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USAGE OF THE PITTSBURGH SLEEP QUALITY INDEX (PSQI)

UPOTREBA PITSBURŠKOG INDEKSA ZA PROCENU KVALITETA SPAVANJA

(PITSBURGH SLEEP QUALITY INDEX-PSQI)

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Abstract

health and well-being.

Key words Sleep is one of the basic needs and a physiological process necessary for life. There're a number of tests to assess sleep quality. Most of them are in the form of questionnaires PSQI; dream; sleep quality; quality of with closed type questions or in the form of interviews. As the most widely used instrulife; fatigue. ment for measuring sleep quality, the Pittsburgh Sleep Quality Index (PSQI) reports good internal reliability and validity. It's necessary that sleep and sleep quality have special Ključne reči attention in the field of public health, because good sleep quality is conducive to better

PSQI; spavanje; kvalitet spavanja;

kvalitet života: zamor.

INTRODUCTION

Sleep is one of the basic needs and a physiological process necessary for life. People need sleep for several reasons: to cope with daily stress, to prevent fatigue, to conserve energy, to renew the mind and bodyand to fully enjoy life. Sleep improves our daily functioning. It's important for maintaining cognitive, physiological and psychosocial functions and is a

significant factor in a person's quality of life. However, sleep disorders and deprivation are often insufficiently recognized public health problems [1, 2].

Sleep and sleep quality

Sleep is considered a period of rest for the body and mind, during which the will and consciousness are partially or completely at rest and bodily functions are partially suspended. Sleep is also described as a state characterized by a reduced but easily reversible sensitivity to external stimuli. A good quality of sleep can promote a faster recovery of body function, alleviate the level of fatigue at work and maintain energy, physical strength and a healthy mental state [2-4].

Sleep quality is a key indicator of health. Sleep disorders are a very common problem, especially in western, industrialized countries. The prevalence of sleep disorders increases with age [4-8].

Most sleep disorders can be diagnosed with a comprehensive sleep history, which includes a detailed account of routine sleep habits. Sleep-wake rhythms have changed significantly, with people going to bed and waking up later and spending more time in bed, but, paradoxically, also reporting poorer sleep quality [5–9].

Sleep disorders are a group of conditions that affect the ability to sleep regularly and thus cause significant damage to a person's social and professional functions [7-9]. They represent a broad category of disorders that include all kinds of dysfunctions involving sleep, difficulty falling asleep, poor sleep quality, premature awakening, and circadian rhythm disorders. Atypical working hours and work schedules cause reduced sleep time, leading to sleepiness, fatigue, reduced cognitive performance and health problems in night shift workers. Normal sleep patterns are subject to change during aging and include changes in sleep patterns and nighttime awakenings. The modern way of life is associated with increased exposure to artificial light (shifting the light spectrum towards an artificial light source, which contains a strong blue component), reduced exposure to daylight, late meals, shift work, as well as frequent changes of intercontinental zones. Chronic exposure to low-intensity blue light (artificial lighting), just before going to bed, can compromise sleep quality and circadian rhythm [9-15]. One third of the world's adult population has some kind of sleep problem [14,15].

Tests to assess sleep quality

Sleep and healthy sleep are one of the key needs of life and are vital for life for many reasons: to deal with stress throughout the day, prevent fatigue, conserve energy, and regenerate the body and mind. Normal physiological functions in humans are maintained by sleep, so the quality of life is significantly determined by the quality of sleep [14-16].

Today, a significant number of tests are in use to assess the quality of sleep. They're most often found in the form of questionnaires with closed type questions or in the form of interviews. These tests are simple to perform, don't require any additional equipment, are inexpensive to perform, and don't take a long time [16-19].

Questionnaires used for this purpose are: Pittsburgh Sleep Quality Index (PSQI), Athens Sleep Questionnaire (ASQ), Insomnia Severity Index (ISI), Mini-Sleep Questionnaire (MSQ), Jenkins Sleep Scale (JSS), Leeds Sleep Evaluation Questionnaire (LSEQ) and Epworth Sleepiness Scale (ESS) [20-22].

As the most widely used instrument to measure sleep quality, the PSQI reports good internal reliability and validity. It has good psychometric properties, with high internal consistency and test-retest reliability, as well as convergent/divergent validity with sleep, psychological and socio-demographic variables. It represents an instrument arised in 1989 by researchers from the University of Pittsburgh, created with the intention of providing a reliable, valid and standardized measure of sleep quality, to distinguish between good and bad sleep habits; to provide an index that is easy for respondents to use and easy for clinicians and researchers to interpret, and to conduct a brief, clinically useful assessment of the various sleep disorders that affect sleep quality. The items in the Pittsburgh Sleep Scale were obtained from three sources: 1. Clinical intuition and experience with patients who havesleep disorder, 2. Review of existing questionnaires on the assessment of sleep quality in the literature, 3. Clinical experience with the instrument during 18 months of testing. The PSQI assesses sleep quality over the past month. The scale consists of 19 self-report items and 5 items rated by a bed partner, housemate, or roommate. The last 5 items are used exclusively for clinical purposes, and are not included in the scoring of the scale. Self-report items examine a wide range of factors related to sleep quality, including assessment of sleep duration, latency, and frequency of sleep-related problems. The items are grouped into seven subscales, which are rated on a four-point Likert scale from 0 to 3 (0=Not in the past month, 1=Less than once a week, 2=Once or twice a week, 3=Three or more times a week) and manually entering answers. These components are the subjective assessment of sleep quality (1 item), sleep duration (2 items), sleep length (1 item), sleep efficiency (3 items), disturbances affecting sleep (9 items), use of sleep medications (1 item) and interference in daily activities caused by poor sleep quality (2 items). The method of scoring is defined by the author of the

scale. The results of these subscales are added to the total score of the scale, whose range is from a minimum of 0 to a maximum of 21 points; where a higher score indicates poorer sleep quality. The time required for filling out and scoring the scale is 5-10 minutes. The Cronbach α coefficient of the original scale is α =0.83, which indicates a high level of internal consistency. It has been translated into 56 world languages, including Serbian. The translation and adaptation of the scale as well as the formal analysis of its psychometric properties into the Serbian language were carried out in 2016. [20] on a sample of 140 respondents. The internal consistency of the scale in the Serbian language is α =0.79. The PSQI is an open access instrument and is free to use for academic and commercial purposes with the consent of the authors [16-22].

Implication for clinical use

The PSQI has been used to evaluate sleep quality in numerous studies, especially in the past 10 years. Rao et al. (2020) used this questionnaire to assess the sleep quality of 25,735 medical students in their meta-analysis [23]. Sedov et al. (2018) used this questionnaire to assess the sleep quality of 6796 pregnant women, while Divani et al. (2022) used this tool to assess the impact of therapy on sleep quality in cancer patients [24, 25]. Xie et al. (2021) in their metaanalysis using the PSQI examined the effect of exercise on sleep quality and the occurrence of insomnia in adults [26]. Scott et al. (2021) studied the association of better sleep quality with improved mental health in a randomized, controlled trial, using the PSQI as an assessment tool [27]. Garbarino et al. (2019) evaluated the sleep quality of police officers using the PSQI in their study, while Yang et al. (2020) used this questionnaire to determine the correlation of smartphone use with increased frequency of depression, anxiety and poorer sleep quality [28, 29].

The usage of this questionnaire was of particular importance during the duration of the COVID-19 pandemic, when the assessment of sleep quality found its significant practical application, both among the general population and among health workers, and over half of the respondents (56%) in the scientific work Marković et al. (2019), uses sleep as a defense mechanism against stress [30-34].

CONCLUSION

It's necessary that sleep and sleep quality have special attention in the field of public health, because good sleep quality is conducive to better health and well-being. Sleep disorders can cause significant changes in an individual's physical, professional, cognitive and social functioning and significantly threaten the quality of life.

There're numerous questionnaires that're used to assess sleep quality, and among them, the Pittsburgh Sleep Quality Index (PSQI)is the most commonly used. In the past 10 years PSQI has been and will be used in future research as a tool for assessing the quality of sleep in various social spheres in a large number of studies.

CONFLICT OF INTEREST

The authors state that they did not have any conflict of interest when conducting this research and processing the results.

Sažetak

Spavanje predstavlja jednu od osnovnih potreba i fiziološki proces neophodan za život. Postoji veliki broj testova za procenu kvaliteta sna. U najvećem broju sreću se u formi upitnika sa zatvorenim tipom pitanja ili u vidu intervjua. Kao najčešće korišćen instrument za merenje kvaliteta spavanja koristi se Pitsburški Indeks (Pittsburgh Sleep Quality Index-PSQI, eng.), koji prijavljuje dobru internu pouzdanost i validnost. Neophodno je da san i kvalitet sna imaju posebnu pažnju u oblasti javnog zdravlja, jer dobar kvalitet sna pogoduje boljem zdravlju i blagostanju.

REFERENCES

- 1. Liu D, Kahathuduwa C, Vazsonyi AT. The Pittsburgh Sleep Quality Index (PSQI): Psychometric and clinical risk score applications among college students. Psychological Assessment. 2021;33(9):816.
- 2. Zitser J, Allen IE, Falgàs N, Le MM, Neylan TC, Kramer JH, Walsh CM. Pittsburgh Sleep Quality Index (PSQI) responses are modulated by total sleep time and wake after sleep onset in healthy older adults. PLoS One. 2022;17(6):e0270095.
- 3. Li Z, Zheng C, Duan C, Zhang Y, Li Q, Dou Z, Li J, Xia W. Rehabilitation needs of the first cohort of post-acute COVID-19 patients in Hubei, China. Eur J Phys Rehabil Med 2020; 56(3):339-344.
- 4. Doherty R, Madigan S, Warrington G, Ellis J. Sleep, and nutrition interactions: Implications for athletes. Nutrients 2019; 11(4):822
- 5. Baljak A, Nikolić A, Šipetić Grujičić S. Kvalitet spavanja, zamor i pospanost kod studenata Medicinskog fakulteta. Zdravstvena zaštita. 2023;52(1):26-39.
- 6. Simões ND, Monteiro LHB, Lucchese R, De Amorim TA, Denardi TC, Vera I, Silva GC, Sverzut C. Quality and sleep duration among public health network users. ACTA Paul Enferm 2019; 32(5):530-537.
- 7. Yuan S, Liao Z, Huang H, Jiang B, Zhang X, Wang Y, Zhao M. Comparison of the indicators of psychological stress in the population of Hubei province and non-endemic provinces in China during two weeks during the coronavirus disease 2019 (COVID-19) outbreak in February 2020. Med Sci Monit. 2020; 26:e923767.
- 8. Cellini N, Canale N, Mioni G, Costa S. Changes in sleep pattern, sense of time and digital media use during COVID-19 lockdown in Italy. J Sleep Res 2020; 29(4):e13074.
- 9. Souza LF, Paineiras-Domingos LL, Melo-Oliveira ME, Pessanha-Freitas J, Moreira-Marconi E, Lacerda AC, et al. The impact of covid-19 pandemic in the quality of sleep by Pittsburgh Sleep Quality index: A systematic review. Ciência &Camp; Saúde Coletiva. 2021;26(4):1457–66.
- 10. Xie Z, Chen F, Li WA, Geng X, Li C, Meng X, et al. A review of sleep disorders and melatonin. Neurol Res. 2017;39 (6):559-65.
- 11. Li J, Vitiello MV, Gooneratne NS. Sleep in normal aging. Sleep Med Clin. 2018;13(1):1-11.

- 12. Wahl S, Engelhardt M, Schaupp P, Lappe C, Ivanov IV. The inner clock-Blue light sets the human rhythm. J Biophotonics. 2019;12(12):e201900102.
- 13. Tähkämö L, Partonen T, Pesonen AK. Systematic review of light exposure impact on human circadian rhythm. Chronobiol Int. 2019;36(2):151-70.
- 14. Stanojevic C, Simic S, Milutinovic D. Health effects of sleep deprivation on nurses working shifts. Med Pregl. 2016;69 (5-6):183-8.
- 15. Mirkovic A, Savic N. Analysis of the circadian rhythm, sleep and rest in the working population. Medical review. 2021;74(9-10):310–4
- 16. Verma A, Agarwal AK, Agarwal M, Singh SK. Adolescents sleep quality and internet addiction. Pediatr Oncall J. 2020;17(4):116-20.
- 17. Miskulin I, Simic I, Pavlovic N, Kovacevic J, Fotez I, Kondza G, et al. Personality traits of Croatian University students with internet addiction. Behav Sci. 2022;12(6):173.
- 18. Mozafar Saadati H, Mirzaei H, Okhovat B, Khodamoradi F. Association between internet addiction and loneliness across the world: A meta-analysis and systematic review. SSM Popul Health. 2021;16:100948.
- 19. Ranđelović P, Stojiljković N, Radulović N, Ilić I, Stojanović N, Ilić S. The association of smartphone usage with subjective sleep quality and daytime sleepiness among medical students. Biol Rhythm Res. 2018;50(6):857-65.
- 20. Popević MB, Milovanović AP, Milovanović S, Nagorni-Obradović L, Nešić D, VelagaM. Reliability and Validity of the Pittsburgh Sleep Quality Index-Serbian translation. Eval Health Prof. 2016;41(1):67–8.
- 21. Salvi CPP, Mendes SS, De Martino MMF. Profile of nursing students: quality of life, sleep and eating habits. Rev Bras Enferm. 2020;73(1):e20190365.
- 22. Fabbri M, Beracci A, Martoni M, Meneo D, Tonetti L, Natale V. Measuring subjective sleep quality: A Review. International Journal of Environmental Research and Public Health. 2021;18(3):1082.
- 23. Rao WW, Li W, Qi H, Hong L, Chen C, Li CY, Ng CH, Ungvari GS, Xiang YT. Sleep quality in medical students: a comprehensive meta-analysis of observational studies. Sleep and Breathing. 2020;24:1151-65.
- 24. Sedov ID, Cameron EE, Madigan S, Tomfohr-Madsen LM. Sleep quality during pregnancy: a meta-analysis. Sleep medicine reviews. 2018;38:168-76.

- 25. Divani A, Heidari ME, Ghavampour N, Parouhan A, Ahmadi S, Narimani Charan O, Shahsavari H. Effect of cancer treatment on sleep quality in cancer patients: A systematic review and meta-analysis of Pittsburgh Sleep Quality Index. Supportive Care in Cancer. 2022:30(6):4687-97.
- 26. Xie Y, Liu S, Chen XJ, Yu HH, Yang Y, Wang W. Effects of exercise on sleep quality and insomnia in adults: a systematic review and meta-analysis of randomized controlled trials. Frontiers in psychiatry. 2021;12:664499.
- 27. Scott AJ, Webb TL, Martyn-St James M, Rowse G, Weich S. Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials. Sleep medicine reviews. 2021;60:101556.
- 28. Garbarino S, Guglielmi O, Puntoni M, Bragazzi NL, Magnavita N. Sleep quality among police officers: implications and insights from a systematic review and meta-analysis of the literature. International journal of environmental research and public health. 2019;16(5):885.
- 29. Yang J, Fu X, Liao X, Li Y. Association of problematic smartphone use with poor sleep quality, depression, and anxiety: A systematic review and meta-analysis. Psychiatry research. 2020;284:112686.
- 30. Jahrami H, BaHammam AS, Bragazzi NL, Saif Z, Faris M, Vitiello MV. Sleep problems during the COVID-19 pandemic by population: a systematic review and meta-analysis. Journal of Clinical Sleep Medicine. 2021;17(2):299-313.
- 31. Scarpelli S, Zagaria A, Ratti PL, Albano A, Fazio V, Musetti A, Varallo G, Castelnuovo G, Plazzi G, Franceschini C. Subjective sleep alterations in healthy subjects worldwide during COVID-19 pandemic: A systematic review, meta-analysis and meta-regression. Sleep medicine. 2022;100:89-102.
- 32. Xia L, Chen C, Liu Z, Luo X, Guo C, Liu Z, Zhang K, Liu H. Prevalence of sleep disturbances and sleep quality in Chinese healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis. Frontiers in psychiatry. 2021;12:646342.
- 33. Serrano-Ripoll MJ, Zamanillo-Campos R, Castro A, Fiol-deRoque MA, Ricci-Cabello I. Insomnia and sleep quality in healthcare workers fighting against COVID-19: a systematic review of the literature and meta-analysis. Actas Espanolas de Psiquiatria. 2021;49(4):155-79.
- 34. Marković DJ, Jović J, DM Aranđelović. Obrazovanje kao faktor od značaja za prevazilaženje stresa kod mladih zaposlenih u industriji igara na sreću. MD-Medical Data. 2019;11(3-4): 123-30.
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