https://doi.org/10.5664/jcsm.8982

JCSM | Journal of Clinical Sleep Medicine

LETTERS TO THE EDITOR

The differential effects of stay-at-home orders on mood and sleep

Response to Kumari S, Mahla RS. Stay-at-home isolation modulates sleep pattern associating with depression and anxiety mood disorders. *J Clin Sleep Med*. 2021;17(2):343–344. doi:10.5664/jcsm.8908

Deirdre A. Conroy, PhD[1]; Aliya Moreira[2]; Cathy A. Goldstein, MD[3]

[1]Michigan Medicine, Department of Psychiatry, Ann Arbor, Michigan; [2]University of Michigan Medical School, Ann Arbor, Michigan; [3]Michigan Medicine, Department of Neurology, Sleep Disorders Center, Ann Arbor, Michigan

In their letter to the editor, Kumari and Mahla[1] highlight several important points about the mood, sleep, and stay-at-home isolation findings described in our study.[2] We thank the authors for their interest and would like to discuss some of the raised topics.

We found that mood disorders worsened in health care workers in response to the stay-at-home orders, regardless of whether working from home or on-site. As Kumari and Mahla note, it is not just health care professionals who have experienced decreased mood during the coronavirus disease (COVID-19) pandemic. Depression rates have risen during this pandemic in the United States in all demographic groups.[3] We chose to survey health care workers, as some became frontline workers with increased work hours, more nonday shift work, and more significant work-related stress and risk, while others shifted to providing health care virtually, from home. The rapid adoption of telemedicine involved a steep learning curve for both patients and practitioners. The health care workers we sampled who were working from home slept about the same duration as before the pandemic but started and ended work later and worked fewer hours. Emerging evidence has demonstrated that non-health care workers have shifted their sleep period later, increased total sleep time, and have more consistent sleep timing and duration across all days of the week since the start of the pandemic. Therefore, the flexibility of working from home might be beneficial to sleep health, particularly for those who are now sleeping at a time that is more in line with their endogenous circadian rhythm. We must also weigh these advantages with the disadvantage of social isolation while working from home, which may worsen mood and sleep.

Kumari and Mahla suggest a standard program guideline to provide access to on-site first aid psychological counseling. It is crucial to anticipate the repercussions that current experiences may have on future mental health. In previous infectious disease outbreaks (ie, severe acute respiratory syndrome [SARS], Ebola), posttraumatic and depressive symptoms were reported chronically, from 6 months up to 3 years after the epidemic or pandemic.[4] Therefore, offering psychological services in real-time and longitudinally is crucial. Individuals on the front line may not be receptive to "in vivo" psychological first aid given time restraints and thel need to maintain appropriate social distancing. However, front line health care workers may benefit from virtual care, webinars, and COVID-19 toolkits to provide similar services at a time when they are free from distractions and more receptive to learning. These tools are also relevant for use in a broader population, regardless of occupation or essential worker status. Telemedicine is a viable option to deliver care; a recent study found that virtual cognitive behavioral therapy for insomnia via AASM SleepTM mitigated insomnia without compromising patient-provider rapport or the patient's perception of provider warmth.[5]

In conclusion, we emphasize the need to monitor health care workers' mood and well-being both on-site and at home by leveraging more remote social supports, telemedicine, or other novel ways to reach people as we continue to weather the storm of the pandemic.

CITATION

Conroy DA, Moreira A, Goldstein CA. The differential effects of stay-at-home orders on mood and sleep. *J Clin Sleep Med*. 2021;17(2):345–346.

REFERENCES

1. Kumari S, Mahla RS. Stay-at-home isolation modulates sleep pattern associating with depression and anxiety mood disorders. *J Clin Sleep Med.* 2020;17(2):343–344.
2. Conroy DA, Hadler NL, Cho E, et al. The effects of COVID-19 stay-at-home order on sleep, health, and working patterns: a survey study of US health care workers. *J Clin Sleep Med.* 2021;17(2):185–191.
3. Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA Netw Open.* 2020;3(9):e2019686.
4. Preti E, Di Mattei V, Perego G, et al. The psychological impact of epidemic and pandemic outbreaks on healthcare workers: rapid review of the evidence. *Curr Psychiatry Rep.* 2020;22(8):43.
5. Arnedt JT, Conroy DA, Mooney A, Furgal A, Sen A, Eisenberg D. Telemedicine vs face-to-face delivery of cognitive behavioral therapy for insomnia: a randomized controlled non-inferiority trial. *Sleep.* 2020:zsaa136.

SUBMISSION & CORRESPONDENCE INFORMATION

Submitted for publication November 3, 2020
Submitted in final revised form November 3, 2020
Accepted for publication November 3, 2020

Address correspondence to: Deirdre A. Conroy, PhD;
Email: daconroy@umich.edu

DISCLOSURE STATEMENT

The authors report no conflicts of interest.