

Reasons for Living and Sleeping Patterns among Youths A further contribution to suicide prevention

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ABSTRACT

Study Objectives

Sleep problems are common both in the general population and in psychiatric patients, reducing quality of life, well-being and work abilities with huge economic consequences. The aim of the study was to investigate the association between sleep patterns, depression and reasons for living in a non-clinical sample of Italian young adults attending university.

Design and Setting

A questionnaire study of university students was conducted at the Sapienza University of Rome during the academic year 2003-2004. Participants were contacted in their departments during the regular academic year.

Participants

A total of 300 university students (133 men and 167 women), mean age 23.3 (SD=3.0), participated in the study.

Measurements

Respondents completed the Reasons for Living Inventory, the Zung Self-Rating Depression Scale, the Pittsburg Sleep Quality Index, and the Epworth Sleepiness Scale.

Results

A significant negative correlation between reasons for living and sleep quality was observed whereas there was positive correlation between reason for living and daytime somnolence. Two regression analysis confirmed that sleep quality and daily somnolence were significant predictors of depression, but not directly of reasons for living. Gender differences were also observed.

Conclusion

Sleep disturbances are prevalent in this population, and subjects who are depressed and who have sleep disorders (both sleep quality and daytime somnolence) have fewer reasons for living and are potentially at higher risk for suicide.

Keywords: *sleep, depression, youths, suicide*

INTRODUCTION

Complaints about sleep quality are common, and it is estimated that about 50% of adults are affected with one or more sleep problems.¹ These sleep problems include difficulties in falling asleep, staying asleep, staying awake, and in adhering to a consistent sleep/wake schedule. In addition, specific sleep disorders occur with significant frequency. Narcolepsy, for example, affects as many individuals as does multiple sclerosis or Parkinson's disease.²

Lifestyle choices and academic schedules compel changes in sleeping habits.³ For example, the excessive use of information and communication technology may be related to sleep disturbances. Thomee and colleagues⁴ reported that Internet surfing increased the risk of developing sleep disturbances for female college students, while the number of mobile phone calls and SMS messages per day were risk factors for male college students. Negative family life events and academic stress predict levels of insomnia in undergraduate students.⁵

While some researchers find that sleep disorders are rare in adolescence⁶, Pagel, Forister and Kwiatkowski⁷ reported that 60% of adolescents experience sleep onset insomnia once a week and 21% report daily insomnia; 46% and 15% of adolescents report weekly or daily diurnal hypersomnia, respectively. After controlling for age and household income, sleep disturbances had a significant effect on school performance.

Disturbances in sleep patterns, such as insufficient sleep and daytime somnolence and tiredness, are associated with psychosocial adjustment problems in adolescents and young adults, including risk-taking behavior and vulnerability to catastrophic thinking.⁸⁻¹¹ Daily somnolence may be a way of protecting oneself from the contemplation of one's difficulties.

Liu¹² found that suicidal behaviour was associated with sleeping problems in adolescents. The incidence of suicide attempts was 4.4% in adolescents whose sleep duration was more than 9 hours per night, but 20.9% in adolescents with a sleep duration less than 7 hours per night. A logistic regression analysis showed that sleeping less than 8 hours at night and having frequent nightmares were significantly associated with an increased risk for suicide attempts even after adjustment for age, sex, father's occupation and depressive symptoms. Having nightmares was also

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