The Interaction Between Sleep in Childhood and Obesity





Teresa Arora Research Associate, University of Birmingham

Outline

- The importance of sleep to health
- Data from population studies regarding sleepobesity
- ALSPAC study
- Potential Mechanisms of sleep-obesity

Sleep and Childhood obesity

- Increased time spent watching TV, playing video games, internet, texting
- About 40% of schoolchildren feel sleepy in daytime

"Sleep is an acquired habit. Cells don't sleep. Fish swim in the water all night. Even a horse doesn't sleep. A man doesn't need any sleep."

Thomas Edison

"If sleep does not serve an absolute vital function, then it is the biggest mistake the evolutionary process made"

Rechtschaffen

Sleep Loss

- The precise functions of sleep are unknown, but a link between sleep duration and mortality has recently been explored
- People are sleeping less hours: 30% of Americans (18-54 years), reported sleeping < 8hrs per weeknight; 16% reported sleeping < 6hrs (2003 Sleep in America poll)
- Sleep has a role in neurocognitive performance
- The importance of sleep in appetite and metabolism is now increasingly recognised









Short Sleep Duration & Obesity

- 1992: Locard et al 1031 French children aged 5 years: Children sleeping<11 hours were significantly more obese – adjusted OR 1.4 (1.1-1.9) Vs >11 hours
- 2000: Vioque et al 1772 Spanish subjects >= 15 years – adjusted OR 0.43 (0.27-0.67) for >= 9 hrs sleep Vs =< 6 hours



- Cancer Prevention Study II of the American Cancer Society
- 1.1 million people
- Aged 30 to 102 years



Overweight Obe		besity High body fat				
Duratioin of sleep	% 95	95% CI	96	, 95% CI	96	95% CI
≤10 h (n=961)	14.5	12.6-17.2	5.4	4.1-7.0	15.6ª	11.1-21.0
10.5-11 h (n-3910)	10.0	9.1-11.0	2.8	2.3-3.3	9.8 ^b	8.0-11.9
$\geq 11.5 \text{ h}$ (n= 1774)	7.4	6.2-8.7	2.1	1.5-2.9	7.0 ^c	4.9-9.7

^an=225; ^bn=968; ^cn=483.

von Kries R, Toschke AM, Wurmser H, Sauerwald T, Koletzko B. Int J Obes Relat Metab Disord 2002; 26:710-6



Japanese Study 1

- Toyoma Cohort Study
- Cross-Sectional
- 6-7 Year olds
- Anthropometry and questionnaire to parents
- 8274 children (4194B, 4080G)

Child Care Health Dev. 2002 Mar;28(2):163-70.

Relationship between sleep potenti	ing hours and obesit al confounding factor	y after adjustment fo 's]
Sleep (hrs)	MOR (Cl)	
< 8 8 - 9 9 - 10 > = 10	2.87 (1.61-5.05) 1.89 (1.34-2.73) 1.49 (1.08-2.14) 1.00	
p value for trend	<0.001	
OR adjusted for age, parental obesity, pl Snack frequency; Sekine et al. 200	hysical activity, TV watching, fro 02. Child: Care, Health & Develo] equency of taking breakfast, opment 28, 2, 163-170

US Study - Texas

- Heartfelt study
- 383 Adolescents
- 11-16y
- Public schools in Texas
- Anthropometric measures
- One 24-hr actigraphy

AMERICAN JOURNAL OF HUMAN BIOLOGY 14:762-768 (2002)

US Study - Texas

For every hour of sleep time, the odds of obesity decreased by 80%

Mean daytime physical activity was inversely associated with sleep disturbance time

The ALSPAC Study

- ALSPAC = Avon Longitudinal Study Of Parents And Children
- ALSPAC recruited 14,541 pregnant women in 1991-92.
- These children, now 14-15 years old, have been followed up since birth and 11,500 are still participating in the study.
- Detailed information has been collected since early infancy on sleep in children and their parents, together with detailed information on a wide range of factors e.g. environmental, socioeconomic and psychological factors, health, growth, body composition, diet, cardio-respiratory fitness, and a wide range of anthropometric measures.

ALSPAC: early-life factors that may predispose to childhood obesity at age 7 years

- 25 putative factors predisposing child at age 2.5y becoming obese at age 7y .
- 8 factors that were significantly associated with increased risk of obesity
- Early body mass index (BMI); 1.
- Parental obesity (both parents > 1 parent) 2.
- 3. TV watching aged 3 years
- 4. Birth-weight
- Weight gain in first year 5. 6.
- Sleep at age 30 months 7. Catch-up growth
- Early maternal smoking in pregnancy 8.

Sleep Duration Quartiles N=7758	odds Ratio	95% Confide nce Interval		
Q1: <10.5 h	1.45	1.10-1.89		
Q2: 10.5-10.9 h	1.35	1.02-1.79		
Q3: 11-11.9 h	1.04	0.76 - 1.42		
Q4: >12 h	1			
		P<0.01		
Reilly JJ, Armstrong J, Dorosty AR et al. Early life risk factors for obesity in childhood: cohort study. <i>BMJ</i> 2005; 330 :1357.				













The study population					
Variable	Mean (SD)	N (%)			
Age (years)	52.7 (8.2)				
Male		551(53.8%)			
BMI (kg/m²)	29.7 (26.2, 34.7)				
Sleep duration variables					
Polysomnography-derived:					
Total sleep time (hrs)	6.2 (1.1)				
Sleep efficiency (proportion)	0.82 (0.11)				
Wake after sleep onset (hrs)	1.1 (0.71)				
Self-reported:					
Usual sleep	7.2 (0.99, N = 1023)				
Average nightly sleep (hrs)	7.5 (0.91, N = 721)				
Average nightly sleep with naps (hrs) 7.7 (0.94, N = 714)				
		S. Taheri			











CONSIDERATIONS

- Cross-sectional study
- Other hormones may be involved
- Single hormone measurements
- Single-night polysomnography
- Stability of self-reported "usual" sleep duration and polysomnographic measures of sleep duration over time
- Possible confounding effect of sleepdisordered breathing







Factors Affecting Sleep At 81 Months

Sleep longer if: Mother -

- i. younger (β coefficient = -0.023 hours of sleep/maternal age years; p<0.001)
- ii. did not drink alcohol during the 2nd trimester (<1glass/week Vs >1 glass/week, β = –0.128; p<0.001)
- Child -
- i. watched less television (hours/week) at 38mths (Vs <7 hours; 7-8 hours: $\beta = -0.014$; >9 hours: $\beta = -0.095$; p<0.001)
- i. spent more time outdoors (hours/week) at 38mths (Vs < 7 hours; 7-13 hours: $\beta = -0.038$; 14-20 hours: $\beta = -0.025$; p<0.001).









Having a TV in the bedroom is a risk factor for child overweight....

Further study is needed to fully understand the mechanism by which having a TV in the bedroom increases children's risk for overweight.

S. Taheri





Conclusion

- Short sleep duration is strongly associated with obesity
- Public Health Measures promoting more sleep, less TV

Contact

Dr S Taheri:

S.Taheri@bham.ac.uk