Research and Review: Journal of Medical & Health Sciences

Sleep: Review & Follow-up in Research

Kiran Mayee K*

MallaReddy College of Pharmacy, Osmania University, Hyderabad, India

Review Article

Received: 19/07/2016 Accepted: 22/07/2016 Published: 29/07/2016

*For Correspondence

Kiran Mayee K, M.Pharmacy, MallaReddy College of Pharmacy, Osmania University, Hyderabad, India.

E- mail:

kondabathinilight@gmail.com

Keywords: Sleep, Sleep cycles, Sleep in pregnancy, Sleep disorders, Quality of sleep

ABSTRACT

Sleep is the natural state of mind characterized by altered consciousness, comparatively repressed activity, inhibition of nearly all voluntary muscles, and reduced interactions with surroundings. It is differentiated from wakefulness by a diminished ability to react to stimuli. Sleep Research has acquired the vast importance in present day as it is focused due to varying lifestyles.

HISTORY OF SLEEP

First modern scientist to seriously consider the physiology of sleep was Henri Pieron in 1913, and the idea that sleep become dominated with the aid of separate sleep and wake centers in the brain is because of Constantin von Economo's paintings in 1918. The discovery of the electroencephalograph by way of German sleep researcher Hans Berger within the overdue 1920s, and his subsequent consciousness that mind waves exchange as wakefulness gave way to sleep, brought on a rapid expansion of sleep look at within the 1930s, 1940s and 1950s.

Nathaniel Kleitman and his colleagues first mentioned the special types of REM and non-REM sleep in 1953 - a landmark every now and then taken into consideration to mark the beginning of cutting-edge sleep research - and soon after that William C. Dement showed that a night time's sleep includes numerous repeating sleep cycles, each composed of various sleep stages.

INTRODUCTION

Sleep is the natural state of mind characterized by altered consciousness, comparatively repressed activity, inhibition of nearly all voluntary muscles, and reduced interactions with surroundings. It is differentiated from wakefulness by a diminished ability to react to stimuli.

Circadian clock displays the sleep daily at night time in diurnals (including human beings) and within the day in nocturnal organisms (along with rodents). But, sleep patterns vary widely among animals and amongst extraordinary man or woman people. Industrialization and artificial mild have extensively altered human sleep habits in the final a hundred years [1-4].

TYPES/STAGES OF SLEEP

Stage 1 (NREM1 or N1) is the level among wakefulness and sleep, every so often known as somnolence or drowsy sleep, wherein the muscle groups are still pretty lively and the eyes roll round slowly and can open and near every so often.

Stage 2 (NREM2 or N2) is the primary unequivocal degree of sleep, all through which muscle interest decreases nonetheless in addition and conscious recognition of the out of doors global begins to vanish absolutely. If any sounds are heard, the sleeper isn't always able to apprehend their content at this factor.

Research and Review: Journal of Medical & Health Sciences

Stage 3 (NREM3 or N3) is likewise known as deep or delta or sluggish-wave sleep (SWS), and in the course of this era the sleeper is even much less conscious of the out of doors environment, essentially cut off from the sector and ignorant of any sounds or different stimuli. Level 3 sleeps occurs in longer periods all through the first half of the night time, in particular at some stage in the first sleep cycles, and represents round 15%-20% of overall adult sleep time [5-20].

QUALITY & QUANTITY OF SLEEP

The common person wishes round eight hours of sleep a night time, but in practice surely receives little extra than 7-7.5 h. However, it's far very difficult to pin down what's best for any unique person, as individual sleep wishes can range pretty considerably.

6-10% of the adult populace appears to want extensively greater sleep than the average (9 or 10 h or greater a night time), whilst about five% can get by means of pretty nicely on much less than 6 h a day. In some extremely uncommon cases, as little as three hours can be enough for certain individuals to feature without excessive daylight hour's sleepiness or impaired performance. It need to be noted that, even though high achievers like Napoleon, Florence Nightingale, Louis XIV, Edison, Churchill and Margaret Thatcher are well-known for drowsing short hours, others, like Einstein, for example, slept for 10 or maybe 12 h a day (singer Mariah Carey claims to want 15 h a day).

Gene DEC2 is one gene that has been recognized as particularly affecting sleep duration, and some human beings with a mutation of this gene may additionally frequently sleep hours less than the average. A few humans with this mutation may need as little as three or 4 h a night time and still awaken feeling refreshed and alert. The gene ABCC9 is another gene that has been recognized as affecting the duration of sleep, although greater work remains to be performed on this area. Due to the fact it's far genetically programmed, there's consequently little we are able to do to "teach" ourselves to need more or much less hours of sleep [21-30].

SLEEP DISORDERS

A sleep disorder - technically called a somnipathy or dyssomnia - is any clinical sickness which negatively affects a person's wholesome sleep styles [31-39]. Generally this involves much less than good enough sleep to the quantity that this will intervene with the man or woman's everyday bodily, mental and emotional functioning, however excessive sleep (along with in hypersomnia and narcolepsy) also can be a hassle. As a minimum seventy, or through some counts over one hundred, special problems that can have an effect on sleep were diagnosed, the maximum not unusual and well-known being insomnia, sleep apnea and stressed legs syndrome.

INSOMNIA

Insomnia is a general time period referring to any issue in falling asleep or staying asleep, such that the sufferer continues to be tired, unrefreshed and unrested on waking. Left untreated, it could lead to irritability, reminiscence problems, depression, tension, and, inside the longer term, to an expanded threat of accidents, heart disorder, hypertension, diabetes, immune device issues, and so forth. A recent study via British researchers has indicated that the ordinary operating over 700 separate genes can be suffering from the decreased sleep times related to insomnia, with probably extreme implications over a prolonged length [40-43].

SLEEP APNEA

Sleep apnea is a doubtlessly lifestyles-threatening sleep disorder characterized with the aid of extraordinary pauses (apneas) in respiration during sleep. It's far pretty a not unusual criticism, and at the least 4% of fellows and a 2% of women be afflicted by sleep apnea, even though it frequently is going undiagnosed.

Within the maximum commonplace case of obstructive sleep apnea, respiratory rate is disrupted by way of a physical block to the airflow resulting from a fall apart of the in the throat and breathing tract (the equal tissues as produce the sound of snoring, which almost always accompanies sleep apnea). During those pauses in respiration (or apneas), the sleeper successfully begins to suffocate (in addition to experiencing a sharp loss in blood oxygen degrees and elevated carbon dioxide ranges), and the brain sends a direct emergency sign to the body to wake up.

Research and Review: Journal of Medical & Health Sciences

Whilst the sleeper wakes and takes a deep breath, the brain is replenished and the man or woman is able to cross returned to sleep [44-70].

RESTLESS LEGS SYNDROME (RLS)

Restless legs syndrome (RLS) is a neurological disease characterized via a steady urge to transport the legs (or, more rarely, different frame parts just like the fingers, torso or maybe phantom limbs) with a view to forestall uncomfortable or bizarre sensations.

The sensations, which can be an ache or pain, but are greater often defined as an itching, tickling, tingling or "crawling" sensation, usually start while enjoyable (particularly inside the nighttime) or even as getting ready to sleep. The almost irresistible urge to transport the legs and the ensuing inability to stay at rest, can bring about excessive sleep disturbance.

PERIODIC LIMB MOVEMENT DISORDER (PLMD)

Periodic limb movement sickness (PLMD), additionally referred to as nocturnal myoclonus, is a situation wherein a sleeper actions limbs involuntarily at some point of sleep, for that reason disrupting ordinary sleep patterns. Limb actions usually arise at periodic intervals from 20-forty s aside, specifically in the course of the first half of the night, and best all through non-REM sleep (in the course of REM sleep, any movement is overridden through the muscle atonia or paralysis that accompanies that level of sleep). These movements are related to partial arousals or microawakenings, even though the victim is normally unaware of the limb moves or even of the common sleep disruptions. The involuntary kicking at some stage in sleep that most usually characterizes PLMD reasons sleep disruption for each the sleeper and, possibly to a fair more extent, their slumbering partner.

NARCOLEPSY

Narcolepsy, previously known as slumbering illness, is a continual sleep problem characterized by means of uncontrollable and immoderate daylight hours sleepiness and sleep assaults at inappropriate times, which includes at paintings, at the same time as riding, etc. Nighttime sleep is regularly additionally disturbed and inconsistent, and narcoleptics may additionally locate themselves inside the unenviable position of having trouble both staying wakeful and staying asleep. In lot of cases, although, an unusual daytime sleep sample may additionally emerge even in which nighttime sleep seems to be near ordinary [71].

HYPERSOMNIA

Hypersomnia, also referred to as hyper somnolence or from time to time idiopathic hypersomnia (meaning that it arises from no recognized motive), is a sleep disorder characterized through excessive daylight sleepiness, excessive sleep periods every day (normally taken to mean more than 10 h) and/or an lack of ability to reap the feeling of refreshment that sleep typically brings. Continual patients can also sleep as much as 18 h a day or extra and nevertheless now not feel refreshed upon waking. The sickness usually develops slowly over a length of years, usually starting in overdue youth, when it's far often pressured with regular teenage sleep troubles like behind schedule sleep section syndrome.

CIRCADIAN RHYTHM SLEEP DISORDERS (CRSD)

Circadian rhythm sleep issues (CRSD) are an own family of associated sleep problems, all characterized via an incapacity to sleep and/or wake at regular or suitable instances because of the dictates of the person's organic or circadian clock. As an end result, sleep is tried (or certainly takes place) at an atypical time inside the man or woman's circadian cycle, alternatively like having jet lag all the time. Usually, the sleep is of normal fine, or even its

Research and Review: Journal of Medical & Health Sciences

quantity would be typically sufficient if allowed to start and end on the instances dictated by means of their frame clocks, but frequently this does not healthy in with the agenda required for everyday work, faculty or social needs.

PARASOMNIAS

Parasomnias are a class of sleep disorders concerning extraordinary or unnatural movements, behaviors, emotions, perceptions and dreams for the duration of sleep. The "para-" in the name indicates that these are unwanted occasions that arise "along" sleep, but they may occur before sleep, at some stage in sleep, on awakening, or during the transitions between specific stages of sleep. They often involving partial awakenings or microawakenings, in particular for the duration of the transitions between sleep and wakefulness. They're commonly divided into non-REM parasomnias and REM parasomnias, relying on whilst inside the sleep cycle they occur [72-87].

CONSEQUENCES OF SLEEP DISORDERS IN WOMEN

One file suggests that 67% of ladies lose sleep throughout their menstrual cycle every month. The female length, and mainly the time simply before it, is associated with a pointy drop in the hormone progesterone, which is a known hypnogogic substance or soporific. middle of the night ache from menstrual cramps, as well as lawsuits which includes migraine, tension headaches, rheumatism, arthritis, heartburn, and so on (all of which have an effect on girls to an extra degree than guys), also can result in disrupted sleep [88-92].

As many as 78% of female report extra disturbed sleep at some point of pregnancy at different times. This can result from the changing hormone degrees for the duration of pregnancy, including anxiety, emotional extremes, nausea, bodily discomfort, leg cramps, acid reflux disease, snoring, shortness of breath, greater rest room journeys throughout the night time, etc., might also make a contribution to sleep disturbances. This combination of consequences is once in a while known as pregnancy-associated sleep disorder. Pregnant women also are at extensively accelerated risk of full-blown sleep issues consisting of insomnia, sleep apnea, restless legs syndrome and periodic limb movement disease [93-101].

CONCLUSION

Sleep-related problems affect millions of people in all walks of life. They have a major impact on society, yet we still don't have a good understanding of exactly why we sleep or what causes sleep disorders. We do, however, know that sleep is vital to our well-being, and is closely linked with serious health and mood problems such as high blood pressure, obesity, and depression.

As far as the present research in sleep, the researchers are finding their experimental ways of treating & diagnosing several sleep disorders within all human kinds especially in pregnant women.

REFERENCES

- 1. Cai ZJ. Extending psychoanalysis with theories on sleep functions. J Sleep Disord Ther. 2015;4:217.
- 2. Zaki NWF, et al. Sleep medicine knowledge among medical students in seven Egyptian medical faculties. J Sleep Disord Ther. 2016;5:239.
- 3. Minkoff K. Sleep: A progressive field. J Sleep Disord Ther. 2015;5:e135.
- 4. Killgore WDS. Lighting the way to better sleep and health. J Sleep Disor: Treat Care. 2015;5:1.
- 5. Ibrahim MA, et al. Sleep pattern in primary enuretic children. J Sleep Disor: Treat Care. 2016;5:2.
- 6. Cone L, et al. The effect of healing touch on sleep patterns of pediatric burn patients: A prospective pilot study. J Sleep Disor: Treat Care. 2014;3:2.
- 7. Goldman SE, et al. Concordance of mother/child sleep patterns using actigraphy: Preliminary findings. J Sleep Disor: Treat Care. 2014;3:2.
- 8. Msaad S, et al. Influence of Ramadan observance on sleep pattern and wakefulness at work among medical trainer in Tunisia. J Sleep Disord Ther. 2016;5:243.
- 9. Strober LB and Arnett PA. Sleep changes in multiple sclerosis: From the individual's perspective. J Sleep Disor: Treat Care. 2013;2:4.

- 10. Xi-Jian D, et al. Different cerebellar responding to acupuncture at sp6 under different sleep states: An FMRI study. J Sleep Disor: Treat Care. 2013;2:2.
- 11. Timchenko A, et al. Midnight siesta and circadian rhythms of related metabolic and behavioral variables in aging mice. J Vet Sci Med Diagn. 2014;3:3.
- 12. Prado LBF, et al. Sleep in individuals sharing their sleep environment with dogs: Pilot study. J Sleep Disor: Treat Care. 2015;4:3.
- 13. Orff HJ, et al. Sleep disturbance, psychiatric and cognitive functioning in veterans with mild to moderate traumatic brain injury. J Sleep Disor: Treat Care. 2015;4:2.
- 14. MacKay Stuart and Holmes SueEllen. Heavy issue: Clarifying AHI elevation after contemporary airway surgery for OSA-the MACHO graph. J Sleep Disor: Treat Care. 2015;4:1.
- 15. Oberg C, et al. Effects of sleep deprivation on exhaled nitric oxide concentrations in medical residents taking night call. J Sleep Disor: Treat Care. 2014;3:4.
- 16. MacKay S, et al. Benefit of a contemporary sleep multidisciplinary team (MDT): Patient and clinician evaluation. J Sleep Disor: Treat Care. 2014;3:2.
- 17. Batchelor FA, et al. Subjective and objective sleep measures in older people with a history of falls. J Sleep Disor: Treat Care. 2014;3:1.
- 18. Preer L, et al. Personality traits associated with sleep initiation problems. J Sleep Disor: Treat Care. 2013;2:4.
- 19. Hylkema T and Vlaskamp C. Improving sleep in a person with Down syndrome and Alzheimer's disease. J Sleep Disor: Treat Care. 2013;2:4.
- 20. Milano F, et al. Combined treatment of a severe osas patient planned after a sleep endoscopy performed with and without a mandibular protrusion simulator. A case report. J Sleep Disor: Treat Care. 2013;2:4.
- 21. Chapman B, et al. Motivational measurements predict no show rates for titration studies and use of alternative therapies. A case report. J Sleep Disor: Treat Care. 2013;2:4.
- 22. Putilov AA. Patterns of association of health problems with sleep-wake timing and duration. J Sleep Disor: Treat Care, 2013:2:4.
- 23. Blunden S, et al. Development of a short version of the dysfunctional beliefs about sleep questionnaire for use with children (DBAS-C10). J Sleep Disor: Treat Care. 2013;2:3.
- 24. Afsar B. Sleep deprivation: A forgotten risk factor for renal dysfunction in healthy individuals. J Sleep Disor: Treat Care. 2013;2:2.
- 25. Rouatbi S, et al. The six minute-walk test is-it the most effective way to follow an overlap syndrome? J Sleep Disor: Treat Care. 2013;2:1.
- 26. Moran AM, Everhart DE (2012) Adolescent sleep: Review of characteristics, consequences and intervention. J Sleep Disor: Treat Care 1:2.
- 27. Demir AB, et al. Togetherness of rem behavior disorder and Fahr disease: A case report. J Sleep Disor: Treat Care. 2012;1:2.
- 28. Pincherle A, et al. Brainstem sparing in human prion disease: Sleep and autonomic function in a long survival case report. J Sleep Disord Ther. 2016;5:236.
- Pucci SHM and Pereira MG. Sleep quality in adolescents: What's discriminates good from poor sleepers? J Sleep Disord Ther. 2016;5:237.
- 30. Geerdink M, et al. Short blue light pulses (30 min.) in the morning are able to phase advance the rhythm of melatonin in a home setting. J Sleep Disord Ther. 2016;5:242.
- 31. Giunta J, et al. Sleep disorders and cardio-renal disease: Implications for minority populations. Epidemiology (Sunnyvale). 2016;6:e120.
- 32. Christina D, et al. Stress management for the treatment of sleep disorders in lawyers: Pilot experimental study in Athens, Hellas. J Sleep Disor: Treat Care. 2016;5:2.
- 33. Eurelings-Bontekoe EHM, et al. The impact of level of personality organization and somatization on psychological distress, worrying and coping among patients with sleep disorders. J Sleep Disor: Treat Care. 2014;3:3.
- 34. CC (JJ) Chen and SDR Ringenbach. The association between sleep disorders and fine manual dexterity in adolescent and young adults with Down syndrome. J Sleep Disor: Treat Care. 2014;3:2.
- 35. Tan M, et al. Positive airway pressure therapy for sleep disordered breathing in congestive heart failure is associated with reduction in pulmonary artery systolic pressure. J Sleep Disor: Treat Care. 2016;5:2.
- 36. Sharma S and Mather P. Detection of sleep disordered breathing in patients hospitalized with congestive heart failure. J Sleep Disord Ther. 2015;4:e133.
- 37. Nishijima T, et al. Effect of sleep-disordered breathing on academic achievement in medical students. J Sleep Disor: Treat Care. 2014;3:4.
- 38. Alajmi M, et al. Positive airway pressure levels for children with sleep disordered breathing. J Sleep Disor: Treat Care. 2014;3:1.

- 39. Islam MM, et al. Opioid induced sleep disordered breathing in sickle cell patient. J Sleep Disor: Treat Care. 2012;1:1.
- 40. Sorscher AJ, et al. Pharmacotherapy for chronic insomnia: a brief survey of pcp attitudes and preferences. J Sleep Disor: Treat Care. 2016;5:1.
- 41. Jong M, et al. Feasibility and effects of touch massage and nurse led sleep counseling in the treatment of primary insomnia. J Sleep Disor: Treat Care. 2016;5:1.
- 42. Barreto LA, et al. Psychosocial features of Brazilian patients with paradoxical insomnia: A qualitative study. J Sleep Disor: Treat Care. 2014;3:3.
- 43. Grau-López L, et al. Factors related to relapse in substance-dependent patients in hospital detoxification: The relevance of insomnia. J Sleep Disor: Treat Care. 2014;3:3.
- 44. Vitulano N, et al. Should every patient with heart failure be investigated for sleep apnea syndrome? Int J Cardiovasc Res. 2015;4:1.
- 45. Krakow B, et al. Adaptive servo-ventilation therapy in a case series of patients with co-morbid insomnia and sleep apnea. J Sleep Disor: Treat Care. 2013;2:1.
- 46. Vakulin A, et al. Driving impairment and accident risk in sleep apnea: We need better assessment tools. J Sleep Disor: Treat Care. 2012;1:1.
- 47. Duong-Quy S, et al. Prevalence and characteristic of obstructive sleep apnea syndrome in subjects with high blood pressure: A pilot study in Vietnam. J Vasc Med Surg. 2016;4:273.
- 48. Ogna A and Ogna VF. Increasing incidence of obstructive sleep apnea and chronic kidney disease: Is there a causal relationship? J Sleep Disord Ther. 2016;5:245.
- 49. Miyata S, et al. Masked hypertension and morning blood pressure surge in patients with obstructive sleep apnea syndrome. J Sleep Disor: Treat Care. 2016;5:1.
- 50. Bruyneel M, et al. Sleep duration is increased but not physical activity in somnolent moderate to severe obstructive sleep apnea patients treated by continuous positive airway pressure. J Sleep Disor: Treat Care. 2015:4:4.
- 51. Shuo Li, et al. Prevalence of insomnia in patients with obstructive sleep apnea and management of this comorbidity. J Sleep Disor: Treat Care. 2015;4:4.
- 52. Rutagarama O, et al. Risk of common mental disorders in relation to symptoms of obstructive sleep apnea syndrome among Ethiopian college students. J Sleep Disor: Treat Care. 2015;4:3.
- 53. Kasai M, et al. Nasal surgery improves continuous positive airway pressure compliance and daytime sleepiness in obstructive sleep apnea syndrome. J Otol Rhinol. 2015;S1:1.
- 54. Pinyopornpanish P, et al. Obstructive sleep apnea during pregnancy and the morbidity outcome. J Sleep Disor: Treat Care. 2015;4:2.
- 55. Sendon CS, et al. Adaptive servo ventilation to treat an infant with both central and obstructive sleep apnea. J Sleep Disor: Treat Care. 2015;4:2.
- 56. Davies SE, et al. Obstructive sleep apnea is associated with increased frequency of nocturnal cardiac arrhythmias. J Sleep Disor: Treat Care. 2015;4:2.
- 57. Nikolova M, et al. Development of modified questionnaire for screening purposes for obstructive sleep apnea in pediatric population. J Otol Rhinol. 2015;4:3.
- 58. Peng KA, et al. Management of obstructive sleep apnea following endoscopic skull base surgery. J Otol Rhinol. 2014;3:5.
- 59. Adriana N, et al. Correlations between quality of life, the degree of apnea and diseases associated pathology in patients with obstructive sleep apnea syndrome. J Otol Rhinol. 2014;3:5.
- 60. Sadeghniiat-Haghighi K, et al. The berlin questionnaire: Performance of the Persian version for measuring obstructive sleep apnea in sleep clinic population. J Sleep Disor: Treat Care. 2014;4:3.
- 61. Déry V, et al. Increased risk of serious post-operative cardiopulmonary complications in undiagnosed severe obstructive sleep apnea. J Sleep Disor: Treat Care. 2014;3:3.
- 62. Chirakalwasan N, et al. The importance of habitual sleep position in obstructive sleep apnea among Asians. J Sleep Disor: Treat Care. 2014;3:2.
- 63. Boynton G, et al. Validation of the stop-bang questionnaire among patients referred for suspected obstructive sleep apnea. J Sleep Disor: Treat Care. 2013;2:4.
- 64. Ying Lau EY, et al. Neurocognitive and psychosocial outcomes of obstructive sleep apnea in Hong Kong Chinese: Similar to or different from western populations? J Sleep Disor: Treat Care. 2013;2:3.
- 65. Maury G, et al. Added value of a mandible movement automated analysis in the screening of obstructive sleep apnea: Is there a gender influence? J Sleep Disor: Treat Care. 2013;2:3.
- 66. Shah N, et al. Obstructive sleep apnea in the acute myocardial infarction setting should I treat my patient? J Sleep Disor: Treat Care. 2013;2:1.
- 67. Kumar AR, et al. Quantitative assessment of an obstructive sleep apnea patient before and after tracheostomy: A case study. J Otol Rhinol. 2013;2:2.

- 68. Sharma S, et al. Prevalence of obstructive sleep apnea in patients undergoing coronary artery bypass graft surgery (CABG). A pilot study. J Sleep Disor: Treat Care. 2012;1:2.
- 69. Lowe ASW, et al. The effect of lifestyle interventions on obstructive sleep apnoea and the metabolic syndrome: A systematic review. J Sleep Disor: Treat Care. 2014;3:3.
- 70. Akintunde AA and Opadijo OG. Clustering of metabolic syndrome and obstructive sleep apnoea syndrome z among adult Nigerians with systemic hypertension: Prevalence and clinical correlates. Int J Cardiovasc Res. 2012;1:5.
- 71. Mahmoudi M, et al. Narcolepsy-characteristics of those in the borderland-we need a better diagnostic tool. J Sleep Disor: Treat Care. 2013;2:1.
- 72. Backman H, et al. Severe sleep problems and psychopathic features: A study of Finnish adolescents. J Child Adolesc Behav. 2016:4:301.
- 73. Arnold EM, et al. Sleep problems, suicidality and depression among American Indian youth. J Sleep Disor: Treat Care. 2013:2:3.
- 74. Blunden S and Baills A. Treatment of behavioural sleep problems: Asking the parents. J Sleep Disor: Treat Care. 2013;2:2.
- 75. Barone DA, et al. Improvement of sleepiness in connective tissue disorders following h1/h2 blockade. J Sleep Disor: Treat Care. 2015;4:1.
- 76. Robinson D, et al. Daytime sleepiness, circadian preference, caffeine consumption and khat use among college students in Ethiopia. J Sleep Disor: Treat Care. 2014:3:1.
- 77. dos Passos TES, et al. Quality of sleep and daytime sleepiness among university students. J Sleep Disor: Treat Care. 2013:2:2.
- 78. Roberts J, et al. Modified OSLER-2 (Oxford Sleep Resistance) test to assess the measurement of daytime sleepiness. J Sleep Disord Ther. 2015;4:i106.
- 79. Ayodele SO, et al. Rhinopharyngeal predictors of snoring among adult African patients. J Sleep Disor: Treat Care. 2013;2:4.
- 80. Fiz JA and Jane R. Snoring analysis. A complex question. J Sleep Disor: Treat Care. 2012;1:1.
- 81. Killgore WDS. Sleepless nights and bulging waistlines. J Sleep Disor: Treat Care. 2012;1:1.
- 82. Cary D, et al. Examining the relationship between sleep posture and morning spinal symptoms in the habitual environment using infrared cameras. J Sleep Disor: Treat Care. 2016;5:2.
- 83. Bingeliene A, et al. Case report: Disturbed sleep in a patient with Moyamoya disease. J Sleep Disor: Treat Care. 2015;4:4.
- 84. Seidler N. General anesthesia and sleep. J Anesth Clin Res. 2016;7:e116.
- 85. Neutel CI and Johansen HL. Patterns in analgesic and hypnotic use during the last year of life. J Sleep Disor: Treat Care. 2015;4:2.
- 86. Urabe MMSNRN and Urabe SMD. Influence of teeth to sleep disturbance and behavioral and psychological symptoms of dementia of the patients with dementia at psychiatric hospitals in Japa and the target of non-pharmacologic intervention. Analg Resusc: Curr Res. 2015;4:2.
- 87. Inoshita A, et al. Postoperative nasal packing might contribute to nocturnal desaturation for patients with low body mass index or low nasal resistance. J Otol Rhinol. 2015;S1:1.
- 88. Nodine PM, et al. The impact of physical activity on sleep during pregnancy: A secondary analysis. Clinics Mother Child Health. 2016:13: 245.
- 89. Zubair UB, et al. Assessment of quality of sleep in pregnancy and socio demographic factors associated with poor sleep quality in pregnancy. J Sleep Disor: Treat Care. 2016;5:2.
- 90. Madsen MT, et al. Actigraphy can be used to quantify sleep in the perioperative period in women undergoing breast cancer surgery: A validation study. J Sleep Disor: Treat Care. 2014;3:4.
- 91. Koga A, et al. Association between sleep duration and personality-gene variants: Sleep duration is longer in s/s homozygotes of serotonin transporter than in I allele genotypes. J Sleep Disor: Treat Care. 2015;4:2.
- 92. Madsen MT, et al. Actigraphy can be used to quantify sleep in the perioperative period in women undergoing breast cancer surgery: A validation study. J Sleep Disor: Treat Care. 2014;3:4.
- 93. Araújo DV, et al. Evaluation of sleep quality in patients with breast cancer. J Sleep Disor: Treat Care. 2014;3:4.
- 94. Broderick JE, et al. Self-Report somatic arousal correlates with sleep complaints among females with irritable bowel syndrome: A pilot study. J Sleep Disor: Treat Care. 2012;1:2.
- 95. Volgin DV. Dissecting Role of sleep in abnormal neurocognitive development in an animal model of prenatal alcohol exposure. J Vet Sci Med Diagn. 2012;1:1.
- 96. Fois C, et al. Case Report: idiopathic recurrent stupor, still an unsolved issue. J Sleep Disor: Treat Care. 2015;4:4.
- 97. Marcussen L, et al. Effects of mandibular advancement devices on sleep, blood pressure and jaw functions in patients with or without diabetes. J Sleep Disor: Treat Care. 2015;4:3.

- 98. Scherer M, et al. The relationship between sleep, depression and traumatic brain injury: A study of Ontario workers with head trauma. J Sleep Disor: Treat Care. 2015;4:1.
- 99. Madsen MT, et al. Effects of melatonin on sleep after laparoscopic cholecystectomy: A randomized, placebo-controlled clinical trial. J Sleep Disor: Treat Care. 2015;4:1.
- 100. Speth TA, et al. Sleep parameters and architecture in children with attention-deficit/hyperactivity disorder: A comparison with typically developing peers and across subtypes. J Sleep Disor: Treat Care. 2015;4:1.
 - 101. Molina-Leon A and Nuñez A. EEG morphology and spectral analysis in attention deficit/hyperactivity disorder effect of methylphenidate treatment. J Sleep Disor: Treat Care. 2015; 4:1.