

SLEEP CONSULTATIONS AND UNIVERSITY HEALTH CENTERS

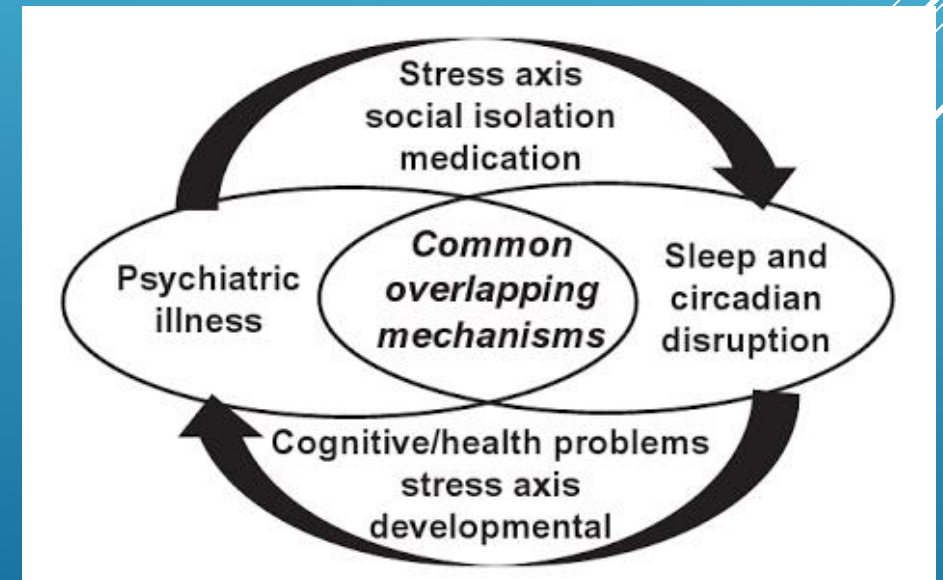
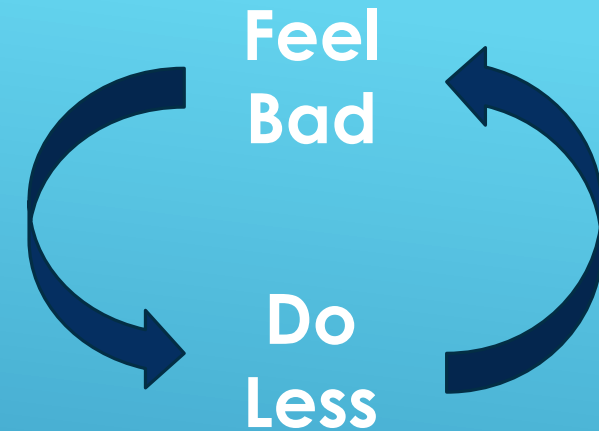
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SLEEP DISTURBANCES ↔ MENTAL ILLNESS

- ▶ Bidirectional
- ▶ Comorbidity
 - ▶ Most common: Insomnia and psychiatric disorders-40%
 - ▶ Reduced responsiveness to treatment
 - ▶ Both consequences and risk factors
- ▶ Sleep Deprivation
 - ▶ Just one hour less of sleep impairs cognitive functioning, memory encoding and consolidation, and decreased reaction time



IMPACT

▶ Physical Health Effects

- ▶ 17 hours of wakefulness \approx Blood Alcohol Content of .05
- ▶ Obesity, diabetes, cardiovascular disease, immune system functioning

▶ Academic Performance

- ▶ Attendance
- ▶ Attention
- ▶ Retention

▶ Sleeping Pills

- ▶ \$5 billion in annual sales

▶ Accidents

- ▶ 91% of performance-related single-vehicle car crashes
- ▶ Chernobyl
- ▶ Three Mile Island
- ▶ Exxon Valdez Oil Spill
- ▶ Chemical Plant Disaster



COLLEGE STUDENTS

- ▶ What do we know?
 - ▶ Age
 - ▶ Mental health diagnoses develop between the ages of 15-25
 - ▶ Substances
 - ▶ Stress Level

- ▶ Social Isolation
 - ▶ International students
 - ▶ Graduate students
- ▶ Sleep Deprivation



CARNEGIE MELLON UNIVERSITY SLEEP CONSULTATIONS

- ▶ 30 Minute Appointments
- ▶ Schedule through HealthConnect
- ▶ Pittsburgh Sleep Quality Index (PSQI)
- ▶ Screening, Brief Intervention, Refer for Treatment (SBIRT Model)
- ▶ Education
- ▶ Referrals



- ▶ Time in bed vs. time asleep
- ▶ Barriers to falling asleep
- ▶ Causes of sleep disruption during the night
- ▶ Prescription or over-the-counter sleep medication use
- ▶ Effect on daily functioning
- ▶ Enthusiasm to get things done

PSQI

(PITTSBURGH SLEEP QUALITY INDEX)

Name _____ Date _____

Sleep Quality Assessment (PSQI)

What is PSQI, and what is it measuring?

The Pittsburgh Sleep Quality Index (PSQI) is an effective instrument used to measure the quality and patterns of sleep in adults. It differentiates "poor" from "good" sleep quality by measuring seven areas (components): subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medications, and daytime dysfunction over the last month.

INSTRUCTIONS:

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

During the past month,

1. When have you usually gone to bed? _____
2. How long (in minutes) has it taken you to fall asleep each night? _____
3. What time have you usually gotten up in the morning? _____
4. A. How many hours of actual sleep did you get at night? _____
B. How many hours were you in bed? _____

5. During the past month, how often have you had trouble sleeping because you	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
A. Cannot get to sleep within 30 minutes				
B. Wake up in the middle of the night or early morning				
C. Have to get up to use the bathroom				
D. Cannot breathe comfortably				
E. Cough or snore loudly				
F. Feel too cold				
G. Feel too hot				
H. Have bad dreams				
I. Have pain				
J. Other reason (s), please describe, including how often you have had trouble sleeping because of this reason (s):				
6. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?				
9. During the past month, how would you rate your sleep quality overall?	Very good (0)	Fairly good (1)	Fairly bad (2)	Very bad (3)

Scoring

Component 1	#9 Score	C1 _____
Component 2	#2 Score (<15min (0), 16-30min (1), 31-60 min (2), >60min (3)) + #5a Score (if sum is equal 0=0; 1-2=1; 3-4=2; 5-6=3)	C2 _____
Component 3	#4 Score (>7(0), 6-7 (1), 5-6 (2), <5 (3))	C3 _____
Component 4	(total # of hours asleep) / (total # of hours in bed) x 100 >85%=0, 75%-84%=1, 65%-74%=2, <65%=3	C4 _____
Component 5	# sum of scores 5b to 5j (0=0; 1-9=1; 10-18=2; 19-27=3)	C5 _____
Component 6	#6 Score	C6 _____
Component 7	#7 Score + #8 score (0=0; 1-2=1; 3-4=2; 5-6=3)	C7 _____

Add the seven component scores together _____ Global PSQI _____

**A total score of "5" or greater is indicative of poor sleep quality.
If you scored "5" or more it is suggested that you discuss your sleep habits with a healthcare provider**

PATIENT HEALTH QUESTIONNAIRE -9

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

BEHAVIORAL SCREENS

0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

BEHAVIORAL SCREENS

≥10	Probable diagnosis of GAD; confirm by further evaluation
5	Mild anxiety
10	Moderate anxiety
15	Severe anxiety

▶ Routine

▶ Substances

- ▶ Alcohol
- ▶ Caffeine
- ▶ Nicotine
- ▶ Marijuana

▶ Bed is for sleeping

▶ Avoid naps

▶ Diet and exercise

SLEEP HYGIENE



“I alone cannot change the world, but I can cast a stone across the waters to create many ripples.”

— Mother Teresa

QUESTIONS? THOUGHTS?

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

References

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