ORIGINAL ARTICLE

Sleep Insufficiency Influence on Nitric Oxide Concentration and Systolic Blood Pressure in Medical Students

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ABSTRACT

Introduction: Medical students often experience sleep deprivation due to a large academic load. Sleep insufficiency is one hypertension modifiable risk factors, yet its pathophysiological mechanism is still under-researched. This study aims to find out the sleep quality profiles of medical students in Malang-Indonesia and explore the effects of sleep insufficiency on systolic blood pressure and Nitric Oxide (NO). **Methods:** A total of 153 medical students completed the Pittsburgh Sleep Quality Index questionnaires. Forty students (40) participants were randomly selected into two groups to explore the comparison of NO concentration and the systolic blood pressure. The systolic blood pressure was measured with a sphygmomanometer. NO concentration was assessed with ELISA using the saliva sample. **Results:** Most of the medical students (89.54 %) had poor sleep quality with the average sleep time for 4 hours. The independent t-test showed significant differences in systolic blood pressure and NO concentration between two groups ($p<0.05$). Nitric oxide negatively influenced systolic blood pressure ($p<0.05$, $R=-0.337$). **Conclusion:** Medical students experienced poor sleep quality and sleep deprivation. Sleep insufficiency increases the systolic blood pressure. The increase of NO concentration may indicate the normal vascular endothelial response due to sleep loss in young adults.

Keywords: Sleep quality, Sleep insufficiency, Medical students, Systolic blood pressure, NO

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INTRODUCTION

A remarkable number of studies in different countries worldwide reported the prevalent excessive loss of nocturnal sleep and poor sleep quality in medical students (1–10). The consequences of such sleep deprivation and poor sleep quality have been associated with the increased risk of hypertension. It has been reported that shorter periods of sleep were associated with higher risks for high blood pressure, and this was stronger in women than in men (11), though the other study showed male adolescents more susceptible, and other observations reported no preferential sex (12–14).

Interestingly, studies exploring the mechanisms of hypertension which is caused by night sleep insufficiency are still limited. Observations on night shift workers who experienced sleep insufficiency demonstrated a conversion of blood pressure status from dipper to non-dipper (15–17). The non-dipper state is associate with the endothelial dysfunction due to chronic activation of the sympathetic system and Renin Angiotensin Aldosterone system. Furthermore, sleep loss promote endothelial dysfunction that contribute to the decrease in NO circulation and thus induce hypertension in middle age animal model experiment (12,18–21).

Despite all of the findings, the correlation and the mechanism of sleep insufficiency and the hypertension is still controversial especially in young normotensive adults, although the response of orthostatic systolic blood pressure attenuate (22). The present study tried to observe the association between night sleep deprivation, systolic blood pressure and NO concentrations in medical students.

MATERIALS AND METHODS

Study Design and Subjects

A cross-sectional study was conducted to 153 eligible participants from four faculties of medicine in Malang, Indonesia. Their average night sleep duration, overall

sleep quality score and systolic blood pressure were assessed. Forty students were selected and divided into two groups: (1) sleep deprivation groups (n=20) and (2) enough sleep groups (n=20) to further analyze NO concentration. Inclusion criteria of the participants were: (1) studying at the faculty of medicine; (2) not using anti-anxiety or antidepressant drugs; (3) not in psychology therapy program (4) not suffering from an infectious disease or having a history of previous infectious diseases. Each participant had signed informed consent for the study. The study was reviewed and approved by the institutional review board (052b/EC/KEPK-FKIK/2019).

Data collection and instrument

Student sleep quality was assessed by Pittsburgh Sleep Quality Instrument (PSQI) questionnaire, containing 7 domains which include (1) subjective sleep quality, (2) sleep latency, (3) sleep duration, (4) habitual sleep efficiency, (5) sleep disturbances, (6) use of sleep medication and (7) daytime dysfunction. The individual scores of each domain were accumulated to obtain a global score with cut-off score of 5. Global score ≤ 5 indicated good sleep and global score > 5 indicate poor sleep quality(23).

Systolic Blood Pressure Measurement

The subjects underwent blood pressure measurement using a sphygmomanometer (Riester-Novaecoline Germany) and stethoscope (Littman classic 3rd series) and were checked by Omron digital blood pressure monitor. Prior to assessment, a proper cuff was matched with the size of subject's arm. The circular cuff was placed on the arm where the examination was as high as the heart, with the bottom of the cuff 2-3 cm just above the cubital fossa.

The ear tip of stethoscope was placed right into the examiner's ear, while the diaphragm was lightly pressed over the brachial artery just below the cuff's edge. Rubber bulb was pumped until the brachial artery pulse was heard. The first sound that was listened to was systolic blood pressure. Rubber bulb was pumped again up to 20-30 mm Hg. The control valve was loosened slowly, so that mercury drops at a speed of 2 - 3 millimeters of Hg per second. The last pulse was called diastolic blood pressure.

Nitric oxide assay

Nitric oxide concentration was assessed with ELISA using Quantichrome ™ Nitric Oxide Kit (D2NO-100) Bioassay System. The subjects were divided into two groups based on sleep duration; < 5 hours and > 5 hours. The saliva sample was taken just before they went to sleep at night. The saliva collection was conducted on the same day for both groups. Participants were suggested not to eat within two hours before saliva collection and avoid any high NO_3^- foods. The participant seated with their head slightly tilted (approximately 45°). Immediately before the collection procedure, individuals gargled with water and the saliva was collected in Falcon sterile tubes for 5 minutes. The obtained saliva for each participant was approximately 5 ml. The saliva samples were stored frozen in the freezer at -80°C for later processing and analyzing. Prior to assay, the tubes were centrifuged at 2600 x g for 15 minutes at 4°C. The saliva supernatant was measured. Saliva and the standard were mixed with the working reagent, thus incubate for 10 minutes at 60°C. After the incubation process, centrifugation was performed once again to collect the pellet. The pellet was transferred to 96 well plates and read for Optical Density at 540nm (24–26).

Statistical Analysis

Participants' socio-demographic characteristics were presented as frequencies and proportions for categorical variables. The comparison between systolic blood pressure and NO concentration between the two groups was performed using independent t-test. All statistical analyses were performed with SPSS v. 22.0.

RESULTS

Demographic characteristic

Participant baseline characteristics were shown in Table I.

Table I : Demographic characteristics of the study population

No	Variable		Frequency (%)
1	Age (years)		
	1.	18	62 (42.48)
	2.	19	76 (49.67)
	3.	20	7 (0.04)
	4.	21	8 (0.05)
2	Gender		
	1.	Male	104 (68)
	2.	Female	49 (32)
3	BMI		
	1.	underweight	9 (5.9)
	2.	normal	93 (60.8)
	3.	overweight and obesity	51 (33.3)
4	Academic level		
	1.	First year	107 (69.93)
	2.	Second year	46 (30.06)
	3.	Third year	-
	4.	Fourth year	-

Body mass Index (BMI) is the weight in kilograms divided by the square of the height in meters. BMI was categorized based on Asia-Pacific classification. Obese was defined as BMI index of 25 or higher; overweight: 23-24.9 ; normal weight: 18.5–22.9 ; underweight <18.5
Data were available for 153 participants.

The Comparison of Systolic Blood Pressure in Two Groups

137 students (89.5%) had poor sleep quality (Fig.1) although 64.7% of them rated their sleep good and very good. Only 5.8 % of students reported the need to fall asleep > 15 min. Most of students (94.77 %) went to bed after 10 pm. Mean and SD of night sleep duration were 4.84 and ±1.231 h respectively. The detailed results of PSQI component was summarized in Table II.

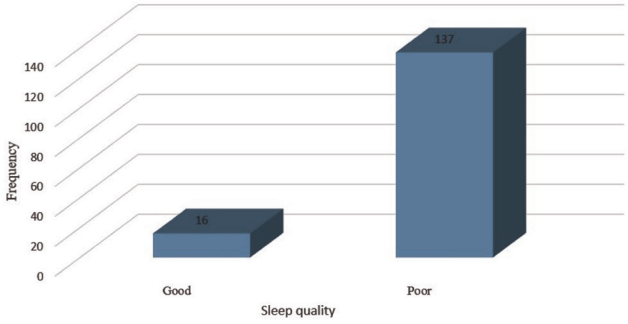

Fig. 1 : Profile of Sleep Quality of the Sample

Table II : Seven domains of PSQI in participants

No	Variable	Frequency (%)
1	Subjective sleep quality	
	1. Very good	6 (3.9)
	2. Good	93 (60.8)
	3. Fairly bad	53 (34.6)
	4. Very bad	1 (0.7)
2	Sleep latency	
	1. Very good	45 (17.4)
	2. Good	55 (21.2)
	3. Fairly bad	38 (14.7)
	4. Very bad	15 (5.8)
3	sleep duration	
	1. Very good	7 (4.6)
	2. Good	20 (13.1)
	3. Fairly bad	49 (32)
	4. Very bad	77 (50.3)
4	habitual sleep efficiency	
	1. Very good	129 (84.9)
	2. Good	2 (1.3)
	3. Bad enough	1 (0.7)
	4. Very bad	20 (13.2)
5	sleep disturbances	
	1. Very good	4 (2.6)
	2. Good	112 (73.2)
	3. Fairly bad	34 (22.2)
	4. Very bad	3 (2)
6	use of sleep medication	
	1. Very good	131 (90.6)
	2. Good	17 (6.6)
	3. Fairly bad	3 (1.2)
	4. Very bad	2 (0.8)
7	daytime dysfunction	
	1. Very good	6 (3.9)
	2. Good	39 (25.5)
	3. Fairly bad	74 (48.4)
	4. Very bad	34 (13.1)

Sleep quality indicator above were based on PSQI questionnaire. Data were available for 153 participants.

Systolic blood pressure was assessed twice in each group just before they went to sleep. The first group (sleep time > 5 h) was examined at 7-8 am, whereas the other group was taken at 11-12 am (sleep time < 5h). The results showed that the night systolic blood pressure between two groups differ significantly (p = 0.029). It was also found that there was signifcant difference between night and morning systolic blood pressure in sleep deprivation group (p-value = <0.000), but not in the other group (p = 0.148) (Fig.2).

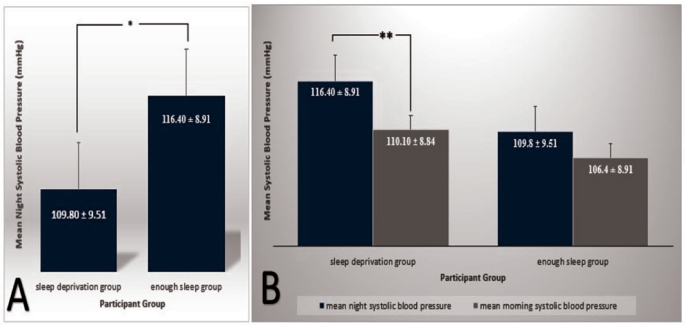

Fig. 2 : Comparison of Night Systolic Pressure between two groups and Night-Morning Systolic Pressure in each group

The Comparison of NO level in two groups

We found a significant difference of NO level between the two groups (p-value<0.05). The NO level was higher in sleep deprivation group compared with the enough sleep group (Fig.3).

The Relationship between NO and systolic blood Pressure

There was a significant correlation between NO and systolic blood pressure (p = 0.017, r = -0.377), which means the increase of NO will decrease the systolic blood pressure (Fig.3).

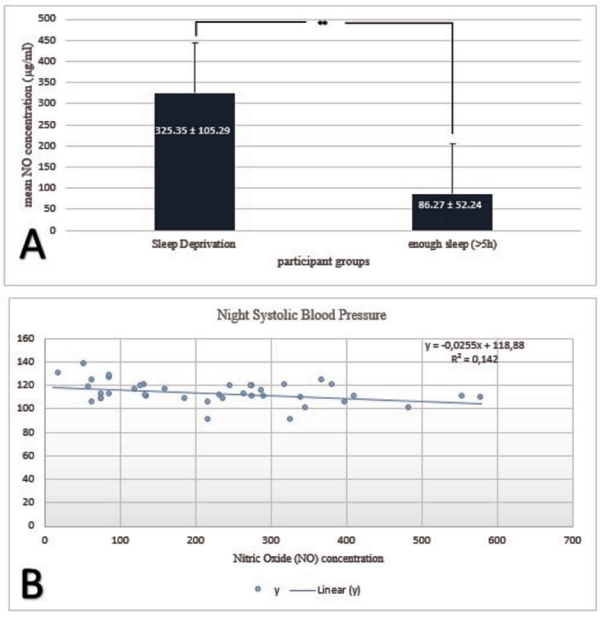

Fig. 3 : Correlation between NO and Systolic Pressure

DISCUSSION

Sleep is a vital process to maintain human homeostasis. Approximately one-third of human life is spent on sleep. From this current study, we can conclude that medical students in Indonesia especially in Malang experienced sleep deprivation and poor sleep quality. Previous reports have shown similar results worldwide, although our findings seem higher. A study in an Arabian region reported 66.7% of King Khalid Medical students experienced sleep duration while in Brazil around 40% (27). The mean of medical students' sleep duration in 13 countries was 6.3 h per night, whereas our finding showed it was 4 h (28).

Other activities besides study, tight schedule, ability to make proper time management, and full college task can motivate someone to delay their sleep (29). Heavy loads makes some students experience depression and anxiety or exhibit some headache that worsens their sleep (13,33–35). This study found 89.54% of students reported to have good sleep quality good though their average sleep duration was only 4 hours and the prevalence of daytime dysfunction was also high. We assume that sleep hygiene awareness among medical students was poor. This findings are similar with those of previous report that concluded that young adults had low sleep hygiene awareness (33,34), and better sleep hygiene awareness does not necessarily guarantee better sleep quality (33).

Several publications have revealed an association between sleep deprivation and the increased risk of blood pressure and hypertension (35–40). Our findings showed the night systolic blood pressure in sleep deprivation group was higher than that in enough sleep group. Furthermore, significant difference was found between morning and late-night systolic blood in sleep deprivation group but not in enough sleep group. Exposure to light in the midnight shifts the human internal clock (BMAL and CLOCK) and affects their targeted genes, which thus activating the symphatetic nervous system (41–44). The chronic sympathetic activation will further cause endothelial dysfunction marked by suppression of NO level (45,46). This mechanism consistent with Jiang's study in 2017 who reported that lack of REM sleep induced endothelial dysfunction in elderly rats (47). Investigation with Wistar rat treated unslept resulted in a decrease in NO production (48). Unlike the previous studies, our result showed that NO concentration was found higher in sleep deprivation group. The disruption of circadian rhythm in participants who experienced sleep deprivation will augment the sympathetic function (49). Indeed, the release of epinephrine and norepinephrine will generate vascular constriction which results in higher systolic blood pressure. However in this present study, due to young age of all study population, it is possible that the body system is in the process of adapting this changes by activating the endothelial NOS to produce and release NO.

This research has some limitations. First, the data for assessing sleep quality were obtained by self-report, and there could be potential recall bias. Second, the study did not collect information about other parameters that acted as confounding factors. Further study needs to complete the assessment validity of sleep with polysomnography and HBPM/ABPM. Longitudinal and interventional studies conducted in the animal models are warranted to provide further evidence of the association between sleep duration, time of sleep and endothelial dysfunction as the hallmark of cardiovascular diseases.

CONCLUSION

Most of the medical students experience sleep deprivation. Acute sleep insufficiency increases night NO concentration and systolic blood pressure. The knowledge about the importance of sleep physiology and sleep hygiene among medical students should become awareness for the Medical Institution.

ACKNOWLEDGEMENT

We thank the enumerators (Khusnul, Ria Famuji, Kholis Nur Aini, Basyar Adnani, Khorisul, Achmad Guntur) and participants who volunteered for this study.

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