#### **EXPLORING**

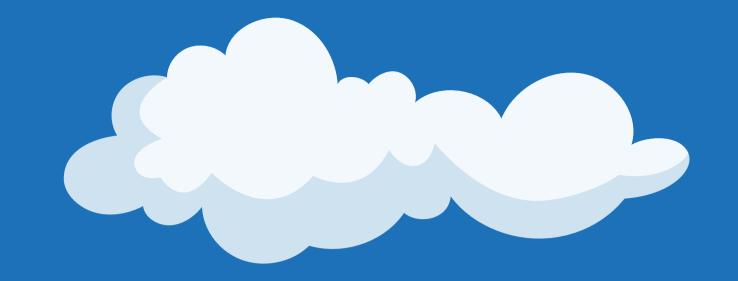
## SLEEP AND RESTRICTIVE EATING

IN THE

# GROWING UP IN IRELAND (GUI) COHORT

Dr Marie-Christine Opitz October 2024 Growing Up in Ireland Annual Conference

# TODAY'S PRESENTATION



- 1. CONTEXT AND RATIONALE
- 2. DATA ANALYSIS
- 3. THE STUDY SAMPLE
- 4. CORRELATIONS
- 5. LONGITUDINAL FINDINGS
- 6. DISCUSSION AND NEXT STEPS



• High prevalence rates of sleep difficulties among adolescents have recently been reported in Europe (20%) (Lewien, et al., 2021) and Asia (26%) (Liang et al., 2021), while the CDC identified constant increases in the frequency of young people's self-reported insufficient sleep (77% in 2021) (CDC, 2024)



- High prevalence rates of sleep difficulties among adolescents have recently been reported in Europe (20%) (Lewien, et al., 2021) and Asia (26%) (Liang et al., 2021), while the CDC identified constant increases in the frequency of young people's self-reported insufficient sleep (77% in 2021) (CDC, 2024)
- Compared to healthy controls, higher insomnia rates
  have been identified in individuals utilising child and
  adolescent mental health services (Hysing et al., 2022)



 Based on findings from 72 interventions, it can be concluded that improving sleep quality has a mediumsized effect on mental health, including clear evidence that improving sleep reduces depression, anxiety, and stress (Scott et al., 2021)



- Based on findings from 72 interventions, it can be concluded that improving sleep quality has a medium-sized effect on mental health, including clear evidence that improving sleep reduces depression, anxiety, and stress (Scott et al., 2021)
- Disordered eating might distinctly affect sleep outcomes via overstimulation (excessive exercise), delayed sleep timings (nighttime binge episodes), increased hunger and fatigue (dietary restriction), or excessive napping (meal avoidance) (cf. Christensen & Short, 2021)



• **Depressive symptoms** are associated with both eating disorders and sleep difficulties (Driscoll et al., 2024; Uccella et al., 2023)

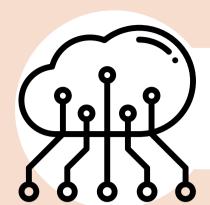


- **Depressive symptoms** are associated with both eating disorders and sleep difficulties (Driscoll et al., 2024; Uccella et al., 2023)
- Media and screen time exposure have been associated with sleep and eating concerns (Chan et al., 2021; McNicholas et al., 2009)



#### RESEARCH QUESTIONS

- 1. To what extent do **restrictive eating behaviours** (assessed at age 13) predict **sleep behaviours** (assessed at age 17/18), including self-reported time-in-bed and self-reported sleep duration?
- 2. To what extent do **restrictive eating behaviours** (assessed at age 13) predict self-reported **sleep difficulties** (assessed at age 17/18), including problems getting to sleep, waking up during the night, early morning awakening, difficulties with waking up in the morning, disrupted sleep, and falling asleep at inappropriate times?
- 3. Do **depressive symptoms** (assessed at age 13) mediate the association between restrictive eating and sleep behaviours as well as problems?
- 4. Do **excessive online behaviours** (assessed at age 17/18) mediate the association between restrictive eating and sleep behaviours as well as problems?



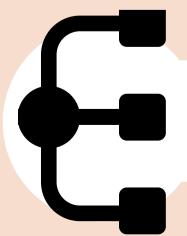
GUI WAVE 2 & 3



R VERSION 4.3.1

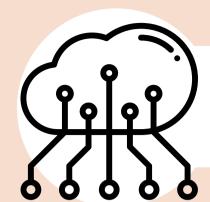


N=5,705 ADOLESCENTS

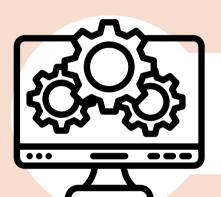


STRUCTURAL EQUATION MODEL APPROACH (SEM)

## DATA ANALYSIS



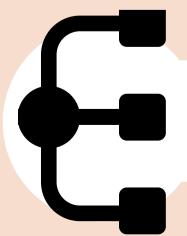
GUI WAVE 2 & 3



R VERSION 4.3.1



N=5,705 ADOLESCENTS

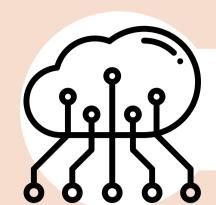


STRUCTURAL EQUATION MODEL APPROACH (SEM)

#### DATA ANALYSIS

#### **VARIABLES**

- One latent "Restrictive Eating" Factor (intention to lose weight, dietary restriction and exercise for weight loss)
- Sleep Behaviours: time-in-bed (wakeand bed-times), sleep duration
- Sleep Difficulties: overall, problems getting to sleep, waking up during the night, early morning awakening, difficulties with waking up in the morning, disrupted sleep, and falling asleep at inappropriate times
- Mediators: depressive symptoms
   (SMFQ), excessive online behaviour
   (>3h spent online)



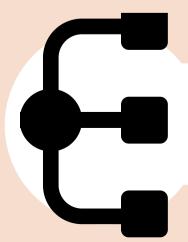
GUI WAVE 2 & 3



R VERSION 4.3.1



N=5,705 ADOLESCENTS



STRUCTURAL EQUATION MODEL APPROACH (SEM)

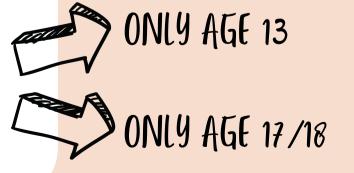
#### DATA ANALYSIS

#### **VARIABLES**

- One latent "Restrictive Eating" Factor (intention to lose weight, dietary restriction and exercise for weight loss)
- Sleep Behaviours: time-in-bed (wakeand bed-times), sleep duration
- Sleep Difficulties: overall, problems getting to sleep, waking up during the night, early morning awakening, difficulties with waking up in the morning, disrupted sleep, and falling asleep at inappropriate times
- Mediators: depressive symptoms
   (SMFQ), excessive online behaviour
   (>3h spent online)



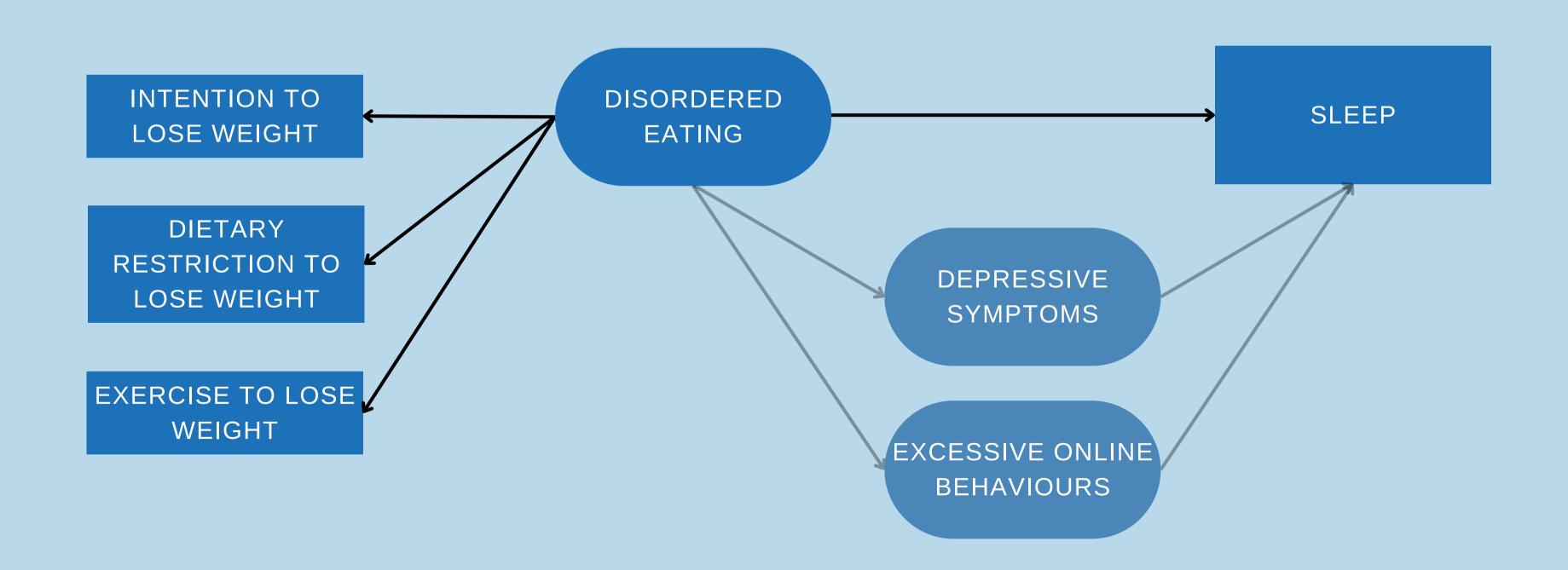




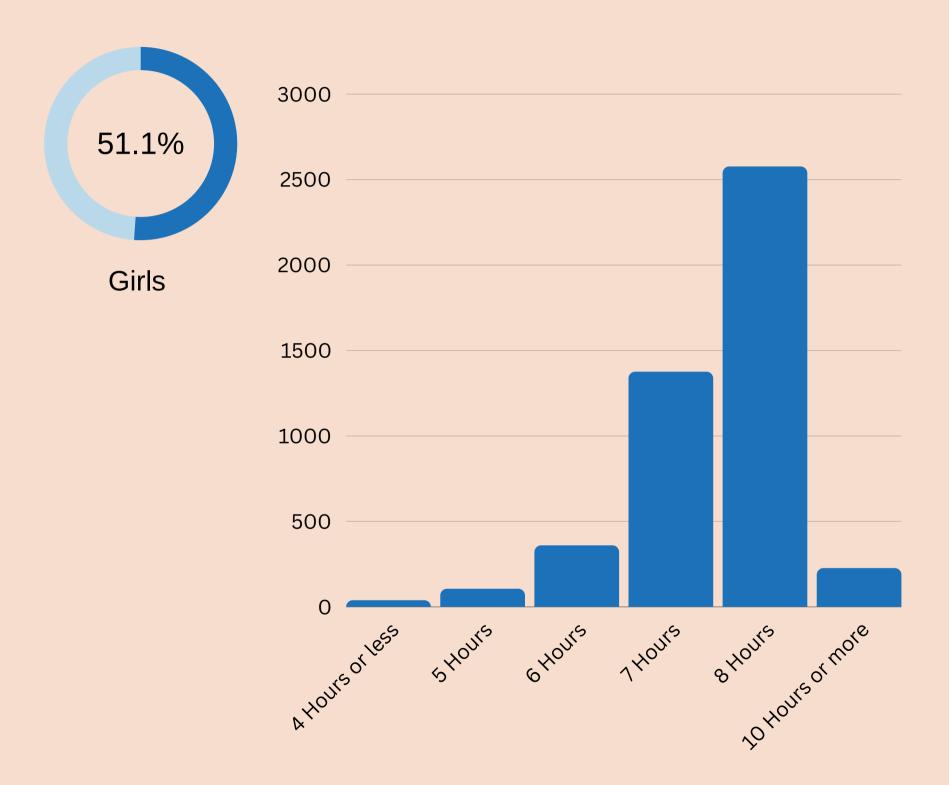
#### **COVARIATES**:

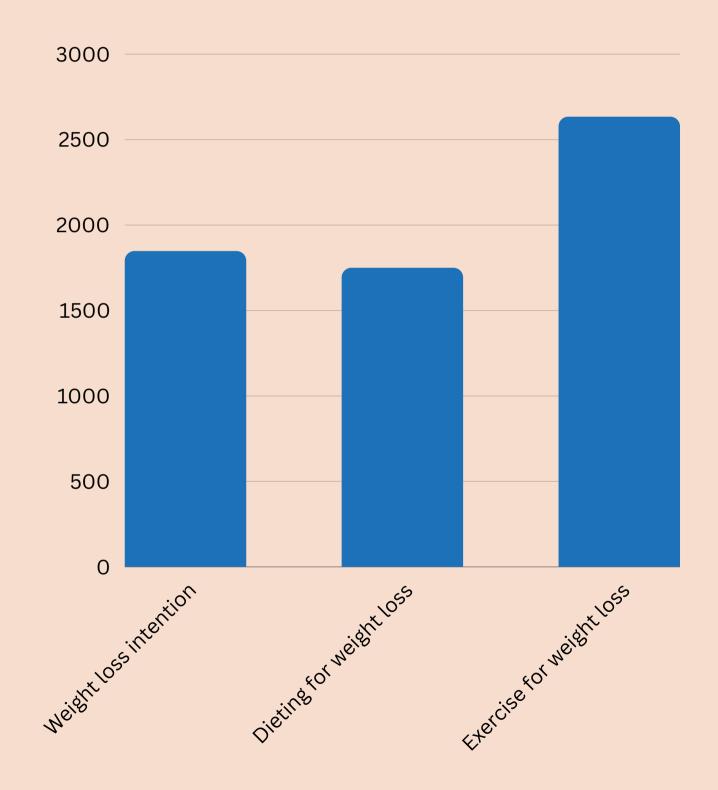
DATA ANALYSIS

- GENDER (AGE 9)
- BMI (CATEGORIES, AGE 13)
- HOUSEHOLD INCOME (AGE 13)



#### THE STUDY SAMPLE



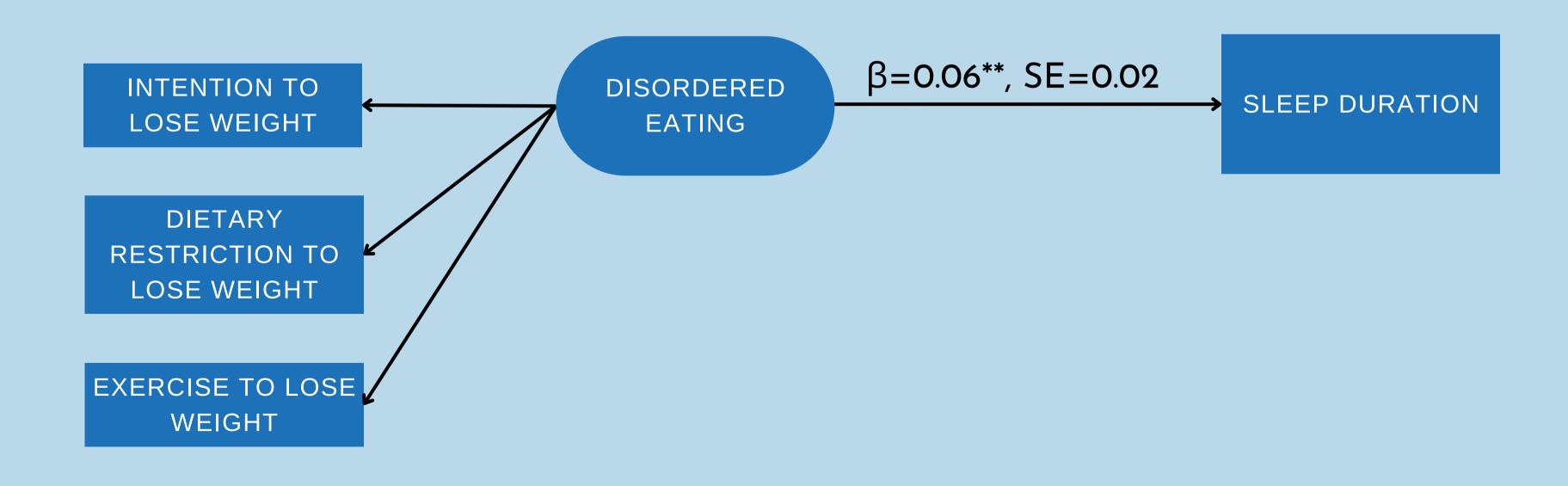


#### CORRELATIONS

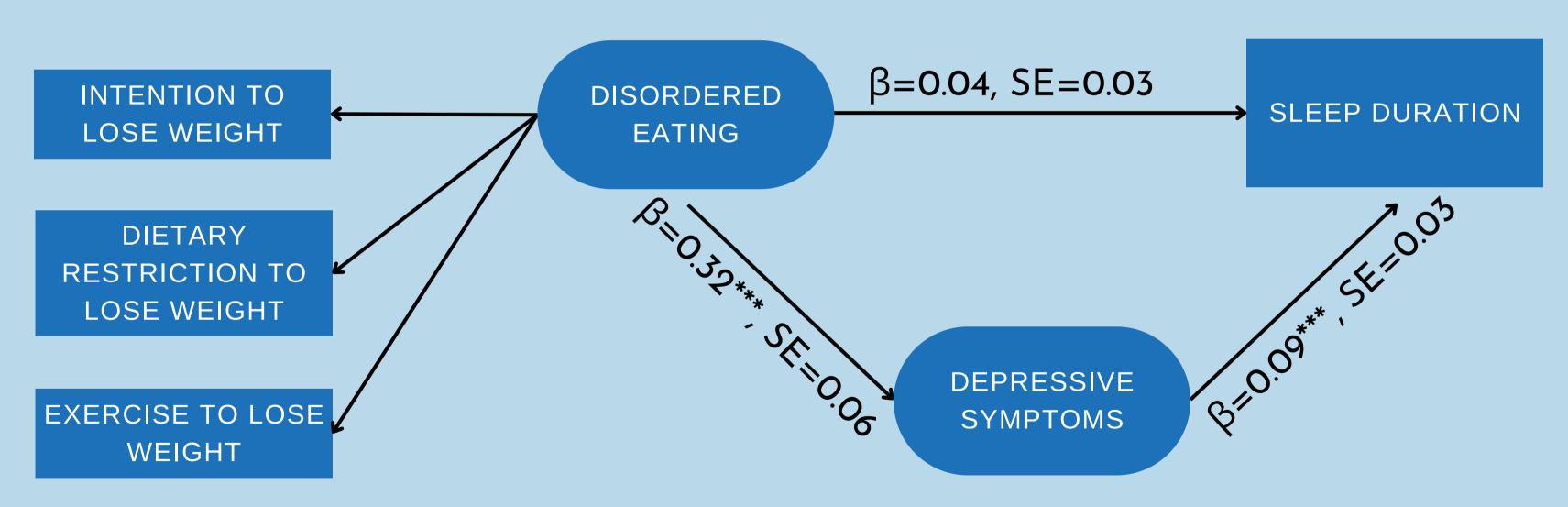
	Sleep Difficulties	Depressive Symptoms	Excessive Online Behaviour (week)	Excessive Online Behaviour (weekend)
Weight Loss Intention	0.04*** [0.02; 0.07]	-0.17*** [-0.19; -0.14]	0.09*** [0.06; 0.11]	0.04** [0.01; 0.06]
Dietary Restriction	0.04** [0.02; 0.07]	-0.21*** [-0.23; -0.18]	0.05*** [0.03; 0.08]	0.02 [-0.006; 0.05]
Excessive Exercise	0.03* [0.001; 0.05]	-0.15*** [-0.18; -0.13]	0.05*** [0.02; 0.08]	0.01 [-0.02; 0.04]

<sup>\*</sup>p<0.05, \*\*p<0.01,, \*\*\*p<0.001

Shorter sleep duration (reported at age 17/18) is significantly predicted by restrictive eating behaviours (as reported at age 13)



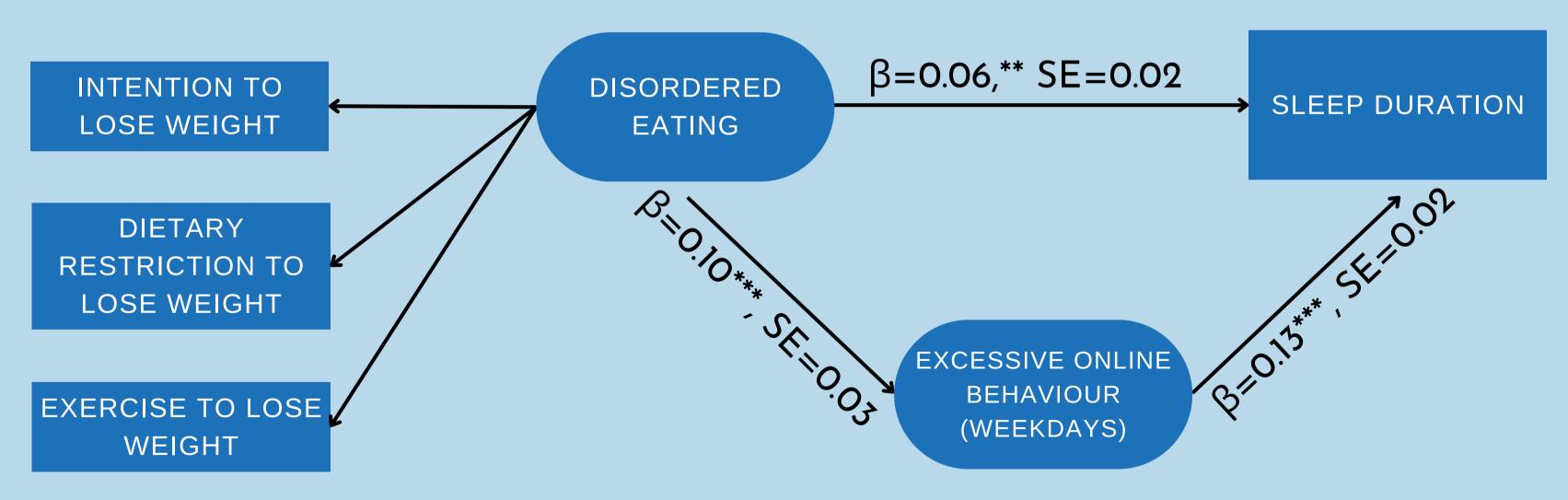
Shorter sleep duration (reported at age 17/18) is significantly predicted by restrictive eating behaviours (as reported at age 13)



Indirect effect:  $\beta$ =0.03\*\*\*, SE=0.04

Total effect:  $\beta$ =0.10\*\*, SE=0.02

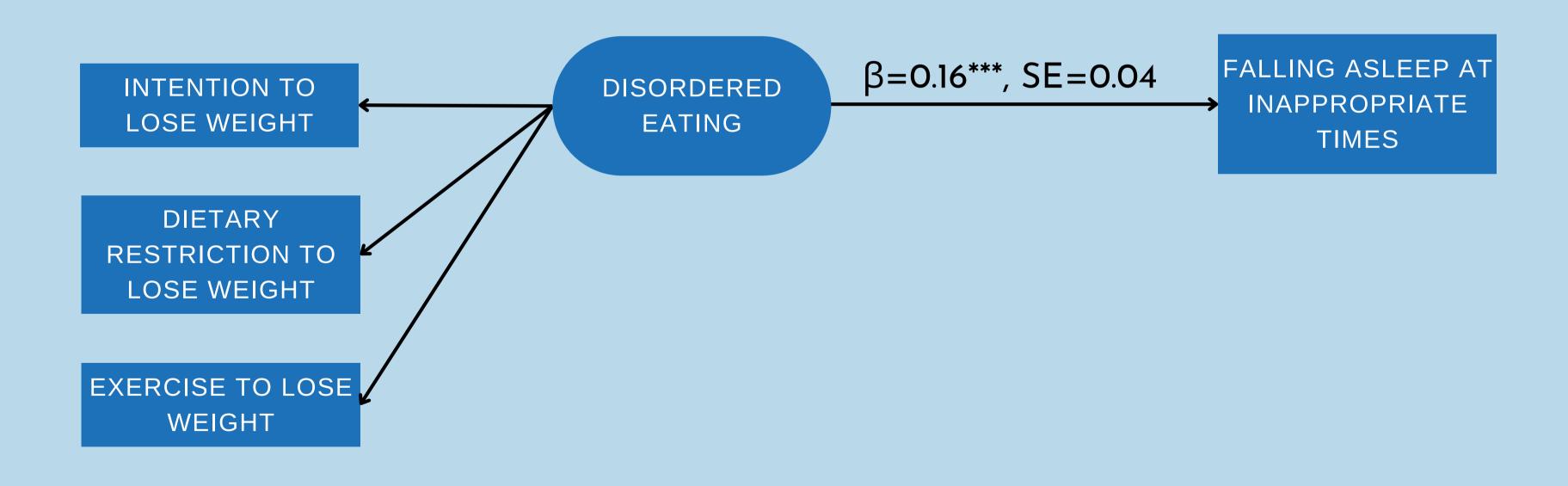
Shorter sleep duration (reported at age 17/18) is significantly predicted by restrictive eating behaviours (as reported at age 13)



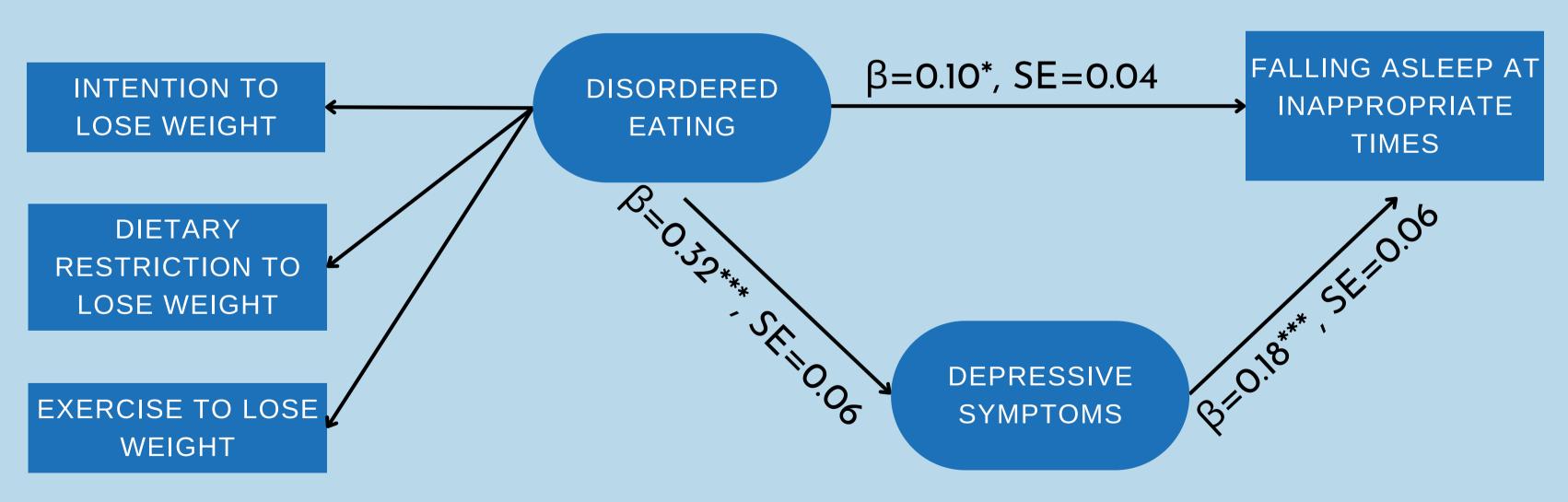
Indirect effect:  $\beta$ =0.01\*\*, SE=0.04

Total effect:  $\beta$ =0.07\*\*, SE=0.02

Falling asleep at inappropriate times (reported at age 17/18) is significantly predicted by restrictive eating behaviours (as reported at age 13)



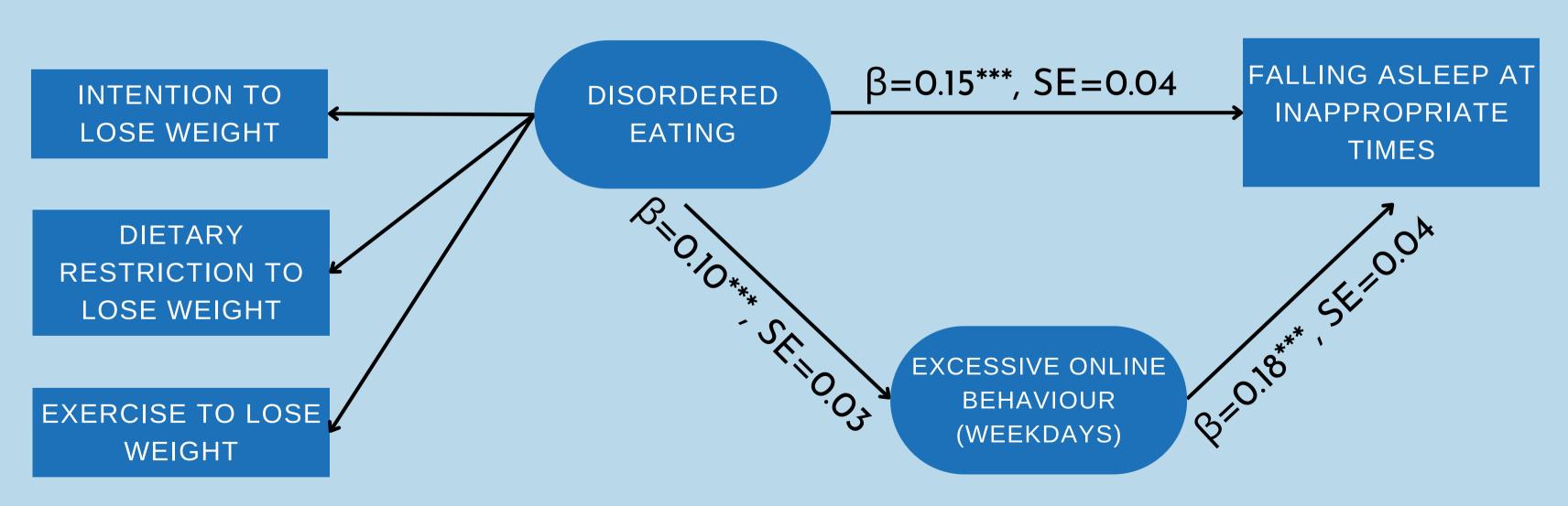
Shorter sleep duration (reported at age 17/18) is significantly predicted by restrictive eating behaviours (as reported at age 13)



Indirect effect:  $\beta$ =0.06\*\*\*, SE=0.008

Total effect:  $\beta$ =0.16\*\*\*, SE=0.04

Shorter sleep duration (reported at age 17/18) is significantly predicted by restrictive eating behaviours (as reported at age 13)



Indirect effect:  $\beta$ =0.02\*\*\*, SE=0.005

Total effect:  $\beta$ =0.16\*\*\*, SE=0.04

- Restrictive eating at age 13
   predicted shorter sleep duration
   and falling assleep at inappopriate
   times at age 17/18
- Depressive symptoms and excessive online behaviours were meaningful mediators
  - For sleep duration, depressive symtoms fully mediated the association

- Restrictive eating at age 13
   predicted shorter sleep duration
   and falling assleep at inappopriate
   times at age 17/18
- Depressive symptoms and excessive online behaviours were meaningful mediators
  - For sleep duration, depressive symtoms fully mediated the association



- Mood is a promising target to limit negative sleep impacts as a consequence of restrictive eating
- Further research is needed to explore the role of screentime and media content exposure on sleep and disordered eating
- Further research is needed to investigate how restrictive eating could be associated with different sleep timings and exhaustion

Systematic Review



K=89 STUDIES ASSESSING SLEEP AND DISORDERED EATING

#### REFERENCES

CDC. (2024). FastStats: Sleep in High School Students. <a href="https://www.cdc.gov/sleep/data-research/facts-stats/high-school-students-sleep-facts-and-stats.html">https://www.cdc.gov/sleep/data-research/facts-stats/high-school-students-sleep-facts-and-stats.html</a>

Chan, N. Y., Li, S. X., & Wing, Y. K. (2021). Are adolescents sleeping less and worse than before? The Lancet Regional Health–Western Pacific, 11.

Christensen, K. A., & Short, N. A. (2021). The case for investigating a bidirectional association between insomnia symptoms and eating disorder pathology. International Journal of Eating Disorders, 54(5), 701-707.

Driscoll, D. J., Fagan, J., Jennings, R., Clifford, M., Maher, C., Corbett, M., Wade, S., & McDevitt, S. (2024). National Clinical Programme for Eating Disorders: a pragmatic review of a new national eating disorder service in Ireland. Irish Journal of Psychological Medicine, 41(1), 68-77.

Hysing, M., Heradstveit, O., Harvey, A. G., Nilsen, S. A., Bøe, T., & Sivertsen, B. (2022). Sleep problems among adolescents within child and adolescent mental health services. An epidemiological study with registry linkage. European Child & Adolescent Psychiatry, 1-11.

Lewien, C., Genuneit, J., Meigen, C., Kiess, W., & Poulain, T. (2021). Sleep-related difficulties in healthy children and adolescents. BMC Pediatrics, 21, 1-11.

Liang, M., Guo, L., Huo, J., & Zhou, G. (2021). Prevalence of sleep disturbances in Chinese adolescents: A systematic review and meta-analysis. PloS one, 16(3), e0247333.

McNicholas, F., Lydon, A., Lennon, R., & Dooley, B. (2009). Eating concerns and media influences in an Irish adolescent context. European Eating Disorders Review: The Professional Journal of the Eating Disorders Association, 17(3), 208-213.

Scott, A. J., Webb, T. L., Martyn-St James, M., Rowse, G., & Weich, S. (2021). Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials. Sleep medicine reviews, 60, 101556.

Uccella, S., Cordani, R., Salfi, F., Gorgoni, M., Scarpelli, S., Gemignani, A., Geoffroy, P. A., De Gennaro, L., Palagini, L., & Ferrara, M. (2023). Sleep deprivation and insomnia in adolescence: implications for mental health. Brain Sciences, 13(4), 569.

## THANK YOU



<u>=</u> mopitz@ed.ac.uk

© opitztine