What has Public Health and Sleep Association Achieved?

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Poor sleep quality has been identified with societal impact [1,2]. The stress experienced by individuals with poor sleep results in decreased performance and productivity. Everyday behaviors academics, work, driving and quality of relationships have been impaired by poor sleep [3-5]. Additionally, increased sleep problems have, in turn, increased the stress and compromised functioning in individuals due to job demands, twenty-four hour scheduling of shifts and burn out from enduring stress laden conditions [6]. Thus, poor sleep has been both a precipitant and outcome of stress related factors with profound outcomes in performance and productivity. The key factors in this regard, are poor grades/grade point average, absenteeism, work-related injuries, and increased frequency of short term disability claims and self-report delineates [7].

Sleep fragmentation secondary to Insomnia is the most common poor sleep quality variable. The difficulty to fall and/or sustain sleep affects over 10% of the general population. The reporting by students and by workers has identified the experienced compromise in performance and productivity. Insomnia, whether transient or of clinical relevance, is detrimental to students and workers functioning. Currently, insomnia and long sleep durations (greater than 9 hours per night) have been identified with later disability [1].

Interventions for Insomnia are effective. The CBT approaches have significant empirical support [7]. However, widespread problems of poor sleep have not been met by effective CBT interventions due to lack of referrals and resources. The admonishment of the problem of poor sleep in society, while at Public Health level awareness, is in need of further intervention. Important, reasonable resources designed by the National Sleep Foundation offer the populace some support for poor sleep disturbance complaints. While some schools, private companies and government groups have interventions on the topic of Fatigue as an entry point to further discussion and intervention on poor sleep quality, they are not accessible by the general population [2,7]. Quality interventions such as CBT are in need of a broader scope of referral and use to address the public health need of poor sleep.

References


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