

The Effects of Sleeping Patterns on Dietary Consumption

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Commentary

Poor nutrition increases illness risk, while poor sleep has an impact on nutrition. The National Sleep Foundation recommends that people (26-64 years old) sleep for 7-9 hours and older persons (65 years old) sleep for 7-8 hours for optimal health, however 6 hours for adults and 5-6 hours for older adults is insufficient. Sleep length has also been researched in the context of chronic disorders. Short sleep has been associated with hypertension, type 2 diabetes, cardiovascular disease, and all-cause mortality, regardless of weight, most likely because of alterations in metabolic markers that predispose persons to cardiovascular and metabolic illnesses. Short sleepers (5-6 hours) consumed more absolute protein, carbohydrate, sugar, and total fat but consumed less dietary fibre than typical sleepers (7-8 hours), and really short sleepers (less than 5 hours) consumed less protein, carbohydrate, sugar, dietary fibre, and total fat. Excessive intakes of high calorie, saturated fat, added sugar and/or sodium in foods such as vegetables, fruits, grain foods, dairy, and protein-rich foods, as well as large intakes of nutrient-poor meals and beverages, characterise insufficient dietary product intakes. Obesity and chronic diseases such as type 2 diabetes and heart disease are significantly enhanced by inadequate nutritional consumption. Tests have recently revealed that poor sleep, particularly short sleep durations, is linked to reduced food intake. Short sleep intervals have been linked to increased energy intake due to increased meal and snack consumption, increased energy consumption in the evening, and a predisposition to choose strong foods, according to a number of studies. Sleep health has many indicators, including sleep efficiency, timing, and alertness during waking hours, subjective contentment, and length, all of which can be adjusted. Diet-related disorders such as coronary heart disease, diabetes, and obesity are all linked to various aspects of sleep health. As a result, while the

research is currently confusing, it is critical to investigate the impact of indicators of sleep health, such as timing, quality, or duration, on dietary consumption in experimental trials where causal links may be proven. There hasn't been a comprehensive examination of the consumption of other key nutrients, food types, and overall diet quality in relation to sleep health. Given the link between excessive or insufficient intake of certain nutrients (e.g., sodium, dietary fibre), poor diet quality, and disease risk, as well as the higher healthcare costs associated with poor diet quality, examining whether sleep health influences diet quality in experimental research could provide useful insights. Sleep deprivation is a serious threat to one's health and well-being, and it's becoming more widespread. Although there is less study on sleep duration and diet, the overall evidence on sleep and health suggests that taking sleep into account may improve health treatments. To address the widespread occurrence of obesity and chronic disease, improved sleep and sleep hygiene should be incorporated as an additional behavioural component in health guidelines, obesity prevention campaigns, and weight-loss programmes, in addition to nutrition and physical activity. Taking into account the causative evidence and epidemiologic links between sleep deprivation and metabolic and cardiovascular function, health promotion activities should emphasise improved sleep as an extra factor in health and weight control.

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