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LSHTM

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- All animals sleep, sleep very tightly biologically controlled (Campbell and Tobler, 1984).
- Why have we evolved to sleep?

• Mice that are completely sleep deprived die.

- Humans that are completely sleep deprived also die fatal familiar insomnia.
- Circadian rhythm disorders: advanced sleep phase disorder (high penetrance genetic variants known), delayed sleep phase disorder, non-24-hour disorder.
- Other sleep disorders: insomnia, hypersomnias, parasomnias (including REM behaviour disorder), sleep apnea, narcolepsy.

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• Poor sleep causes disease, unhealthy people develop sleep problems.

- Insufficient sleep is associated with increased risks of depression, anxiety, suicide, accidents, cardiovascular disease, diabetes, obesity, hypertension, ...
- Less serious & more well known effects: poor performance at work, low mood, impaired reaction time and judgement.
- Consuming caffeine does not help with most of these it just masks the effects of sleep deprivation.
- Our sleep changes over time, but only for the worse.

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\heartsuit sleep



By JO TWEEDY FOR MAILONLINE

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To wake up at 7am...



Relevance for diabetes

- Humans who are sleep deprived in experiments show a decrease in glucose clearance rate in the range of pre-diabetes (Spiegel et al, 1999).
- There is evidence that relatively short sleep and disordered sleep may be associated with an increased risk of diabetes (Cappuccio et al., 2010).
- In China the incidence of diabetes has increased significantly in recent decades.
- Little is known about the relevance of sleep for diabetes risk in China.

Prospective cohort study in China

open-ended

baseline survey done in 2004-2008



- ▶ 0.5 million adults, aged 30–79 years, from 10 areas.
- Baseline survey: questionnaire, physical measurements and collection of blood sample.
- Resurveys of a sample of participants.
- Morbidity and mortality follow up for decades through registries and health record systems.

Consent for long-term storage of blood samples and follow-up through all health records.

10 survey sites in China



Data

- mean age at baseline: 52
- 41% male
- ▶ 60% rural
- baseline: a range of physical measurements (e.g. height, weight, adiposity, blood pressure, lung function) together with a 10mL non-fasting blood sample (with last meal time recorded) were collected
- \blacksquare two resurveys in 2008 and 2013–14 \rightarrow a representative 5% sample of survivors
 - repeat interview
 - physical measurements (e.g. 12-lead ECG, carotid IMT, bone density)
 - collection of biological samples
- samples stored at facilities in Beijing and Oxford

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Questionnaire

Laptop-based questionnaire

- socioeconomic status
- tobacco
- alcohol
- food
- tea
- indoor air pollution
- physical activity
- reproductive history for women
- medical history
- mental health

Questionnaire

1.6 你所接交过的账商银育走什么!	 未正规上过学 小学 	○高中(包括中专/技校)
		C++
	の初中	○大学(包括研究生)
1.7 你目前所从事的主要是哪方面的职业?	○ 农林牧渔劳动者	○ 高/退休
	「工人	○ 家务
	○ 行政及管理人员	○ 私営业主
	 ○ 专业技术人员 ○ 销售及服务工作人员 	 (行业/下岗) (产其它或不易分类者)
8 包括你自己在内,你全家共有几口人共同生活在一起?	٨ 🗌	
1.9 你目前婚姻状态如何?	○ 己婚	○ 分居/离婚
	の表偶	○未婚
1.10 去年你全家一年的总收入(包括各种来源)的为多少?	○ <2,500 元	○ 10,000-19,999 元
	C 2,500-4,999 76	C 20,000-34,999 70
1.11 你目前是否有任何医疗保险并有以下财产和消费?		Lapacia /u
医疗保险(公费、医保、高业保险及合作医疗)	ぐ是 ぐ香	
自家楼房(农村点)/五年内新装修单元房(城市点)	○是 ○否	
带冲水马桶的家庭独用卫生间	ぐ是 ぐ香	
私人电话(座机或手机)	○是 ○否	
机动车辆(包括拖拉机、摩托车和汽车)	て是 (否	
五年內曾自費外出旅游度假	ぐ是 ぐ香	

Data sources for disease outcomes

Death registries

National health insurance databases

Disease registries

Self-reported

Event adjudication For vascular disease, cancer and other major diseases, event information is checked from medical notes and/or re-assessed by a doctor.

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During the past month, did you have any of the following for ≥ 3 days each week?

- Taking >30 minutes to fall asleep after going to bed or waking up in the middle of the night.
- Waking up early and not being able to go back to sleep.
- Needing to take medication (including herbal or sleeping pills) at least once a week to help sleep.
- Having difficulty staying alert while at work, eating or meeting people during daytime.

Individuals who answered 'yes' to any of the above were considered to have disordered sleep.

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- Do you usually take a daytime nap? [Yes, usually; Yes, but only in summer; No]
- Do you snore during sleep? [Yes, frequently; Yes, sometimes; No/Don't know]
- How many hours do you typically sleep per day (including naps)? (in whole hours)

Participants were classified as taking daytime naps if they selected 'Yes, usually' and they were classified as snoring if they selected 'Yes, frequently' or 'Yes, sometimes'.

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Assessment of prevalent diabetes

- Immediate on-site testing of random plasma glucose (RPG) level.
- Participants with glucose levels $\geq\!7.8$ mmol/L and $<\!11.1$ mmol/L were invited to return for a fasting plasma glucose (FPG) test the next day.
- Previously diagnosed diabetes was defined by the answer to the question 'Has a doctor ever told you that you had diabetes?'.
- Among participants without previously diagnosed diabetes, screen-detected diabetes was defined as RPG \geq 7.0 mmol/L and time since last eating \geq 8 h, or \geq 11.1 mmol/L with time since last eating <8 h, or a FPG \geq 7.0 mmol/L on subsequent testing.

Discussion

- Sleep duration decreased and prevalence of sleep disorder increased with age.
- Poor health and especially poor mental health status were associated with shorter sleep and higher prevalence of sleep disorder.
- Short sleep was associated with an increased risk of developing diabetes.
- Difficulty falling asleep, waking too early, needing medication to fall asleep, difficulty staying alert during daytime, daytime napping and snoring were associated with an increased risk of developing diabetes.
- Relative risks not very large, but given how common diabetes is they correspond to substantial absolute risks.
- Sleep duration subjective. Self-reported sleep duration may be affected by perceived sleep quality and other factors. Accelerometers.

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China Kadoorie Biobank Collaborative Group

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10 Regional Co-ordinating Centres

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http://www.ckbiobank.org/



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