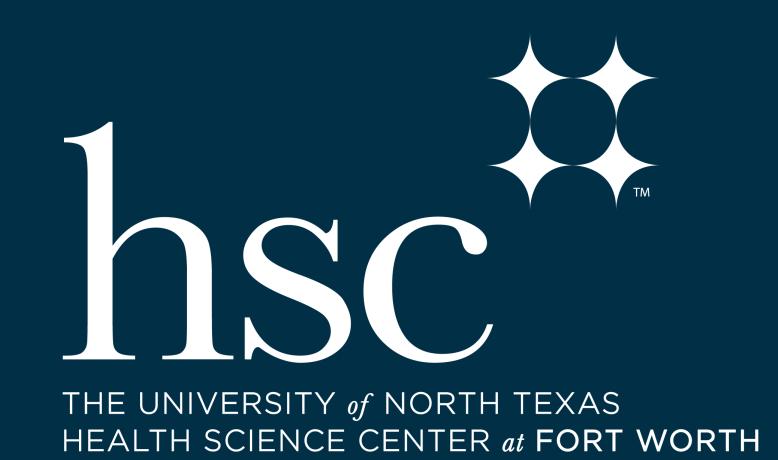
TRENDS IN PREVALENCE OF SHORT SLEEP DURATION AND TROUBLE SLEEPING AMONG US ADULTS, 2005-2018



Shanshan Wang, Matthew Rossheim, Rajesh R Nandy

University of North Texas Health Science Center, School of Public Health, Fort Worth, TX, US

INTRODUCTION

- Short sleep duration and trouble sleeping, also known as 'the symptom of insomnia' or 'difficulty sleeping', constitute two key dimensions of sleep health(1,2).
- Short sleep duration and trouble sleeping can increase health and economic burdens (3,4).
- Understanding trends in short sleep duration and trouble sleeping is crucial to guiding prevention efforts, as well as providing evidence for estimations of health and economic burdens.
- This study **aims** to determine
 - 1) Trends in prevalence of short sleep duration
 - 2) Trends in trouble sleeping
 - 3) Differences in sleep trends by sex and race/ethnicity.

METHODS

Sample

- Seven cycles of the National Health and Nutrition Examination Survey (NHANES) data between 2005 and 2018 were analyzed.
- Participants who were 18 years or older and provided completed data regarding sleep duration were included. Pregnant women were excluded.

Measures

- In cycles from 2005-2006 to 2013-2014, sleep duration was assessed by asking average sleep duration per night on weekdays. However, in the 2015-2016 cycle and the 2017-2018 cycle, information on sleep durations was collected by asking sleep time and wake-up time on weekdays. Short sleep duration was defined as sleep duration ≤ 6 hours.
- Data on **trouble sleeping** were collected by asking: 'Have you ever told a doctor or other health professional that you have trouble sleeping?' (Yes/No).

Data Analyses

- All estimates of prevalence were age-standardized to the 2000 Census population, using the age groups and weights to allow comparisons independent of age. Appropriate sample weights were used.
- Tests for trends were calculated in logistic regression models by including the survey cycles as a continuous variable. Differences in prevalence of short sleep duration between 2015-2016 cycle and 2017-2018 cycle were examined using logistic regression.

RESULTS

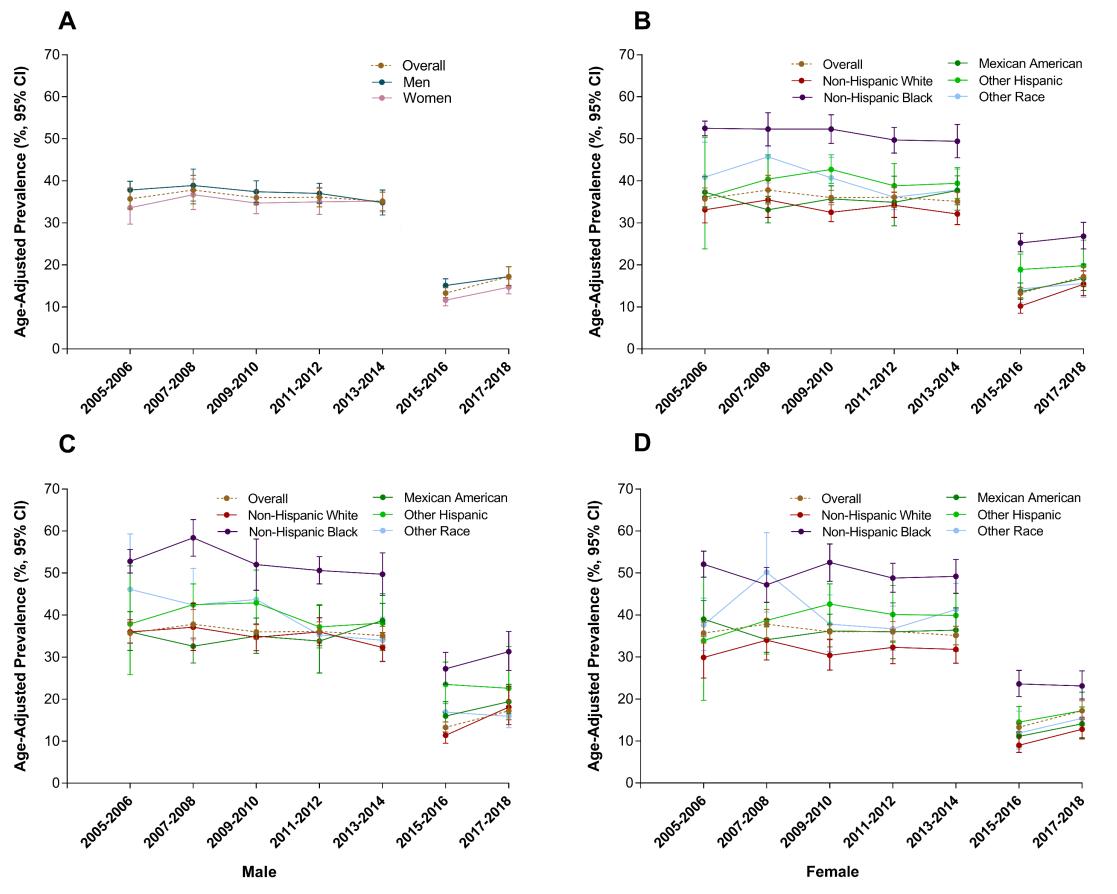


Figure 1. Age-adjusted prevalence of short sleep duration by

sex and race/ethnicity

Trends in short sleep duration

- From the 2005-2006 cycle through the 2013-2014 cycle, the age-adjusted prevalence of short sleep duration remained similar in the overall population (p for trend>0.05).
- Compared to women, men had a higher prevalence of short sleep duration.
- Non-Hispanic Black people had the highest prevalence of short sleep duration among all the race/ethnicity groups in all seven cycles.
- Prevalence of short sleep duration appears lower in 2015-2018 than in 2005-2014 due to different measurement methods applied.

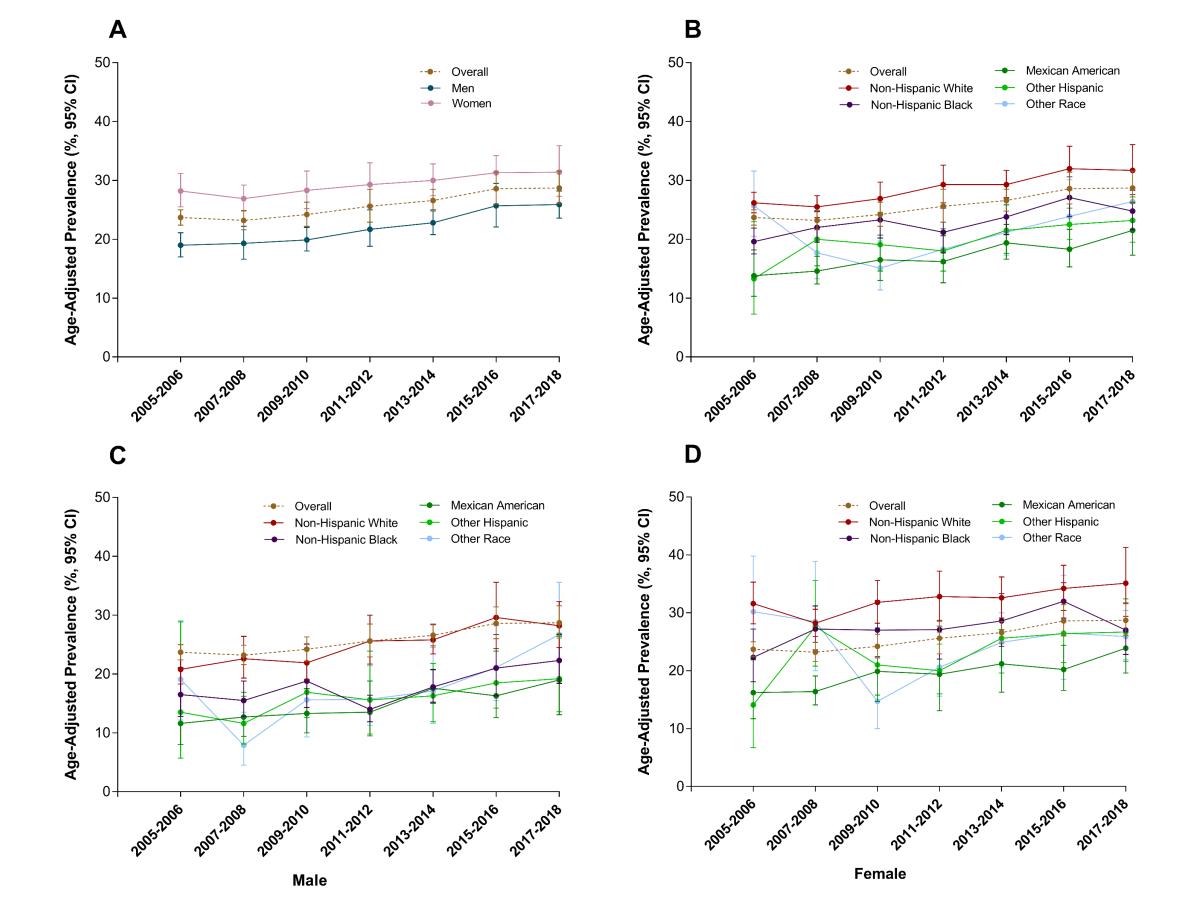


Figure 2. Age-adjusted prevalence of trouble sleeping by sex and race/ethnicity

Trends in trouble sleeping

- From 2005-2006 to 2017-2018, there were increasing trends in age-adjusted prevalence of trouble sleeping in the overall population, among both men and women, and all race/ethnicity groups (p for trend<0.05).
- Compared to men, women had a higher prevalence of trouble sleeping.
- Among all the race/ethnicity groups, non-Hispanic White people had the highest prevalence of trouble sleeping.

Table 1. Age-adjusted prevalence of short sleep duration by sex and race/ethnicity in the US population, 2005-2018

	Prevalence, %											
Characteristics	2005-2006 (N=5236)	2007-2008	2009-2010 (N=6464)	2011-2012 (N=5812)	2013-2014 (N=6057)	P for trend	2015-2016 (N=5908)	2017-2018 (N=5766)	P			
		(N=6173)										
	Age-Adjusted (To 2000 US Population) Data											
Overall	35.7	37.8	36.0	36.1	35.1	0.331	13.3	17.2	0.002			
Sex												
Men	37.8	38.9	37.4	37.0	34.8	0.054	15.1	19.8	0.009			
Women	33.6	36.7	34.7	35.0	35.2	0.900	11.6	14.7	0.006			
Race/Ethnicity												
Non-Hispanic White	33.1	35.5	32.5	34.2	32.1	0.317	10.2	15.4	< 0.001			
Non-Hispanic Black	52.5	52.3	52.3	49.7	49.4	0.077	25.2	26.8	0.369			
Mexican American	37.3	33.1	35.7	34.9	37.7	0.453	13.6	16.8	0.103			
Other Hispanic	36.0	40.4	42.7	38.8	39.4	0.798	18.9	19.8	0.793			
Other Race	40.9	45.7	40.7	36.1	37.8	0.186	14.3	15.6	0.627			
Sex and Race/Ethnicity												
Men												
Non-Hispanic White	36.0	37.1	34.7	36.0	32.3	0.068	11.4	18.1	0.004			
Non-Hispanic Black	52.8	58.4	52.0	50.6	49.7	0.039	27.2	31.3	0.170			
Mexican American	36.0	32.6	35.0	33.8	38.7	0.121	16.0	19.4	0.292			
Other Hispanic	37.9	42.5	42.9	37.2	38.1	0.723	23.5	22.6	0.855			
Other Race	46.1	42.4	43.7	35.3	34.0	0.057	16.9	15.9	0.697			
Women												
Non-Hispanic White	29.9	34.0	30.4	32.3	31.8	0.966	9.0	12.8	0.017			
Non-Hispanic Black	52.1	47.2	52.5	48.8	49.2	0.380	23.6	23.1	0.864			
Mexican American	39.0	34.1	36.2	36.0	36.4	0.475	11.1	14.1	0.169			
Other Hispanic	33.9	38.7	42.6	40.1	39.9	0.485	14.5	17.2	0.292			
Other Race	37.6	50.2	37.8	36.7	41.3	0.864	11.9	15.4	0.302			

P for trend denotes statistical significance over the 5 NHANES cycles between 2005 and 2014. P denotes statistical significance between NHANES cycles 2015-2016 and 2017-2018.

Table 2. Age-adjusted prevalence of trouble sleeping by sex and race/ethnicity in the US population, 2005-2018

Characteristics	Prevalence, %									
	2005-2006 (N=5228)	2007-2008	2009-2010	2011-2012 (N=5811)	2013-2014 (N=6055)	2015-2016 (N=5904)	2017-2018 (N=5761)	P for trend		
		(N=6169)	(N=6462)							
		A	ge-Adjusted ((To 2000 US I	Population) Da	nta				
Overall	23.7	23.2	24.2	25.6	26.6	28.6	28.7	< 0.001		
Sex										
Men	19.0	19.3	19.9	21.7	22.8	25.7	25.9	< 0.001		
Women	28.2	26.9	28.3	29.3	30.0	31.3	31.4	0.010		
Race/Ethnicity										
Non-Hispanic White	26.2	25.5	26.9	29.3	29.3	32.0	31.7	< 0.001		
Non-Hispanic Black	19.6	22.0	23.3	21.2	23.8	27.1	24.8	< 0.001		
Mexican American	13.8	14.6	16.5	16.2	19.4	18.3	21.5	0.001		
Other Hispanic	13.3	20.0	19.1	18.0	21.5	22.5	23.2	0.025		
Other Race	25.7	17.7	15.1	18.3	21.2	23.9	26.4	0.009		
Sex and Race/Ethnicity										
Men										
Non-Hispanic White	20.8	22.6	21.9	25.6	25.8	29.6	28.2	< 0.001		
Non-Hispanic Black	16.5	15.5	18.8	14.0	17.8	21.0	22.3	0.007		
Mexican American	11.6	12.7	13.3	13.5	17.6	16.3	19.0	0.009		
Other Hispanic	13.5 ^a	11.6	16.9	15.6	16.3	18.5	19.2	NA		
Other Race	19.1	7.9	15.6	15.7	17.1	21.1	26.7	0.003		
Women										
Non-Hispanic White	31.6	28.2	31.8	32.8	32.6	34.2	35.1	0.010		
Non-Hispanic Black	22.3	27.2	27.0	27.1	28.6	32.0	27.0	0.020		
Mexican American	16.2	16.4	19.9	19.4	21.2	20.2	23.9	0.012		
Other Hispanic	14.1 ^a	27.6	21.0	20.0	25.6	26.4	26.7	NA		
Other Deep	20.2	20 5	1 / 7	20.6	24.0	26.5	25.0	0516		

a Relative standard error >30%. P values are not presented when the relative standard error exceeded 30%.

REFERENCES

- Buysse DJ. Sleep Health: Can We Define It? Does It Matter? Sleep. 2014;37(1):9-17. doi:10.5665/sleep.3298 %J Sleep
- 2. Sutton EL. Insomnia. Ann Intern Med. Mar 2021;174(3):ITC33-ITC48. doi:10.7326/AITC202103160
- 3. Hafner M, Stepanek M, Taylor J, Troxel WM, van Stolk C. Why Sleep Matters-The Economic Costs of Insufficient Sleep: A Cross-Country Comparative Analysis. Rand Health Q. 2017;6(4):11-11.
- 4. Kessler RC, Berglund PA, Coulouvrat C, et al. Insomnia and the performance of US workers: results from the America insomnia survey. Sleep. Sep 1 2011;34(9):1161-71. doi:10.5665/sleep.1230

CONCLUSION

- Based on NHANES data, we find that there was **no** trend in short sleep duration among the overall population from 2005 to 2014. However, the ageadjusted prevalence of short sleep duration in the 2017-2018 cycle was higher than that in the 2015-2016 cycle in the overall population.
- From 2005 to 2018, non-Hispanic Black people had the highest prevalence of short sleep duration.
- The prevalence of trouble sleeping increased significantly between 2005 and 2018, and non-Hispanic White people had the highest prevalence.

Implications:

- The high prevalence of short sleep duration and trouble sleeping in the US over the past decade is concerning.
- More studies are needed to explore the factors contributing to the sex and race /ethnicity differences in the prevalence of short sleep duration and trouble sleeping.
- Targeted management and prevention efforts should be made for different sex and race/ethnicity groups to address the sleep problems.

Study Limitations:

- Data on sleep duration and trouble sleeping were self-reported.
- The questions used to measure sleep duration in cycles from 2005-2006 to 2013-2014 differed from those used in the 2015-2016 and 2017-2018
- Data on sleep quality, specific diagnoses of sleep disorders, or nap habits were not collected.