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Research Article

**AWARENESS OF EPIDEMIOLOGY OF SLEEP DISORDERS
DURING COVID-19 PANDEMIC**Dr Shazeela Maham¹, Dr Aleena Saif², Dr Syeda Ghanwa Zahra Gillani³¹Rawalpindi Medical College³Sheikh Zayed Medical College, Rahim Yar Khan.**Article Received:** August 2020**Accepted:** September 2020**Published:** October 2020**Abstract:**

Introduction: COVID-19 is basically a RNA virus and the nucleic acid is about 30 kb long, positive in sense, single stranded and polyadenylated. **Objectives:** The main objective of the study is to find the awareness of epidemiology of sleep disorders during COVID-19 pandemic.

Material and methods: This cross sectional study was conducted in RMC during October 2019 to March 2020. The data was collected through questionnaire. The questionnaire covered sleep conditions, stores of infection control supplies, mood and stress, usage of social media and sources of acquiring COVID-19 information, risk perception, and socio-demographic data. **Results:** The data was collected from 200 patients. About half of them were young-aged (55.0%) and married (49.1%). In terms of social media use, 57.8% spent more than 2 h per day. The majority were recruited from the more educated working population. With regard to sleep deterioration after the COVID-19 outbreak, the weighted proportions of those who reported worsening sleep quality, worsening sleep initiation, and shortened sleep duration were 38.3%, 29.8%, and 29.1%, respectively. The weighted prevalence of current clinical insomnia was estimated at 29.9%. **Conclusion:** It is concluded that COVID-19 is widely spreading in Pakistan and it effects on their sleep quality, sleep initiation, and sleep duration had worsened since the outbreak of COVID-19.

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INTRODUCTION:

COVID-19 is basically a RNA virus and the nucleic acid is about 30 kb long, positive in sense, single stranded and polyadenylated. The RNA which is found in this virus is the largest known RNA and codes for a large polyprotein¹. In addition, coronaviruses are capable of genetic recombination if 2 viruses infect the same cell at the same time².

The most common symptoms of COVID-19 is cold, flu, fever and infection in lungs. There are different stages in the attacking of this virus. At stage one and at the start patient just feel flu and temperature just like common cold and flu³. But after seven days it becomes more worse and patient feels shortness of breath and dry cough. At advanced stage the patients become also suffered from pneumonia. There is no vaccine and antiviral therapy until now⁴.

It was basically starts from China from December 2019, when there was a person who died in Wuhan (a city of China) due to an unknown virus. What started as an epidemic mainly limited to China has now become a truly global pandemic. There have now been over 392,331 confirmed cases and 17,156 deaths, according the John Hopkins University Covid-19 dashboard, which collates information from national and international health authorities. The disease has been detected in more 196 countries and territories, with Italy, the US and Spain experiencing the most widespread outbreaks outside of China. There were 438,441 cases from which 19,650 died and 111,877 were recovered all around the world⁵.

The first study on social media during a pandemic dates back to the 2009 H1N1 pandemic, tracking the prevalence of misinformation (determined as 4.5%), terminology use ("H1N1" versus "swine flu"), public sentiments and fear, and relationships between case incidence and public concern⁶. Previous studies used the internet to collect data related to diseases, such as the search frequency of hand washing, hand sanitizer, and antiseptic topics⁷. The WHO declared that they are currently fighting not only an international epidemic but also a social media infodemic, with some media claiming that the coronavirus is the first true social media infodemic because it has accelerated information and misinformation worldwide and is fueling panic and fear among people⁸. This is an unproven but testable hypothesis, because users of social media use the platforms to express their

emotions, feelings, and thoughts, which can be a valuable source of data for researching mental health.

Objectives

The main objective of the study is to find the awareness of epidemiology of sleep disorders during COVID-19 pandemic.

MATERIAL AND METHODS:

This cross sectional study was conducted in RMC during October 2019 to March 2020. The data was collected through questionnaire. The questionnaire covered sleep conditions, stores of infection control supplies, mood and stress, usage of social media and sources of acquiring COVID-19 information, risk perception, and sociodemographic data. The respondents' symptoms of insomnia and daytime impairment in the recent two weeks were assessed using the Insomnia Severity Index (ISI) which had been validated previously. To assess the participants' sources of acquiring information related to COVID-19, they were asked about the frequency with which they used different sources to obtain the latest information on COVID-19, with the three possible responses being "No," "Sometimes," and "Frequently." A list of commonly used sources was included, namely information provided by the health organizations, governmental press conferences, press conferences of health professional bodies, conventional media (ie, newspapers, radio), or social media.

The statistical package SPSS 25.0 (SPSS Inc., Chicago, IL, USA) was used to analyze the data. The demographic data of the respondents were summarized using descriptive statistics expressed in terms of mean and standard deviation (SD) or number and percentage (%).

RESULTS:

The data was collected from 200 patients. About half of them were young-aged (55.0%) and married (49.1%). In terms of social media use, 57.8% spent more than 2 h per day. The majority were recruited from the more educated working population. With regard to sleep deterioration after the COVID-19 outbreak, the weighted proportions of those who reported worsening sleep quality, worsening sleep initiation, and shortened sleep duration were 38.3% , 29.8%, and 29.1%, respectively. The weighted prevalence of current clinical insomnia was estimated at 29.9%.

Table 01: Sleep and mood states of the respondents

Variables	Mean ± SD	95% CI
Sleep Condition since COVID-19 Outbreak		
Sleep Quality (worse, or much worse)	36 (38.3)	35.5–41.1
Sleep Initiation (worse, or much worse)	33 (29.8)	27.1–32.4
Sleep Duration (shorter, or much shorter)	33 (29.1)	26.5–31.7
Clinical Insomnia (ISI ≥10)	34 (29.9)	27.2–32.5
Used Sleep Medication in the Past 1 Month	10 (9.3)	7.6–10.9
ISI, ranged 0-28	7.2 ± 5.2	6.9–7.5
Sleep Parameters		
SOL, minutes (N = 1126)	16.7 ± 32.7	14.8–18.6
WASO, minutes (N = 1091)	21.4 ± 34.5	19.8–25.1
EMA, minutes (N = 1121)	21.1 ± 31.4	17.9–22.3
Duration of Insomnia, months (N = 596) ^b	8.9 ± 18.7	5.4–8.4
TST, hours (N = 1127)	4.8 ± 1.9	6.7–6.9
TIB, hours (N = 1114)	7.7 ± 1.4	7.6–7.8
SE, % (N = 1028)	87.5 ± 12.9	76.7–88.3
Interfered with Daily Life due to COVID-19 (much, very much)	78 (78.9)	73.4–11.3
Low Mood (much, very much)	35 (38.3)	33.4–41.1
Experiencing Stress (much, very much)	51 (45.0)	32.1–47.9

DISCUSSION:

There were some preventive measures which is necessary to win this battle in Pakistan. The most important thing is to wash your hands properly for 20 seconds, use sanitizers and stay away from infected people. Use masks and gloves and do not leave the house until it becomes very necessary⁵. The army has said it will open all military hospitals and health facilities nationwide to assist in testing and treating virus cases. The most important thing is to be calm and pray for the better situation because there is a must win battle for Pakistan. As a nation it becomes our duty to protect our country, nation and ourselves. We hope for the better condition in our country as well as around the globe⁶.

An insufficient store of masks for use for one month was associated with insomnia during the COVID-19 outbreak. This is a new finding that adds to the literature on the COVID-19 pandemic. The universal wearing of face masks, also called mass masking, was highly recommended by a number of experts and health authorities⁷. Many commentaries and preliminary studies have put forward that mass masking contributed to the low rate of COVID-19 infections in Hong Kong, despite Hong Kong's status as an international travel hub and its proximity to Wuhan, China. To achieve such a large-scale public health intervention requires that attention be paid to resource allocation and to ensuring a stable supply of quality face masks. However, regional studies and local news reports indicated that the market was

flooded with fake face masks, the price of masks escalated, and even that there were occasional shortages of face masks for a period of time in February and March⁸.

With increasing cases of immensely contagious COVID-19, Pakistan's economy is under great deterioration. The terror of fatal disease and economic distress have come up together. The country cannot bear extended lockdown and should the lockdown extend, Pakistan will suffer unmanageable economic loss⁹. Pakistan does not have any sufficient resources to provide for the patients at the moment⁷. Most of the populace is working on daily wages. The shutdown of the whole country would cause death either due to hunger or from COVID-19. The current statement of Pakistan's prime minister calls for a community meeting among susceptible countries that are dealing with the pandemic. It has been decided that rather than complete shutdown, people should avoid mass gatherings, and partial shutting down of the country will take place in order for the economy to provide for basic necessities¹⁰.

CONCLUSION:

It is concluded that COVID-19 is widely spreading in Pakistan and it effects on their sleep quality, sleep initiation, and sleep duration had worsened since the outbreak of COVID-19. Insomnia was prevalent in Hong Kong during the COVID-19 outbreak.

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