





Variability in symptom networks across sleep disorders (a quick tutorial)

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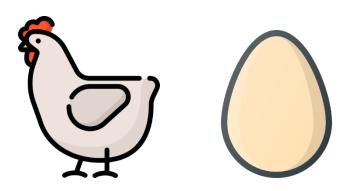


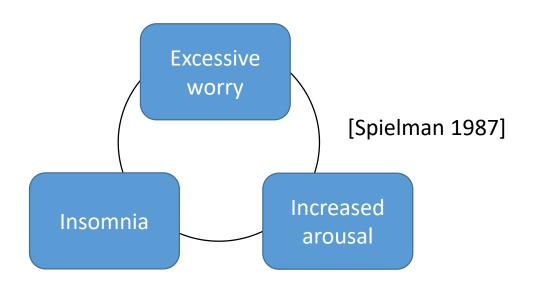


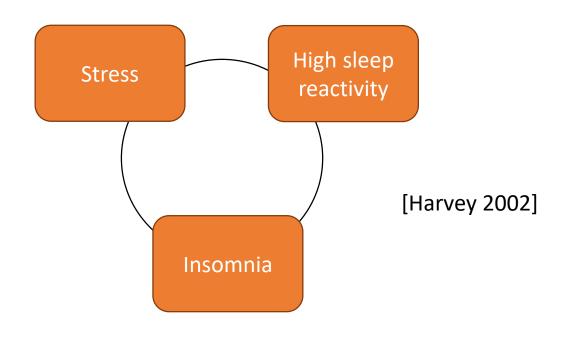




1) Complex relationships















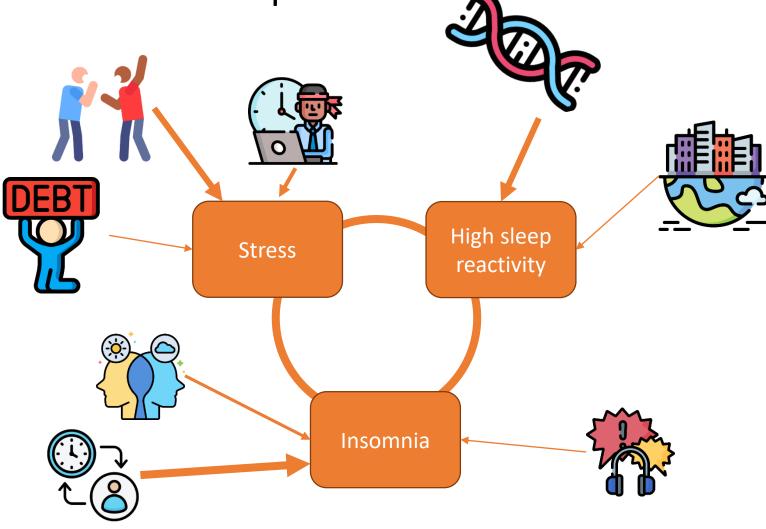








1) Complex relationships











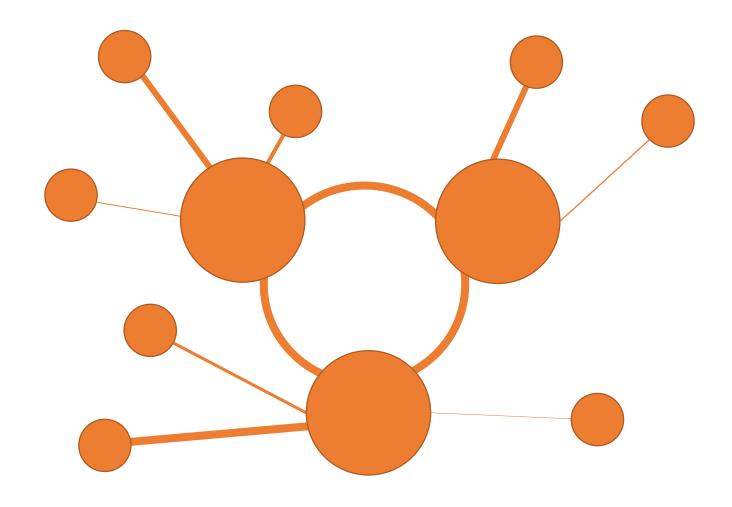








1) Complex relationships

















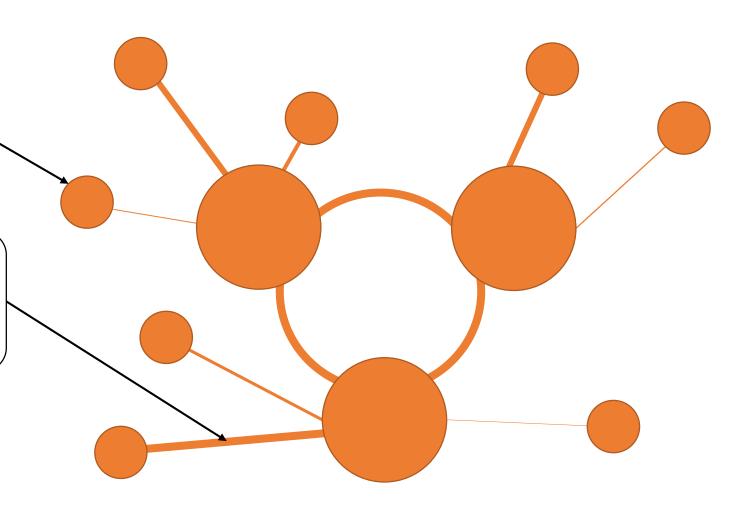


Node = clinical manifestation

- GGM (« continuous »)
- Ising (binary)

Edge = relation between them

- Spearman correlation
- Polychoric correlation



















Phase 1. Phase 3. Phase 4. Phase 2. Network activation Dormant network Symptom spread Active network in stable state in stable state S_3 S_3







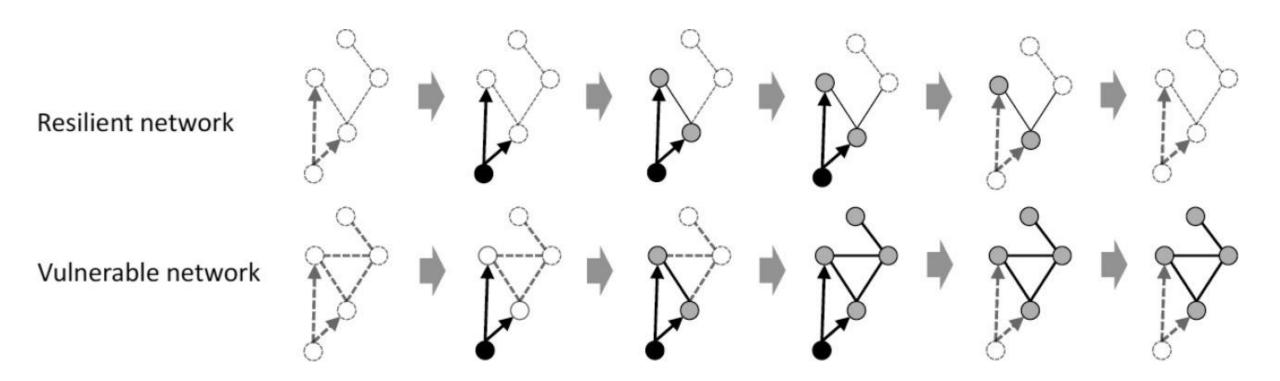












→ Clinical outcome n°1: vulnerability













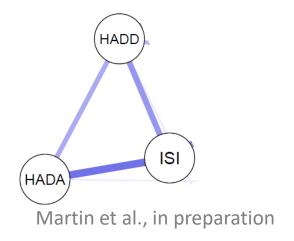




N = 136Bordeaux Sleep ClinicsDiversity of sleep disorders

- Anxiety and Depression: HAD

- Insomnia: ISI





















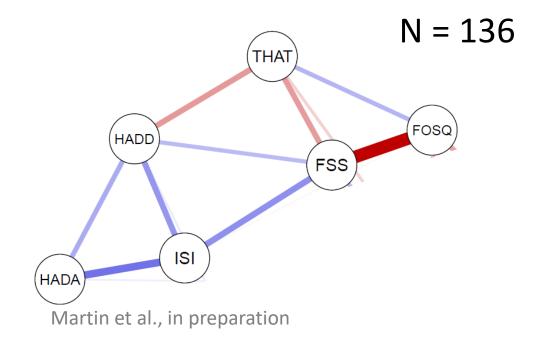
- Anxiety and Depression: HAD

- Insomnia: ISI

- Alertness: THAT

- Functional level: FOSQ

- FSS: Fatigue





















qgraph

- Anxiety and Depression: HAD

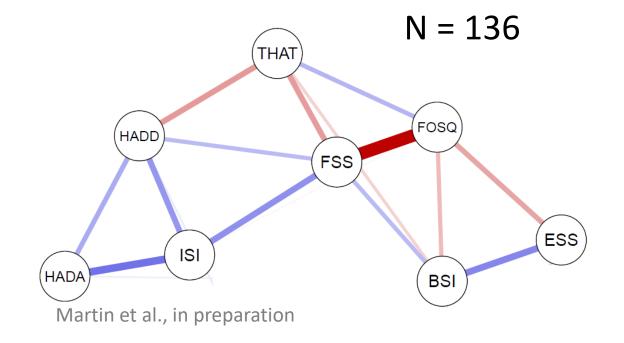
- Insomnia: ISI

- Alertness: THAT

- Functional level: FOSQ

- FSS: Fatigue

- Sleepiness: ESS, BSI





















qgraph

Anxiety and Depression: HAD

Insomnia: ISI

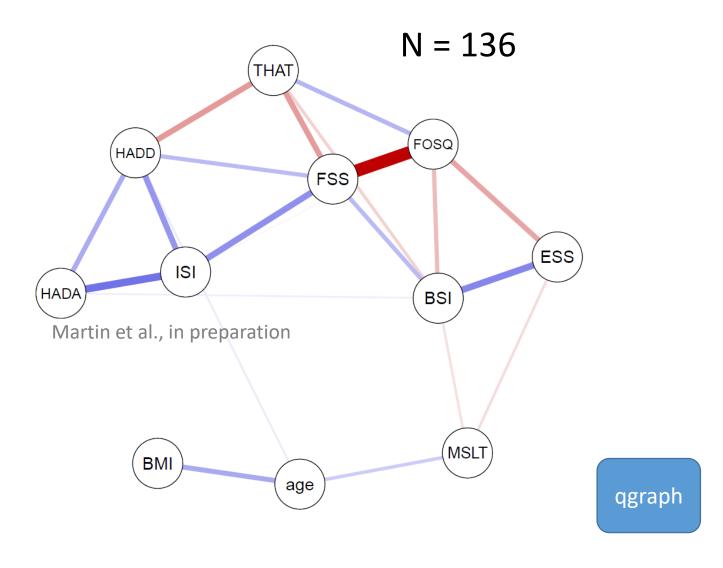
- Alertness: THAT

- Functional level: FOSQ

- FSS: Fatigue

- Sleepiness: ESS, BSI

- Sleep propensity (MSLT)











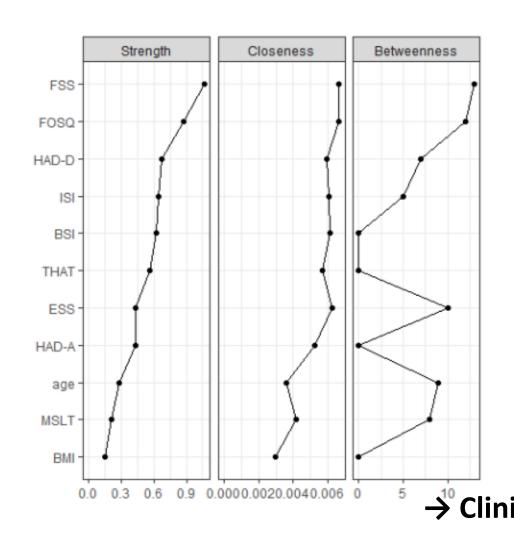


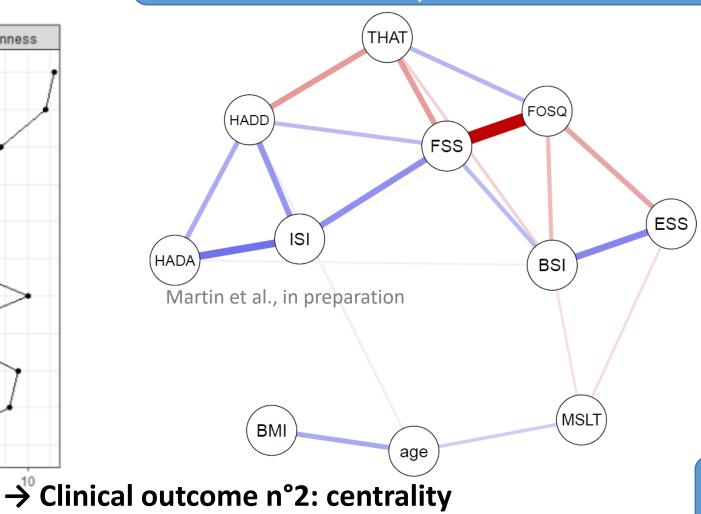






How many times the node is the shortest path?















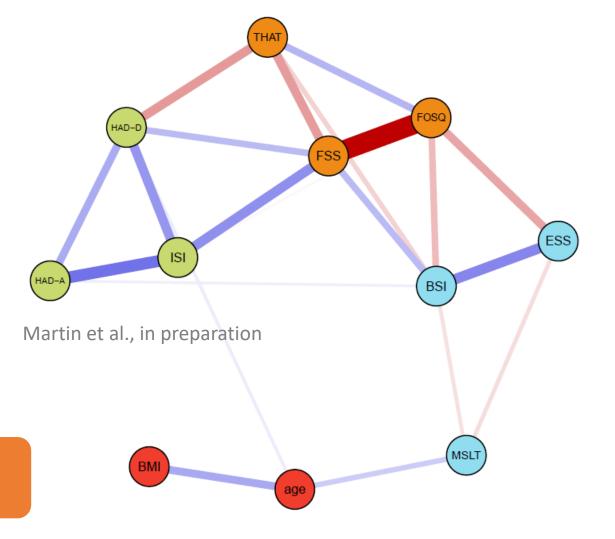






bootnet

Louvain clustering algorithm Bootstrap n=1000



- 1. Covariates
- 2. Sleepiness
- 3. Insomnia and anxiety
- 4. Impact

SYMPTOMS



















3) Hierarchical clustering

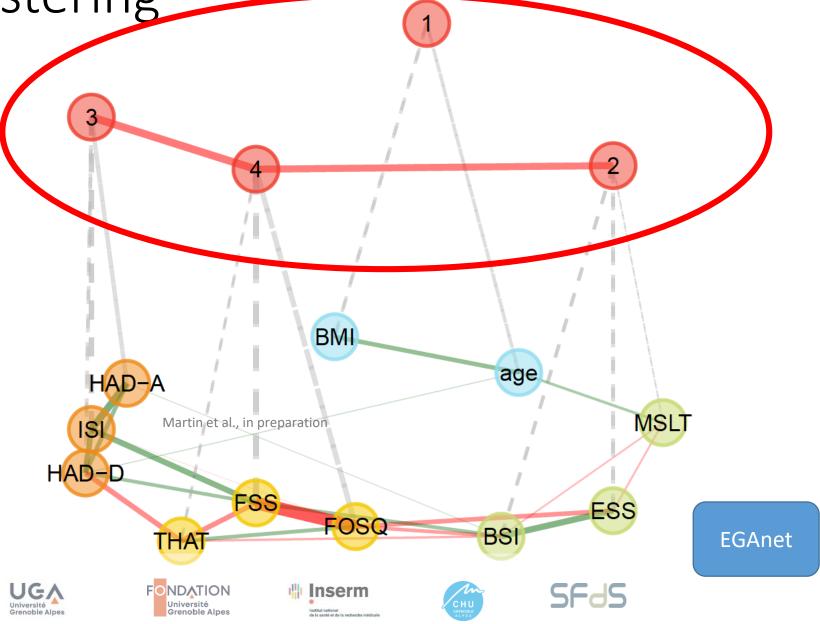
SYNDROMES

SYMPTOMS





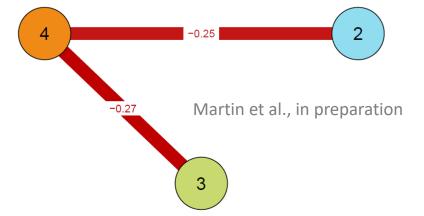




3) Hierarchical clustering

SYNDROMES

1



- 1. Covariates
- 2. Sleepiness
- 3. Insomnia and anxiety
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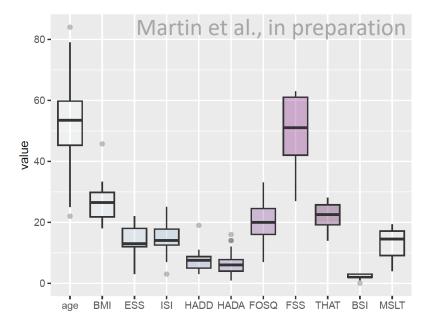




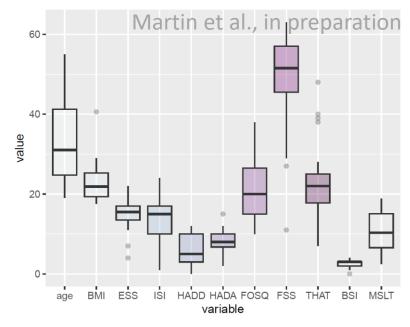




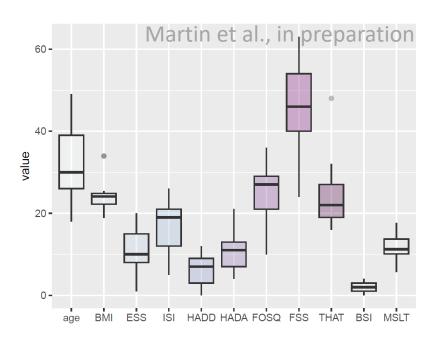
OSAS (n=18)



Idiopathic hypersomnia (n=28)



ADHD (n=21)



SYMPTOMS









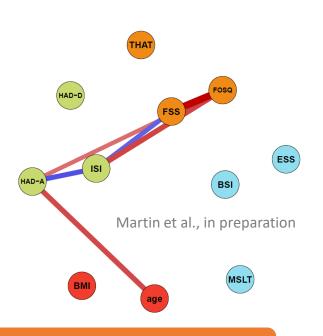




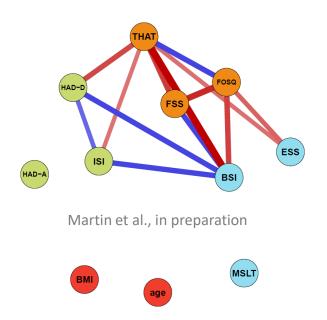




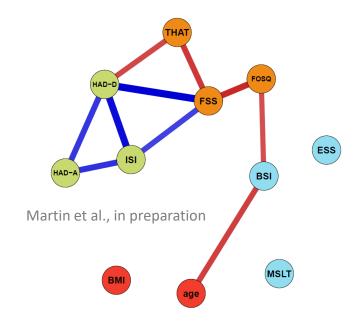
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SYMPTOMS















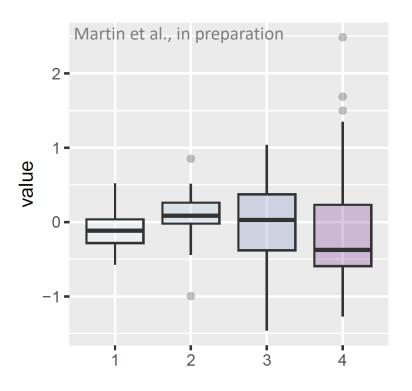




SYNDROMES

OSAS (n=18)

Idiopathic hypersomnia (n=28)



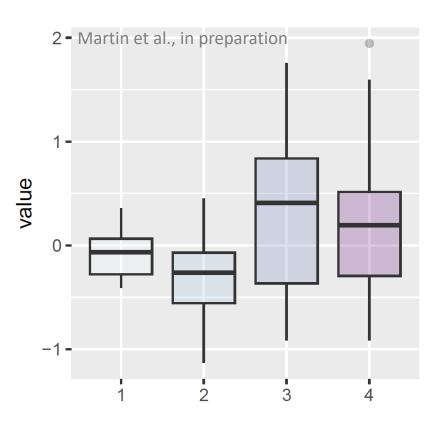
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• 4. Impact

ADHD (n=21)















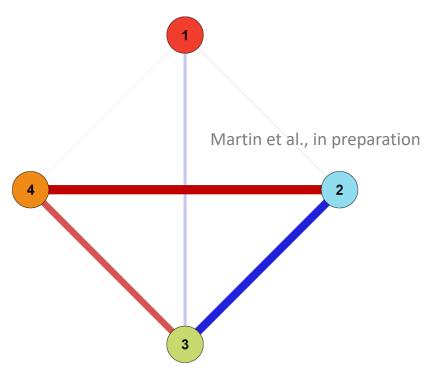




SYNDROMES

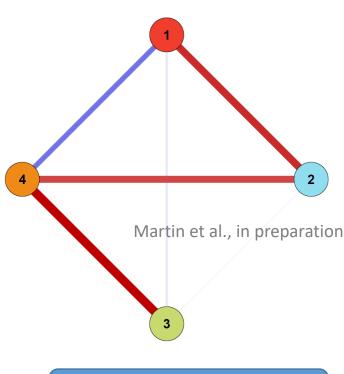
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- 1. Covariates
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ADHD (n=21)



NetworkComparisonTest







Martin et al., in preparation











What about temporal variations?











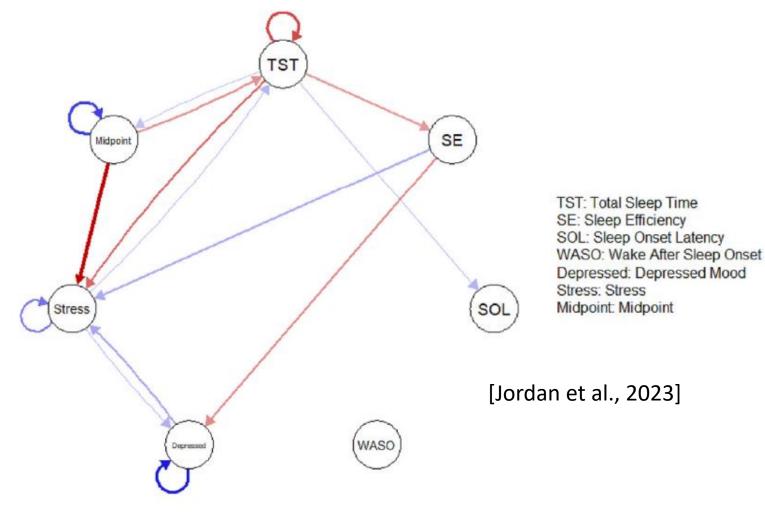






4) Temporal Network Analysis

14 days EMA N=401 nurses











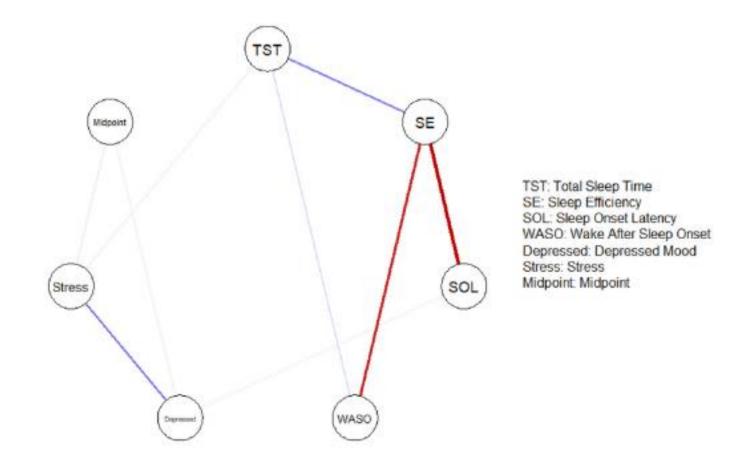


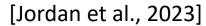






4) Contemporaneous Network Analysis





















4) Limits

- → EMA: when does the data has been filled?
- → nurses: no clinical levels of insomnia, depression or anxiety levels

Table 1 Participant demographics (N = 401).

Age (M (SD))	39.47 (11.14)
Gender (%)	
Male	32 (8.0)
Female	369 (92.0)
Marital Status (%)	
Married	253 (63.1)
Single	105 (26.2)
Divorced	33 (8.2)
Separated	7 (1.7)
Widowed	3 (0.7)
Race (%)	
White	312 (77.8)
African-American/Black	27 (6.7)
American Indian/Alaskan Native	6 (1.5)
Asian	42 (10.5)
Multiracial	7 (1.7)
Other	7 (1.7)
Ethnicity = Hispanic/Latinx (%)	43 (10.8)
Night Shift Worker (%)	106 (26.4)
Part-time Employment (%)	26 (6.5)
ISI Total (M (SD))	5.77 (4.50)
PHQ-9 Total (M (SD))	3.64 (3.97)
GAD-7 Total $(M(SD))$	2.80 (3.48)









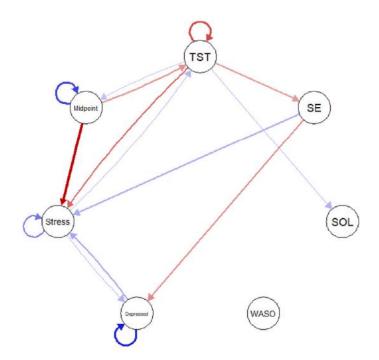








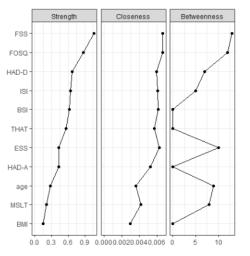
Conclusion



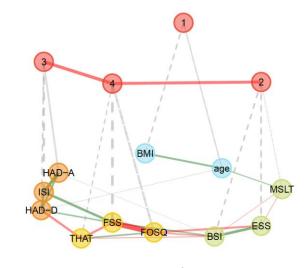
Temporal networks

TST: Total Sleep Time SE: Sleep Efficiency SOL: Sleep Onset Latency WASO: Wake After Sleep Onset Depressed: Depressed Mood Stress: Stress

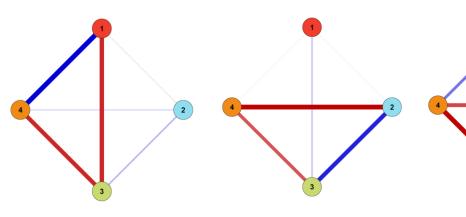
Midpoint: Midpoint



Centrality



Symptom AND syndrome networks



Stratification















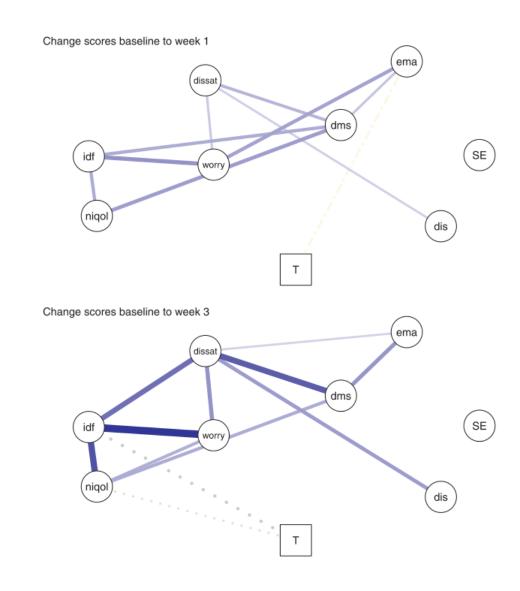


5) Other related works

- Bruxism
- Insomnia and psy.
- Network intervention analysis



Tessa F. Blanken



















6) What's next?

What variables to put into networks?











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