Besides, we collected information related to their household level socio-economic, demographic and lifestyle information through individual interviews with household members.

**Findings:** We found the chance of having pre-hypertension increases with the increase of age irrespective of gender. Women are more suffer than men for developing pre-HTN (2.31 vs 1.46) and HTN (4.25 times respectively). However, obese men had a high chance 2.46 and 4.23 times higher of developing of pre-HTN and HTN than that of women (1.48 and 2.58 times). Those men and women who sleep more than >9 hours in 24 hrs were more likely to be pre-hypertensive (men 1.32 and female 1.53 times) and hypertensive (men 1.30 and female 1.38 times). The chance of being hypertensive reduced when men and women sleep ≤6 hours (1.04 and 1.17 times respectively). Interestingly, although small but still at risk of developing HTN were men who snored. It was found that 20% of men and 19% of women who snored had hypertension.

**Interpretation:** This study add with the existing knowledge of lifestyle modifiable factors for pre-hypertension and hypertension that snoring is an independent factors for developing pre-hypertension and hypertension.

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**Thinking Out of the Box - Snoring as Global Non-communicable Health Concern**

M. Rahman1, F. Yunus2; 1BRAC, Dhaka, Bangladesh, 2Research and Evaluation, BRAC, Dhaka, Bangladesh

**Background:** Although snoring is commonly known but ignored breathing problem that affects among all ages and both genders, contribute to poor health and diminishes quality wellbeing. We, therefore, aimed to study the relationship of snoring with chronic disease among the Bangladeshi population.

**Methods:** We collected data from 12338 Bangladeshi men and women over 35 years residing both in urban and rural areas. We collected data from 12338 Bangladeshi men and women (Body Mass Index ≥35 Kg/m2) attending a bariatric clinic in a tertiary care hospital in India and aimed to ascertain potential anthropometric correlates.

**Findings:** The low QOL groups had significantly fewer children (1.41±1.150, p=.016), higher BMI’s (42.10±6.27 kg/m2, p=.001), higher hip circumference values (124.71 ± 11.91 cm, p=.001), and lower waist to hip ratios (.92±.08, p=.032) compared to the high QOL group. Significant negative correlations were determined between QOL and BMI (r=-.404, n=67, p<.01) with regression further demonstrating the strongest correlation between BMI and QOL (R² =.163).

**Interpretation:** With limited literature assessing the QOL of obese South Asian patients, this study sought to provide insight. Because of the demonstrated strong correlation between BMI and HRQOL, in addition to the ease with which BMI can be measured in under resourced healthcare settings, we recommend that clinicians assess BMI as a potential correlate for HRQOL. We also recommend this correlation be used as a starting board for conversations with patients on QOL, providing opportunities to recognize medical and psychiatric comorbidities that may otherwise go unnoticed in a hectic tertiary care setting.

**Source of Funding:** None.

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