EXAMINING THE RELATIONSHIP BETWEEN ASPECTS OF SLEEP AND PSYCHOLOGICAL SYMPTOMS IN A COLLEGE STUDENT SAMPLE

INTRODUCTION

- The deterioration of sleep quality can be a manifestation of several psychological disorders.
- Research has previously documented various disorders as having a negative impact on sleep.
- In addition, poor sleep quality and conditions such as insomnia can lead to a greater likelihood of developing a mental illness.
- Sleep and symptoms of psychological disorders, therefore, have a reciprocal relationship with each factor being interdependent on the others.
- Sleep is commonly assessed using the Pittsburgh Sleep Quality Index (PSQI), from which seven sleep components are calculated.

MATERIALS & METHODS

- Participants: Students (N=474) in Introductory Psychology courses (PSYC 1000) at a southeastern university were recruited via Sona Systems research participation management program. The majority were Caucasian (68%), female (60%), and freshmen (86%); on average participants were 18 years old.
- Procedures: Interested PSYC 1000 students were directed to an online survey provided using Qualtrics. After providing informed consent, participants were advanced to the survey. Upon completion of the survey, participants received research credit for their PSYC 1000 course.
- Measures: In addition to demographics, the survey assessed the following variables:
  - Sleep: Pittsburgh Sleep Quality Index (Buysse et al., 1989).
  - Depressive Symptoms: Patient Health Questionnaire 9 (Kroenke et al., 2001).
  - General Anxiety Symptoms: Generalized Anxiety Disorder 7 scale (Spitzer et al., 2006).
  - Executive Functioning: Cognitive Failures Questionnaire (Broadbent et al., 1992).
- Measures: Measured PSQI total and components 1, 2, 3, 4, 5, 6, 7.

RESULTS

- Scores on the PHQ-9, GAD-7, and CFQ positively correlated with PSQI totals and all components.
- Those that scored above the clinical cutoff for the PHQ-9 for depression had significantly higher PSQI scores compared to those that did not meet the cutoff.
- Those that scored above the clinical cutoff for the GAD-7 for anxiety had significantly higher PSQI scores compared to those that did not meet the cutoff except for C3.

  Significant findings for depression:
  - PHQ positively correlated with PSQI total and all components.
  - If met PHQ cutoff, higher total, components 1, 2, 3, 4, 5, 6, 7
  - Compared to those who do not meet cutoff.
  - If ever diagnosed with depression, higher total and component 2, 7
  - Compared to those never diagnosed.
  - If ever diagnosed with depression and consider it a current problem, higher component 7
  - Compared to those who had been diagnosed and don’t consider it a current problem.

  Significant findings for anxiety:
  - GAD positively correlated with PSQI total and all components.
  - If met GAD cutoff, higher total, components 1, 2, 3, 4, 5, 6, 7
  - Compared to those who do not meet cutoff.
  - If ever diagnosed with anxiety disorder, higher total, component 6, 7
  - Compared to those never diagnosed.
  - If ever diagnosed with anxiety and consider it a current problem, higher component 7
  - Compared to those who had been diagnosed and don’t consider it a current problem.

PEARSON CORRELATIONS

<table>
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<tr>
<th>Measures</th>
<th>Total PSQI</th>
<th>C1</th>
<th>C2</th>
<th>C3</th>
<th>C4</th>
<th>C5</th>
<th>C6</th>
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<td>.201**</td>
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<td>.228**</td>
<td>.138**</td>
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** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

REFERENCES