Global sleep health in a COVID-19 virus-infected world

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It was considerably less complex to write about global sleep health before 2020. With the surge of viral infections, considering overwrought medical care to meet the vast numbers afflicted with the COVID-19 virus, sleep health is often not a priority. Now, many people have sleeplessness due to worry regarding their risk to contact the virus, the isolation secondary to social distancing, epidemiological approaches to detour the communal spread and loss of structure, job and income. As the world is looking for answers, for certainty, factors that promote stress are mounting. However, notwithstanding the difficulty and challenge of this circumstance, sleep health is as important now as before COVID-19 viral spread. Sleep health is vital to general health [1-3]. In today’s circumstances, it is hard getting good sleep to feel rested and ready for the next day, to maintain proper immune functioning (during stage ¾ sleep) and mental health. The fragmentation or absence of sleep health heightens the vulnerability of an individual to illness and mood changes. Research findings have been reported poor sleep as a significant factor relating to whether someone would get sick after being exposed to the cold virus [2,4,5].

Currently, therapeutic messaging includes pro-health behaviors of handwashing, social distancing, reductions in media viewing about the COVID-19 pandemic, electronic curfew 90 minutes before bedtime, regular wake-up time, quiet, dark and cool (68-70 degrees Fahrenheit) sleep environment and a hot bath or shower before bed [4,5]. These behaviors are conducive to readying oneself for sleep; collectively referred to as sleep hygiene. In addition, with the current COVID-19 pandemic crisis, daytime stress-releasing practices such as using deep breathing, mindfulness, exercises in the morning or early afternoon and exposure to natural bright light are important.

Poor sleep quality is a worldwide problem with higher incidence figures in developing world nations having more sleep disturbances comparatively [6,7]. The WHO prepared a report about non-communicable disease stating they are the leading cause of death in the world’s low and middle-income population [1,8]. Cardiovascular disease, diabetes, cancer and chronic respiratory disease were responsible for 62% of the global deaths. Reported sleep loss, worldwide, in industrialized countries is increased [2,4,5]. Sleep percent per day reporting was reported with the following descending order of sleep deprivation degree: Japan, followed by the United States then Germany, Canada and the United Kingdom, a decline in sleep length per night over the recent past [8,9]. Reduced sleep is associated with mortality, chronic health conditions, diabetes mellitus, obesity and depression [2,3]. A large rate of a global sample of approximately 120 participants indicated ten years or greater of insomnia symptoms with their sleep quality influencing their overall health and wellbeing [2,3]. An increase in insomnia diagnoses from 1993 to 2007 to the point of the current situation of sleep disturbances is a definitive public health concern [4,9]. An examination of the voluminous sleep disturbance problem, worldwide, focused a medicine versus traditional Chinese medicine comparison with both yielding more effectiveness than placebo [2,10].
In Canada, a large epidemiological study of medicine use with sleep disturbance problems indicated the association of lifestyle factors (obesity, alcohol use, nicotine use, low level of physical activity) [11,12]. A retrospective study conducted in Australia indicated a significant number of patients was prescribed hypnotic medications for medical reasons (surgical, obstetric, gynecological) as less than with psychiatric medical conditions at a rate of 15.8% less usage [9]. A study conducted in South Korea compared weight in student populations as means of investigating the hypothesis of increased weight and increased sleep disturbance problems [10,11]. Additionally, greater weight and sleep disturbance was found in the American versus the South Korean student population [10]. Increased use of hypnotic medications was reported in the United States [8,12]. A variety of pharmacological agents was used for the treatment of insomnia in the United States; accounting for the improved risk-benefit ration [6,12]. In a study, the researchers used an app to track data on sleep habits around the world [7]. Figure 1 of their article, reproduced here [7,12], depicts mean wake time and bedtimes [7,12]. The researchers reported more receptive to social cues at night— that age, sex, light, sunrise or sunset, do not predict sleep duration in the twenty-country sample [7,12]. Sleep timing varies by country in terms of the differences in bedtimes. The biological cues around bedtimes, if weakened by ignoring them with social cues, truncate sleep duration. The global dimension of sleep disturbances, particularly in older adults, is an emerging public health issue [7,9,12].

Figure 1. Differential sensitivity to sunrise and sunset across populations

Clearly, the need for global sleep health is a need. Now within the context of the COVID-19, sleep health is of utmost concern. Our literature review in the context of their prominent needs generates several implications for the International Psychiatry audience. First, continued individualized care is needed. It is here that the priority of medical needs is diagramed and will likely be in sleep health. To enhance successful treatments, a referral to a sleep medicine specialist for non-pharmacological cognitive behavior treatment and a partnership between the service provider (psychiatrist) and service receipts (patients) can be necessary. This strong focus increased successful treatment in our practices.

Conflict of interest
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References