

Exploring the Interplay of Stress, Psychopathology and Dyssomnia in Anxiety Disorders

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INTRODUCTION

The results of modern studies indicate that sleep disturbances are a correlate of most anxiety and related disorders [1]. Sleep disturbances are found in about 50% of people with anxiety and are mainly manifested by difficulties with its initiation and maintenance. At the same time, the structure of sleep does not differ in specificity, but is characterized by frequent awakenings and an increase in the time of falling asleep and staying awake [2]. Sleep disorders affect the main systems of body homeostasis, change the ways of resistance to stress and play a significant role in the development of psycho-emotional disorders [3,4].

METHODS

During 2021-2022, we examined 82 outpatients with anxiety disorders (F40, F41, F43.22, F43.23) and dyssomnia using the Psychological stress measure scale (PSM-25) [5], Symptom Checklist-90-Revised (SCL-90-R) [6] and the Pittsburgh Sleep Quality Index (PSQI) [7].

RESULTS

Analysis of data on the PSM-25 scale showed that 25 (30.7%) people had a low level of stress (Group 1), 29 (35.8%) people had a moderate level (Group 2), and 27 (37.4%) people had a high level (Group 3). Patients with different stress levels show differences in the scores of all components of the PSQI, except for the scales "Use of sleep medication" and "Sleep disturbance". At the same time, patients with low-stress levels had statistically significantly ($p < 0.05$) lower indicators of the total PSQI score and all subscales of SCL-90-R compared to medium and high levels. At the same time, only Hostility and Phobic Anxiety differed in a high-stress level compared to patients with a moderate level. The total PSQI score had a moderate direct correlation with all subscales of the SCL-90-R ($p < 0.05$), except the Positive Symptom Distress Index. We calculated a statistically significant multiple linear regression model ($p = 0.009$), which accounts for 62.4% of the dispersion and included Obsessive-Compulsive ($b = 6.82$, $p < 0.001$), Phobic Anxiety ($b = 3.95$, $p < 0.001$), Somatization ($b = -2.08$, $p = 0.005$) and Global Severity Index ($b = -6.61$, $p = 0.009$). The correlation between observed and predicted levels of PSQI total score was strong ($r = 0.827$, $p < 0.001$), which indicates the adequacy of the model.

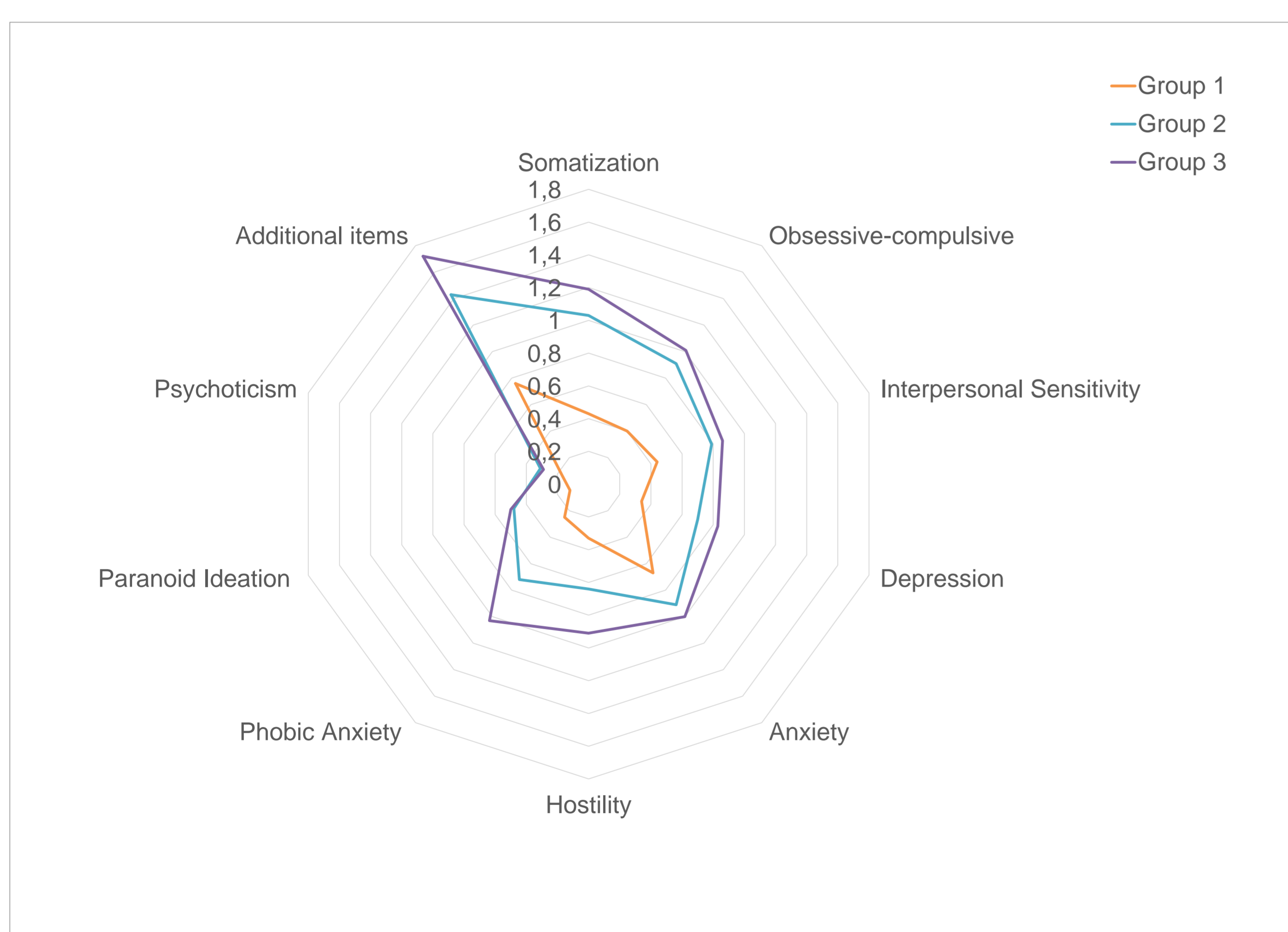


Fig. 2. Average indicators of the SCL-90 questionnaire in patients with anxiety disorders depending on the level of mental stress

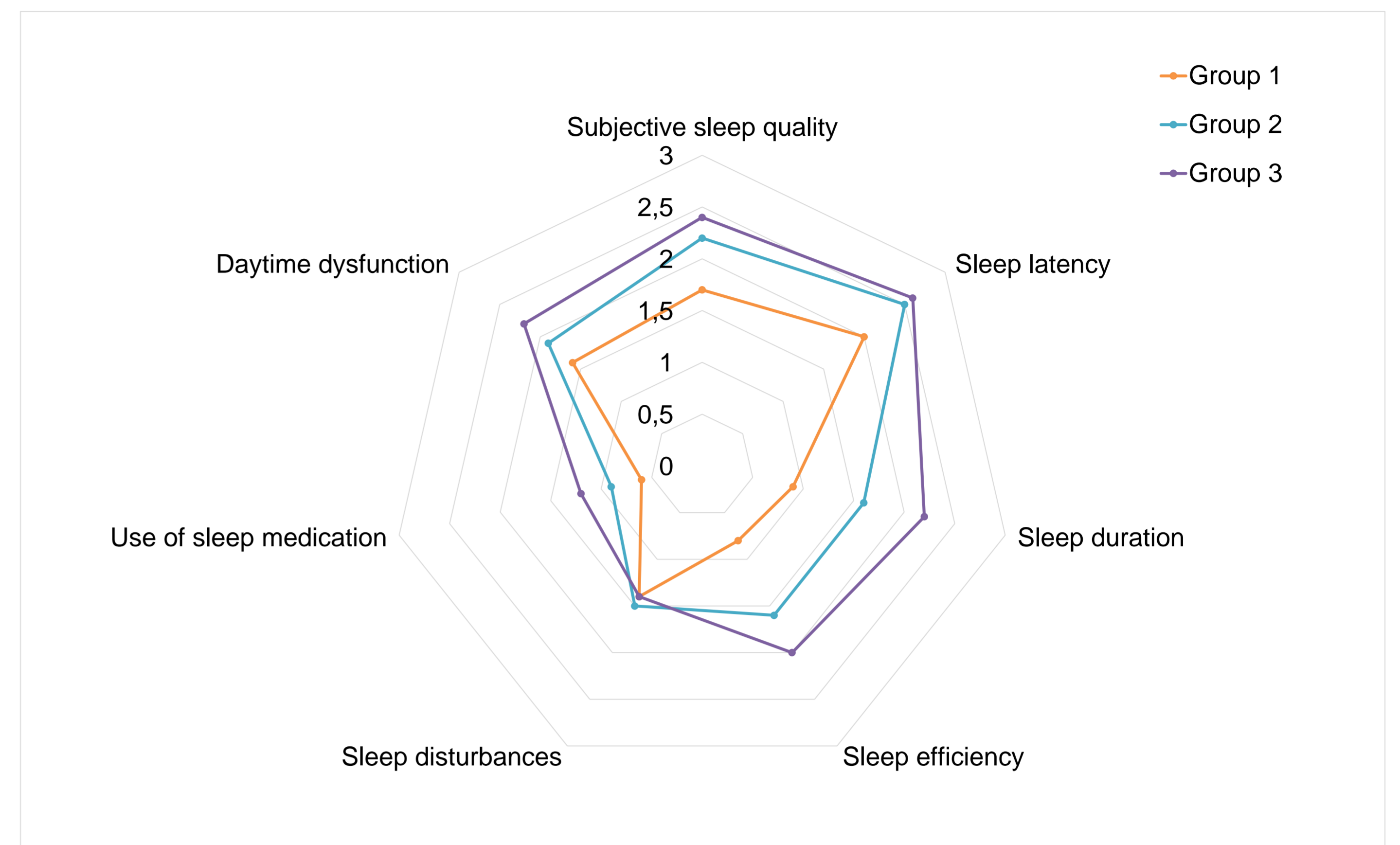


Fig. 2. Components of sleep quality according to the PSQI questionnaire in patients with anxiety disorders depending on the level of mental stress

CONCLUSION

Thus, in people with anxiety disorders, poor sleep quality increases with moderate or high levels of concomitant stress. Along with this, in these patients, the quality of sleep worsens when obsessive-compulsive and phobic anxiety increases, but at the same time decreases when the severity of somatization and the global severity index increase. The obtained data are important for conducting complex target-oriented pharmaco- and psychotherapy of patients with anxiety disorders.

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