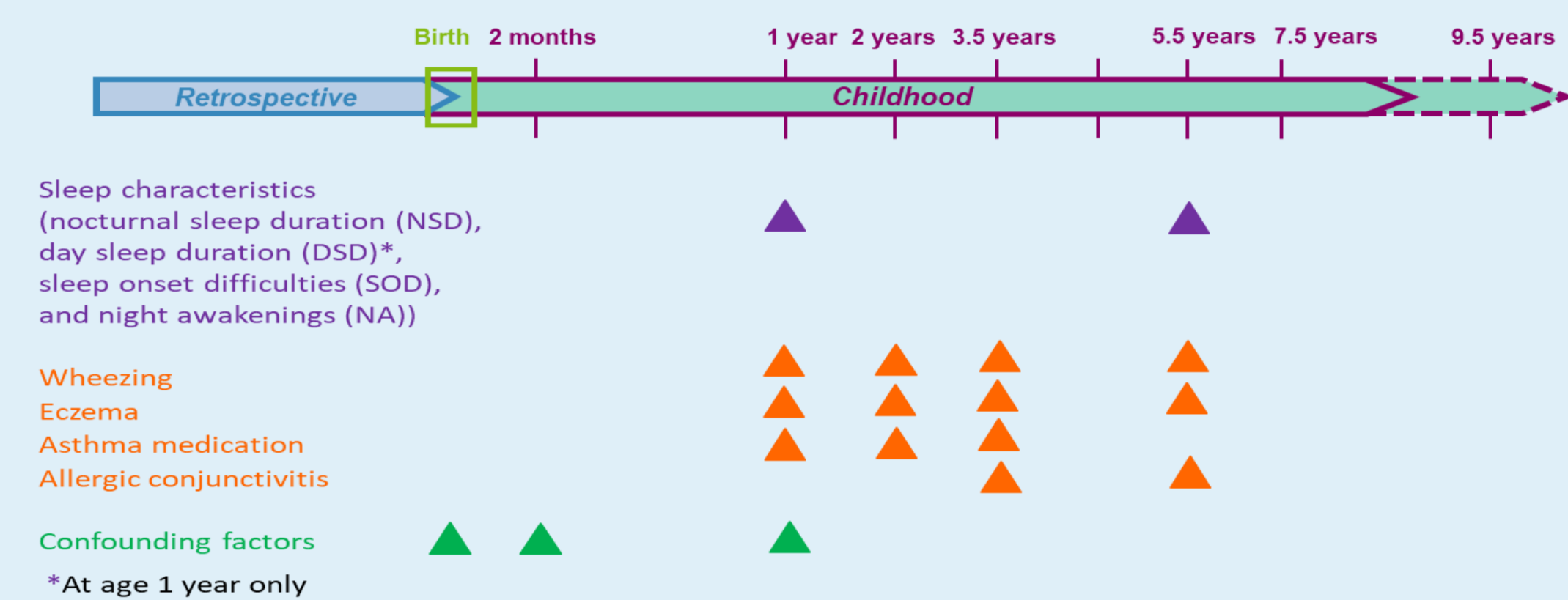
- Sleep troubles such as short sleep, difficulty falling asleep and frequent nocturnal awakenings affect 20-30% of children before the age of 3 and are likely to become chronic and persist into adolescence or even adulthood (Silvertsen et al, 2017).
- Associations between sleep disorders, respiratory and allergic health problems have been recently suggested (Krouse et al, 2008; Zhang et al, 2011; Koinis-Mitchell et al, 2012; Hu et al, 2020). However, the time line of their association is overlooked and data in children are lacking.

## OBJECTIVES

- Identify clusters of sleep characteristics at 1 and at 5.5 years.
- Identify multi-trajectories of respiratory and allergic symptoms between 1 and 5.5 years.
- Examine the associations between sleep patterns at age 1 year and respiratory and allergic multi-trajectories between 1 and 5.5 years and the associations between those multi-trajectories and sleep patterns at age 5.5 years.

## STUDY POPULATION : ELFE BIRTH COHORT

- The ELFE cohort recruited 18,300 newborns in metropolitan France in 2011.
- Data were collected from medical records and face-to-face interviews at the maternity ward and by telephone interviews at 2 months, 1, 2, 3.5 and 5.5 years.



- Confounding factors were identified from the literature:
  - Socio-demographic factors:** Mother's level of education, household income
  - Mother characteristics:** age at conception, born abroad, single mother, body mass index (BMI) before pregnancy, parity, depressive symptoms and smoking during pregnancy, activity status at 1 year
  - Child characteristics and perinatal factors:** sex, gestational age, birth weight, breastfeeding duration, exposure to passive smoking between 2 months and 1 year, mode of care at 1 year

## METHODS

### Identification of clusters of sleep characteristics

- Among children at age 1 year with information on nocturnal sleep duration (NSD), day sleep duration (DSD), sleep onset difficulties (SOD), and night waking (NW) (n=13,064); and at age 5.5 years with information on NSD, SOD, and NA (n=10,504).
- Using latent class analysis (LCA), an unsupervised modelling method.
- The child was assigned to the class for which he/she had the highest probability of belonging to.

### Identification of respiratory and allergic multi-trajectories between 1 and 5.5 years

- Among children with data on wheezing, asthma medication (bronchodilators and/or inhaled corticosteroids), eczema, and allergic conjunctivitis between 1 and 5.5 years of age with at least 2 of 4 collection points (n= 10,524).
- Using group-based multi-trajectory modeling (GBMTM) method.
- Children were assigned to the multi-trajectory group for which they had the highest probability of belonging to.

### Association analyses

- Among children with data on clusters of sleep characteristics at age 1 and 5.5 years and respiratory and allergic multi-trajectories (n=9,577).
- Using multinomial regression adjusted for confounding factors.
- After imputation of missing data for confounding factors (1.1%).

## RESULTS

### 1. Characteristics of the study population

		Excluded population % (n) or mean (SD) (n=7,046)	Included population % (n) or mean (SD) (n=9,577)	p-value
<b>Socio-demographics and maternal characteristics</b>				
Maternal education level	< High school	61.4 (3557)	30.0 (2869)	<.0001
	High school	17.7 (1023)	24.1 (2312)	
	> High school	21.0 (1214)	45.9 (4396)	
Household monthly income (€/Consumption Unit)	≤ 1000	33.9 (1684)	12.5 (1154)	<.0001
	]1000 – 1385]	22.7 (1128)	18.2 (1676)	
	]1385 – 1662]	14.6 (724)	18.1 (1665)	
	]1662 – 2078]	16.7 (833)	26.4 (2436)	
	2078	12.2 (605)	24.8 (2285)	
Maternal age at conception (years)		29.5 (5.5)	31.4 (4.5)	<.0001
Mother born abroad	Yes	19.3 (1352)	8.8 (844)	<.0001
Maternal smoking during pregnancy	Yes	25.9 (1795)	15.7 (1496)	<.0001
Maternal pre-pregnancy BMI (kg/m <sup>2</sup> )		23.8 (5.1)	23.3 (4.5)	<.0001
Multiparous mother	Yes	67.9 (4761)	65.6 (6264)	0.0016
Maternal depressive symptoms during pregnancy	Yes	12.8 (893)	11.8 (1119)	0.0438
<b>Children characteristics</b>				
Sex	Boy	51.6 (3637)	50.9 (4879)	0.3859
Gestational age (weeks)		39.4 (1.1)	39.5 (1.1)	<.0001
Breastfeeding duration (month)		1.9 (4.2)	4.1 (5.7)	<.0001
Passive smoking exposure up to 1-year-old	Yes	8.2 (260)	3.5 (328)	<.0001
Main day-care arrangement at 1-year-old	Collective care	12.5 (448)	17.6 (1668)	<.0001
	Cared by employed person	30.4 (1093)	46.7 (4439)	
	Cared by family members	57.1 (2051)	35.7 (3392)	

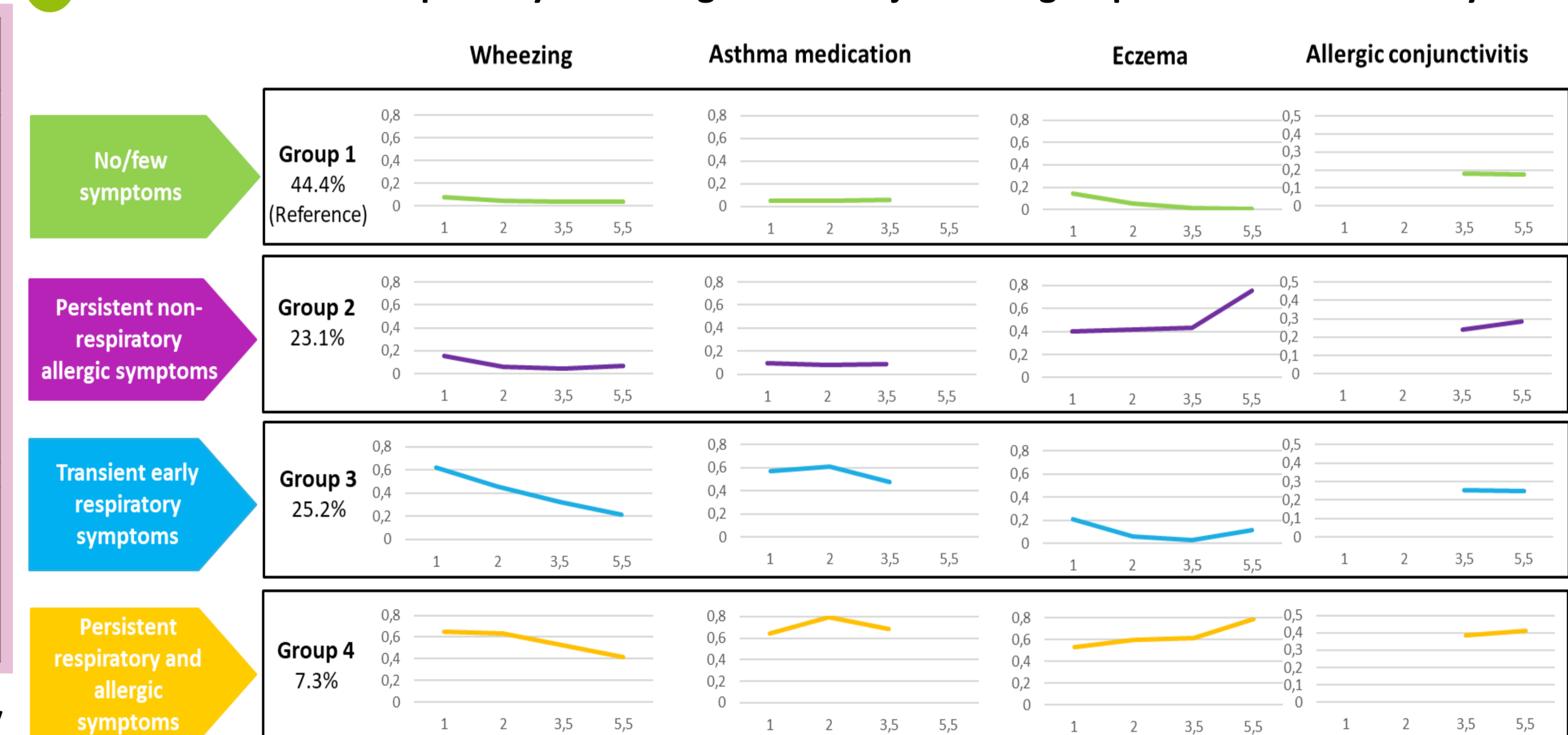
### 2. Identification of 2 sleep characteristics clusters at age 1 and age 5.5 years respectively



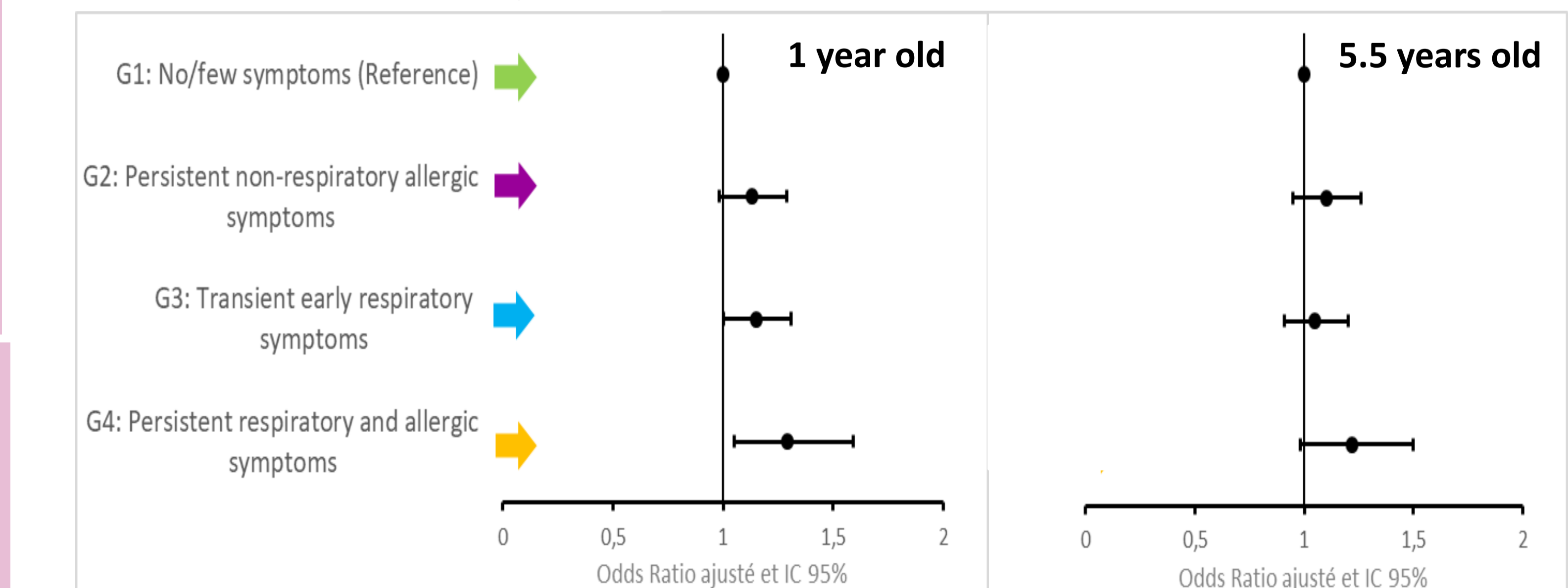
- C1a (adequate sleep, 79.9% of children): NSD and DSD adequate for age with few SOD and NW;
- C2a (sleep troubles, 20.1% of children): Short night and day sleep duration with high prevalence of SOD and NW.

- C1b (adequate sleep, 83.1% of children): Sleep duration consistent with recommendations for age with low SOD and NW;
- C2b (sleep troubles, 16.9% of children): Short night sleep duration with high prevalence of SOD and NW.

### 3. Identification of 4 respiratory and allergic multi-trajectories groups between 1 and 5.5 years



### 4. Associations between cluster C2a at 1 year (sleep troubles) and respiratory and allergic multi-trajectories (left panel) and between respiratory and allergic multi-trajectories and cluster C2b at 5.5 years (sleep troubles) (right panel)



Belonging to cluster C2a was associated with an increased odds of belonging to G3 (adjusted odds ratio [95% interval confidence]; 1.14 [0.99-1.31]) and G4 (1.29 [1.05-1.59]).

After accounting for sleep clusters at age 1 year, belonging to G4 was associated with an increased odds of belonging to cluster C2b (1.21 [0.98-1.5]).

## CONCLUSION

- This study evaluated sleep characteristics and the respiratory and allergic health evolution among preschoolers by using novel modelling methods.
- Sleep disturbances at 1 year were associated with poorer respiratory and allergic health between 1 and 5.5 years and respiratory and allergic problems between age 1 and 5.5 years were associated with sleep troubles at 5.5 years suggesting a certain bidirectional association between sleep and respiratory and allergic problems from an early age.
- Therefore, sleep could be a potential target for interventions to alleviate allergic and respiratory symptoms in preschoolers.

## REFERENCES

1. Silvertsen B, et al. Trajectories of sleep problems from childhood to adolescence: a population-based longitudinal study from Norway. *J Sleep Res* 26, 55-63, (2017). ; 2. Krouse HJ, et al. Assessing sleep quality and daytime wakefulness in asthma using wrist actigraphy. *J Asthma* 45, 389-95, (2008). 3. Zhang S, et al. Association between short sleep duration and the risk of sensitization to food and aero allergens in rural Chinese adolescents. *Clin Exp Allergy* 41, 547-55, (2011).; 4. Koinis-Mitchell D, et al. Sleep and allergic disease: a summary of the literature and future directions for research. *J Allergy Clin Immunol* 130, 1275-81, (2012). 5. Hu Z, et al. Association between sleep duration and asthma in different weight statuses (CHNS 2009-2015). *Sleep Breath*, (2020).