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LETTERS TO THE EDITOR

# Stay-at-home isolation modulates sleep pattern associating with depression and anxiety mood disorders

Sarita Kumari, PGDYT, MACP[1]; Ranjeet Singh Mahla, PhD[2]

[1]School of Social Science, Devi Ahilya Vishwavidyalaya, Indore, India; [2]Department of Biological Sciences, Indian Institute of Science Education and Research, Bhopal, India

The recent cross-sectional analysis by Deirdre et al,[1] published in *Journal Clinical Sleep Medicine*, is of great interest. The extensive proportional geographical region representative survey shows that stay-at-home coercion worsened mood, screen time, and substance use disorders in health care professionals representing a sizeable geographical proportion of the United States.[1] Work from home increased total sleep time that, in turn, increase social jetlag, apparent too late bedtime, wakeup time, and fewer work hours. In contrast to that, in-person work associates with shortened total sleep time (TST).[2] It is not merely health care professionals those who experienced sleep and mood disorders issue. Every section of society has experienced psychosocial health deprivation, relating to many underlaying and unevaluated socioeconomic factors. Cross-sectional survey analysis from China (n = 2373) shows that frontline health care workers are a particularly vulnerable group of people experiencing sleep disorder, anxiety, and depression disorders.

Evaluation of baseline characteristics, Pittsburgh Sleep Quality Index (PSQI), and Hospital Anxiety and Depression Scale (HADS) revealed that 61.6% of health care professionals experienced sleep disorders, 35% depressive symptoms, and 22.6% anxiety.[3] Stay at home orders also impacted college student's mood, sleep, and screen time behavior. The quasi-experimental study finds a correlation between the strictest COVID-19 restrictions, social-biological rhythms, and sleep patterns in three European countries, Austria, Germany, and Switzerland. COVID-19 restriction reduced social sleep restrictions that, in turn, shortened biological and social mismatches linked to increased sleep duration. Work from home improvises the sleep-wake cycle but increases self-perceived burden dampening sleep quality. Daylight cycle and physical exercise directly regulate circadian rhythm; therefore, one should analyze the impact of work-from-home on sleep patterns and mood disorders about obvious circadian rhythm regulatory factors.

In contrast, university students' sleep duration proxies (referencing to health care recommendations) increased by 30 minutes during weekdays and 24 minutes during weekends.[4] Insufficient, irregular, or late sleeping and social jetlag subordinate to poor health behaviors leading to or worsening health conditions such as cardiovascular disease, diabetes, obesity, morning hours sleepiness, anxiety, depression, risk of accidents, impaired immune health, and poor performance at school or workplace. Interestingly, stay-at-home or distance learning associate with improvised sleep behavior in university students. It is still unclear which all underlaying factors contribute to poor sleep behaviors during stay-at-home recommendations.[4] Stay-at-home augments perceived social support deprivation concerning the deterioration of psychosocial health outcomes. Access to social support in isolation decreases the risk of depression by 63% and lowers the risk of sleep disorders by 52%, as indicated by the cross-sectional survey analysis of 2020 individuals.[5] It is not merely about a health care professional, lockdown associated social isolation measures have changed our societies forever. All such interventions deemed necessary in the containment of COVID-19 negatively affect sleep patterns enhancing mood disorders, slowly culminating in psychotic disorders. We need to devise a standard minimum program guideline involving all sections of life to provide access to onsite first aid psychological counseling, particularly to those living in a state of social deprivation needing immediate social support.

## CITATION

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Address correspondence to: Ranjeet Singh Mahla, PhD, Department of Biological Science, Indian Institute of Science Education and Research Bhopal, Bhopal Bypass Road, Bhopal 462066, India; Tel: +91-755-269-1414; Fax: +91 755 269 2392; Email: ranjeet@iiserb.ac.in

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