

evaluations. We utilized the Neuro-QOL self-reported questionnaire to ascertain subjects' level of QOL.

Results: There were 6 with iRSWA and 33 with iRBD, with an average age of 61.9 ± 13.0 years, with 13 women and 26 men. Significant QOL changes were found in both iRSWA and iRBD group. Among those who phenoconverted, fatigue and social functioning were the main QOL issues that worsened over time.

Conclusion: This is the first time the Neuro-QOL has been studied in iRBD and iRSWA. QOL can be affected in both conditions; fatigue and social functioning seem to be of particular importance as they may be associated with phenoconversion.

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QUALITY OF LIFE IN IDIOPATHIC REM SLEEP BEHAVIOR DISORDER AND ISOLATED REM SLEEP WITHOUT ATONIA

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Introduction: Idiopathic rapid eye movement (REM) sleep behavior disorder (iRBD) can affect quality of life (QOL) for both patient and bed partner; isolated REM sleep without atonia (iRSWA) has been less well-studied. We aimed to investigate whether QOL changes over time in those with either iRBD or iRSWA, as well as compare these changes to one another. Additionally, we attempted to demonstrate whether certain QOL changes were associated with phenoconversion to neurodegenerative illness.

Methods: We prospectively analyzed data from the "REM Sleep Behavior Disorder Associations with Parkinson's Disease Study (RAPiDS)" cohort both at baseline and then at follow-up