

Adiposity and country of origin are associated with sleep efficiency across the Epidemiologic Transition

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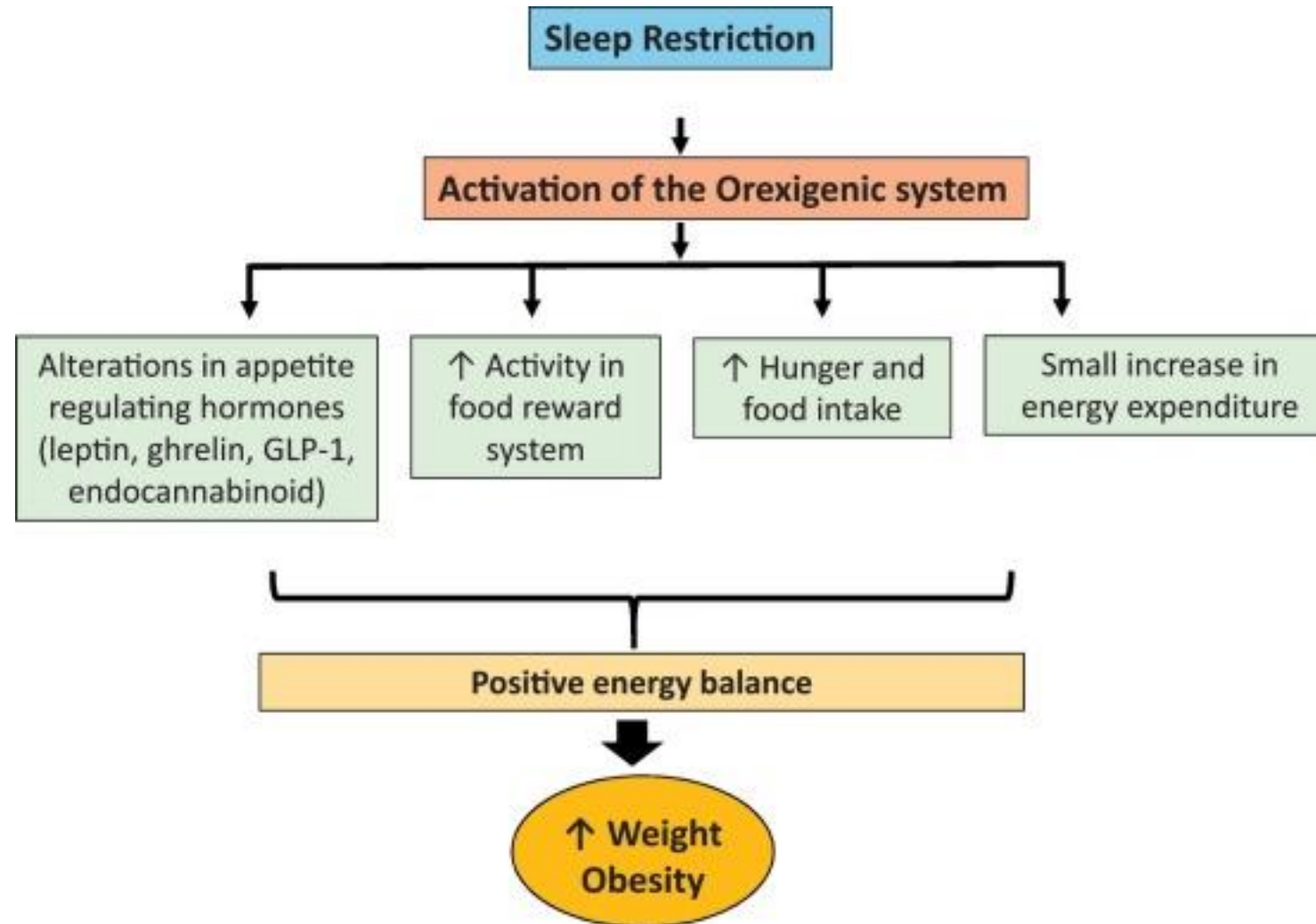
No disclosures

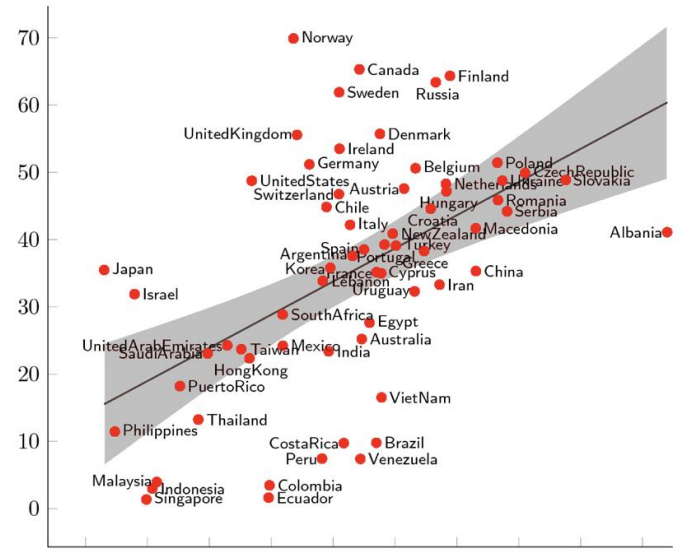
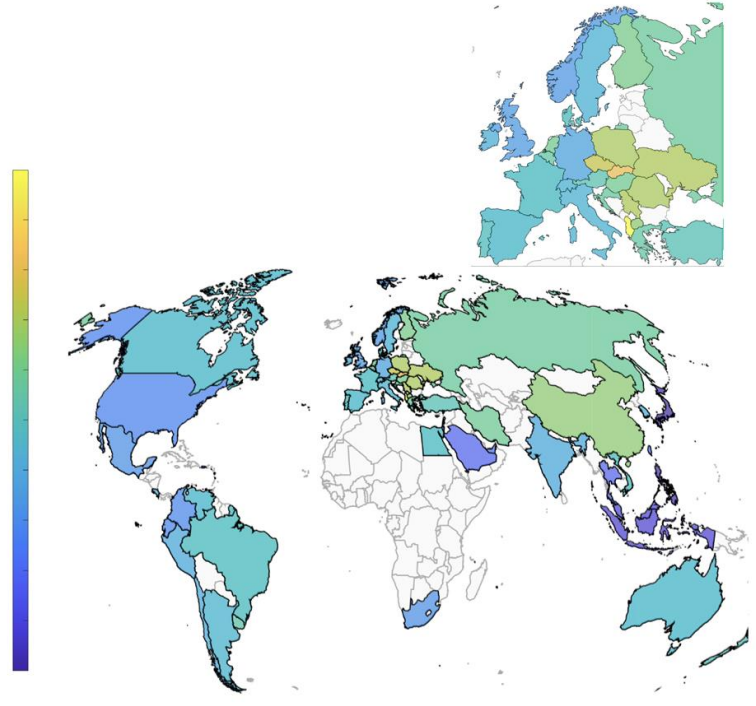
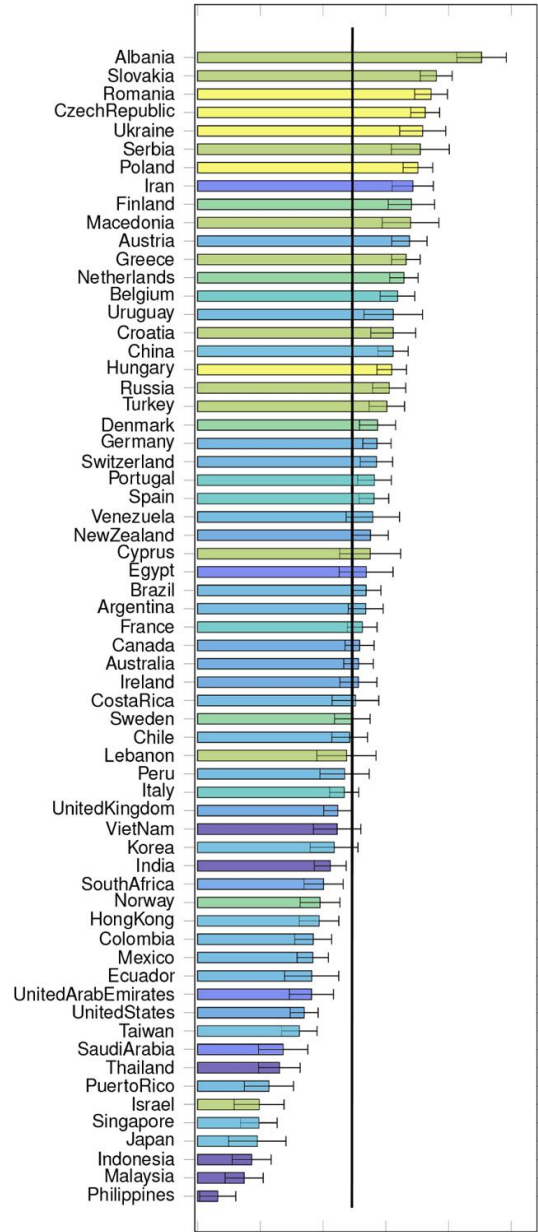
WCE

WORLD CONGRESS OF EPIDEMIOLOGY 2024



Disrupted sleep, and obesity risk





Published articles in last 10 years per country

4 countries in Africa have a sleep society (South Africa, Egypt, Algeria & Morocco)

METS Coordinating Center
Loyola University Chicago



Ghana Site
Nkwantakese, GH
KNUST



South Africa Site
Khayelitsha,
Cape Town, SA
UCT



Jamaica Site
Kingston, JA
UWI, Mona



Seychelles Site
Victoria, Mahé, SE
Seychelles Ministry of
Health



US Site
Maywood, IL
LUC

Lower middle Income

Middle Income

High Income

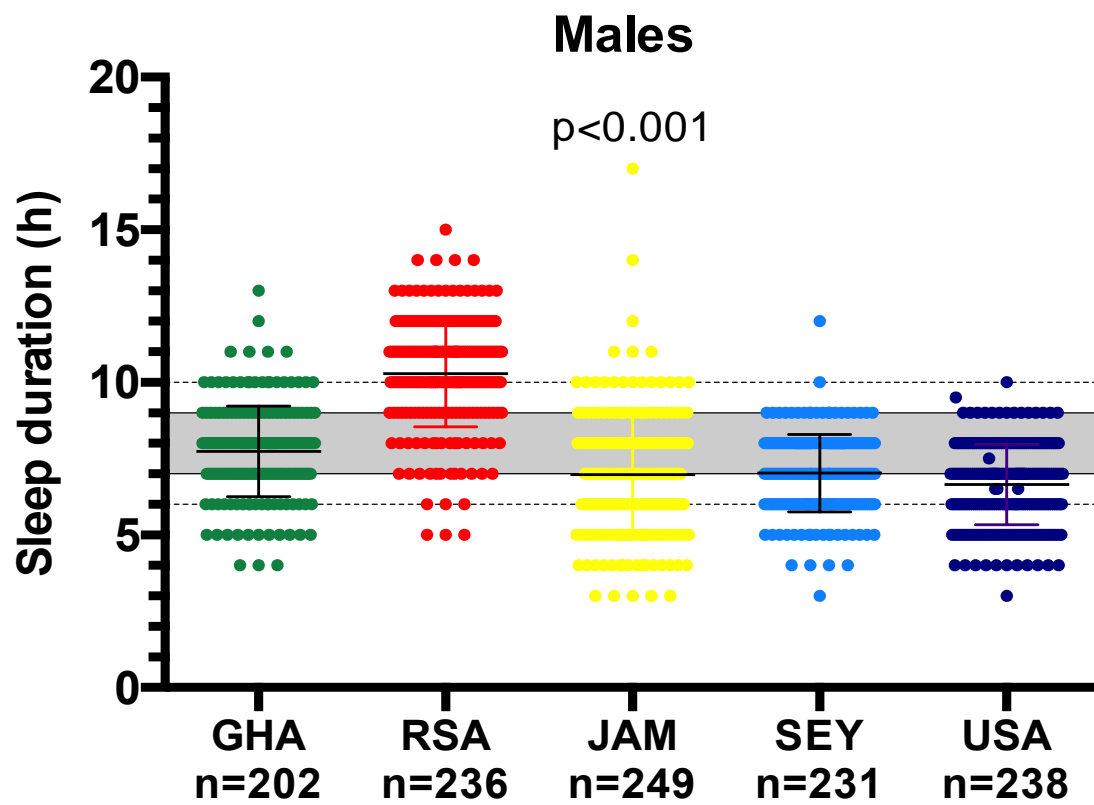
High Income

Very high Income



500 per country, N=2,500
Baseline visit: 2010-2011
Vitamin D & CVD risk: 2013-2015
Gut microbiota & obesity risk: 2018-2019
Sleep behaviour & metabolic risk: 2020-2023

Self-report sleep data (N=2,500, 25-45y)

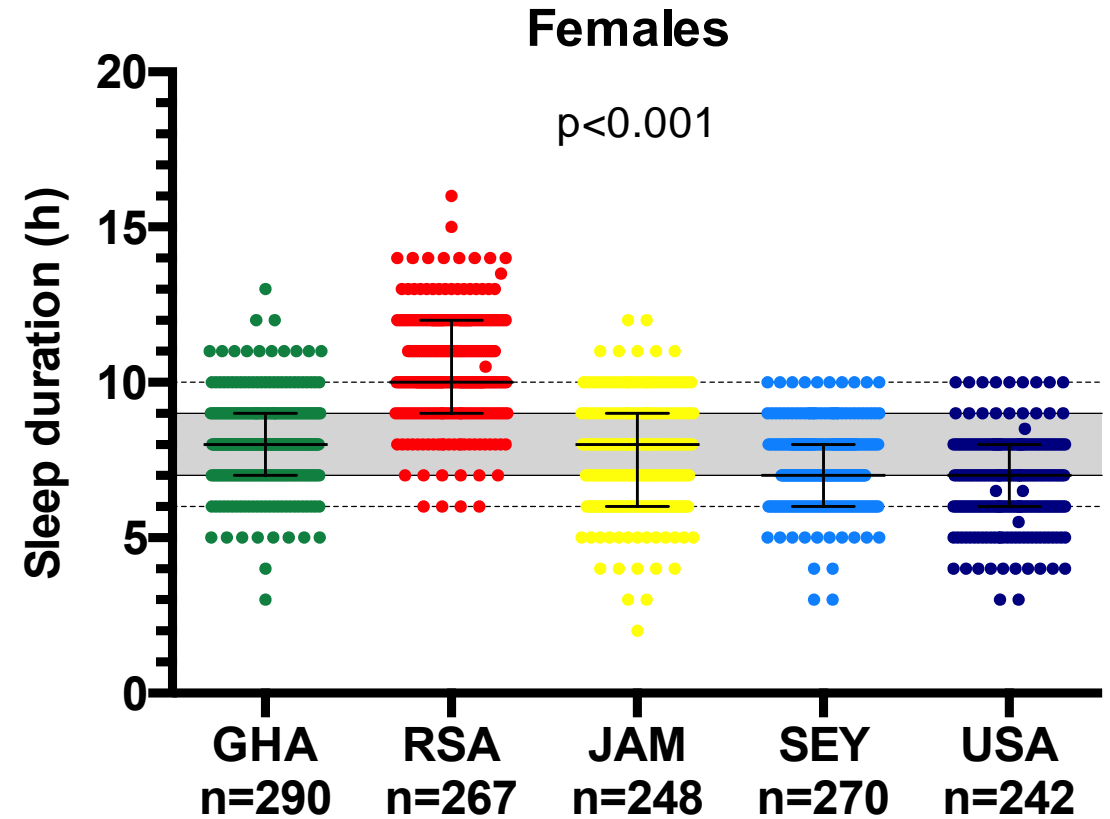


RSA

3% sleep <7h
74% sleep >9h

USA

45% sleep <7h
4% sleep >9h



RSA

2% sleep <7h
73% sleep >9h

USA

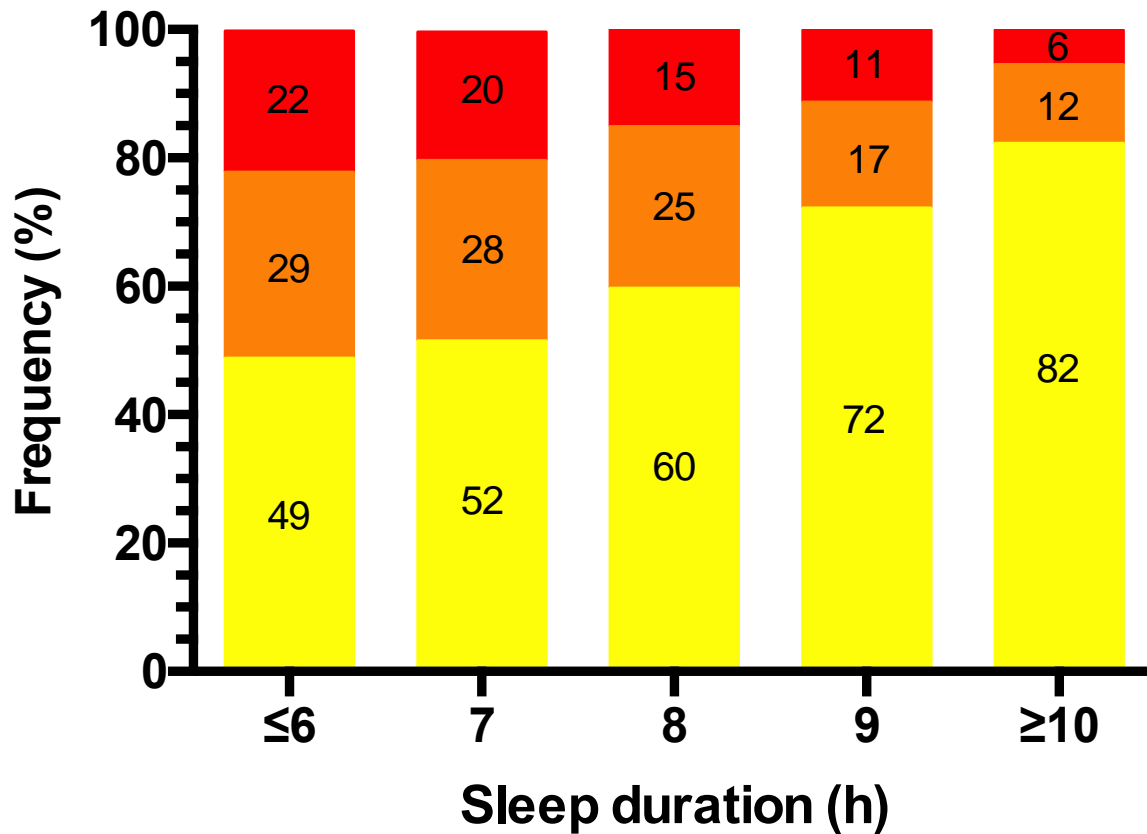
43% sleep <7h
0.5% sleep >9h

Self-report sleep and adiposity

- Obese
- Overweight
- Normal-weight

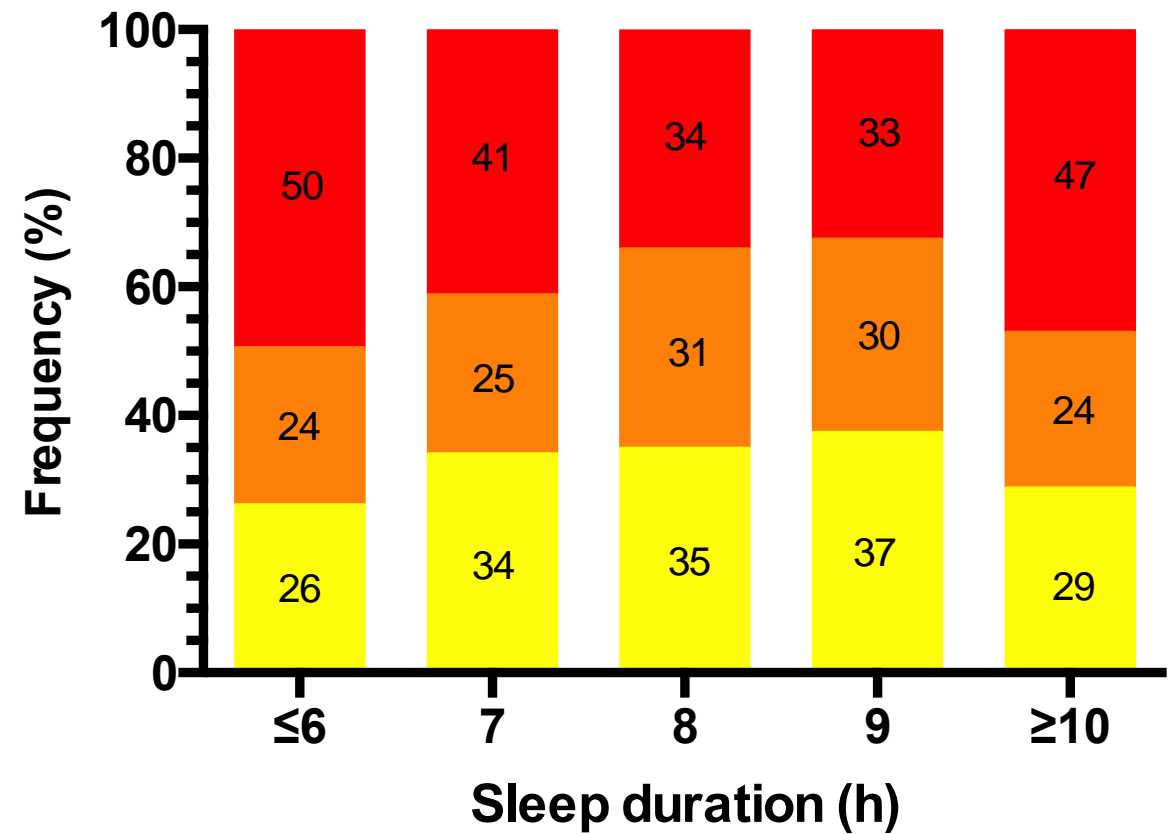
Males (n=1156)

p<0.001

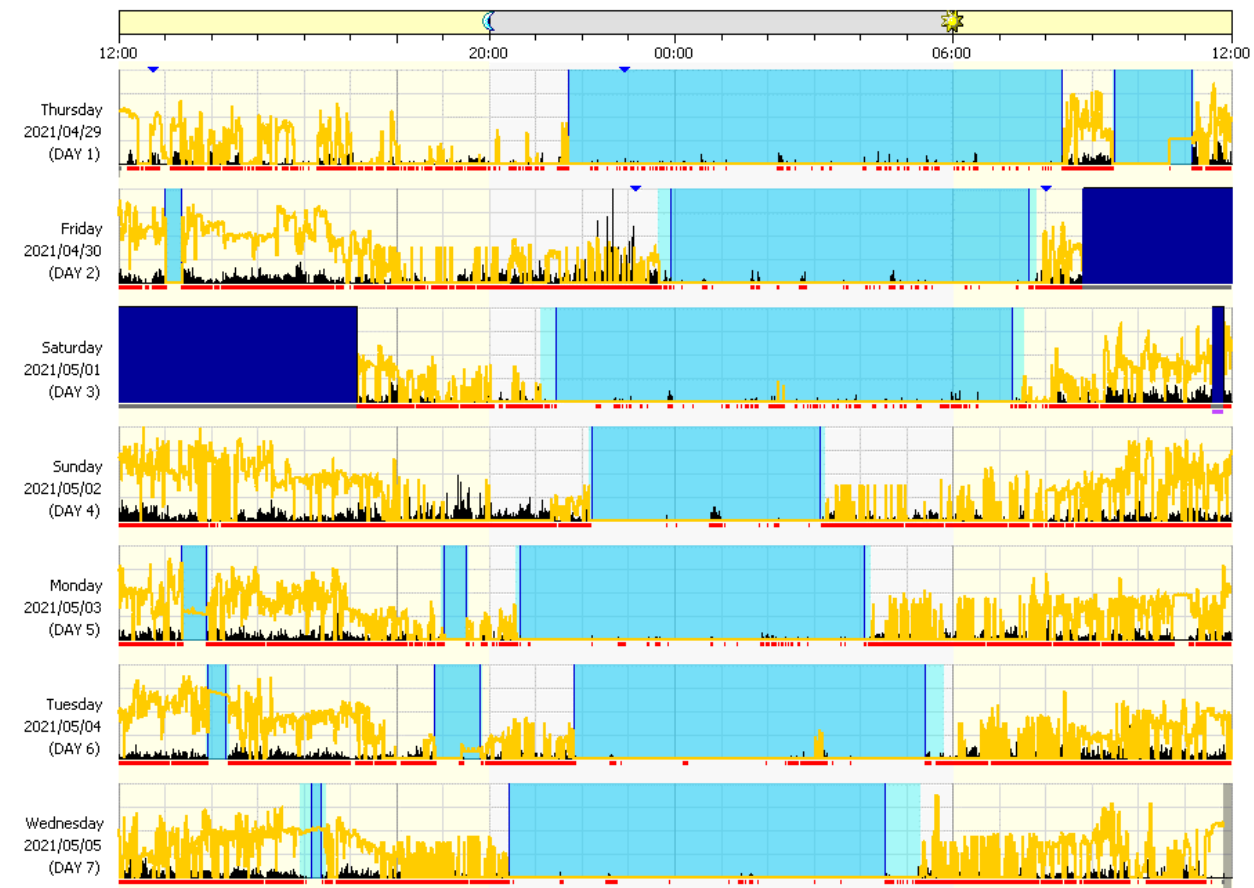
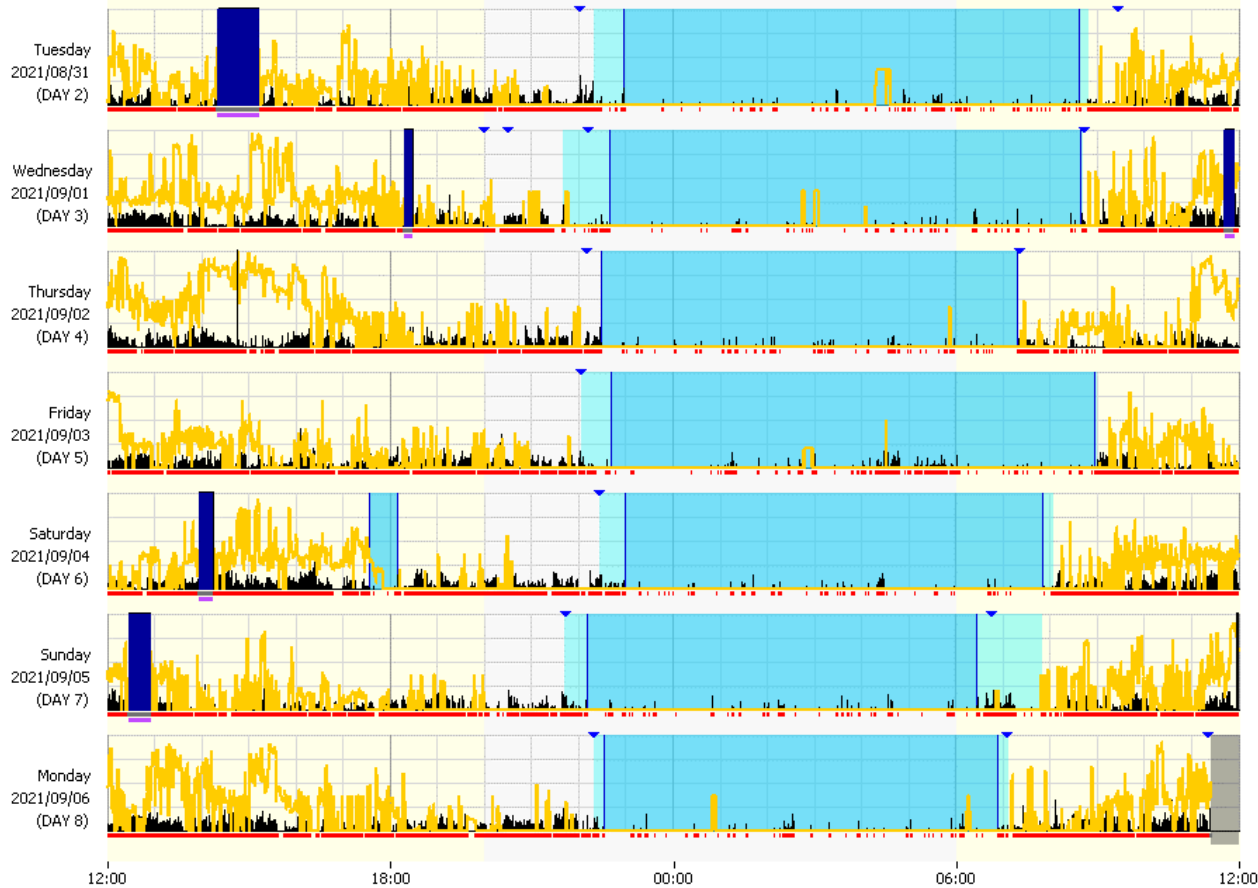


Females (n=1317)

p=0.001



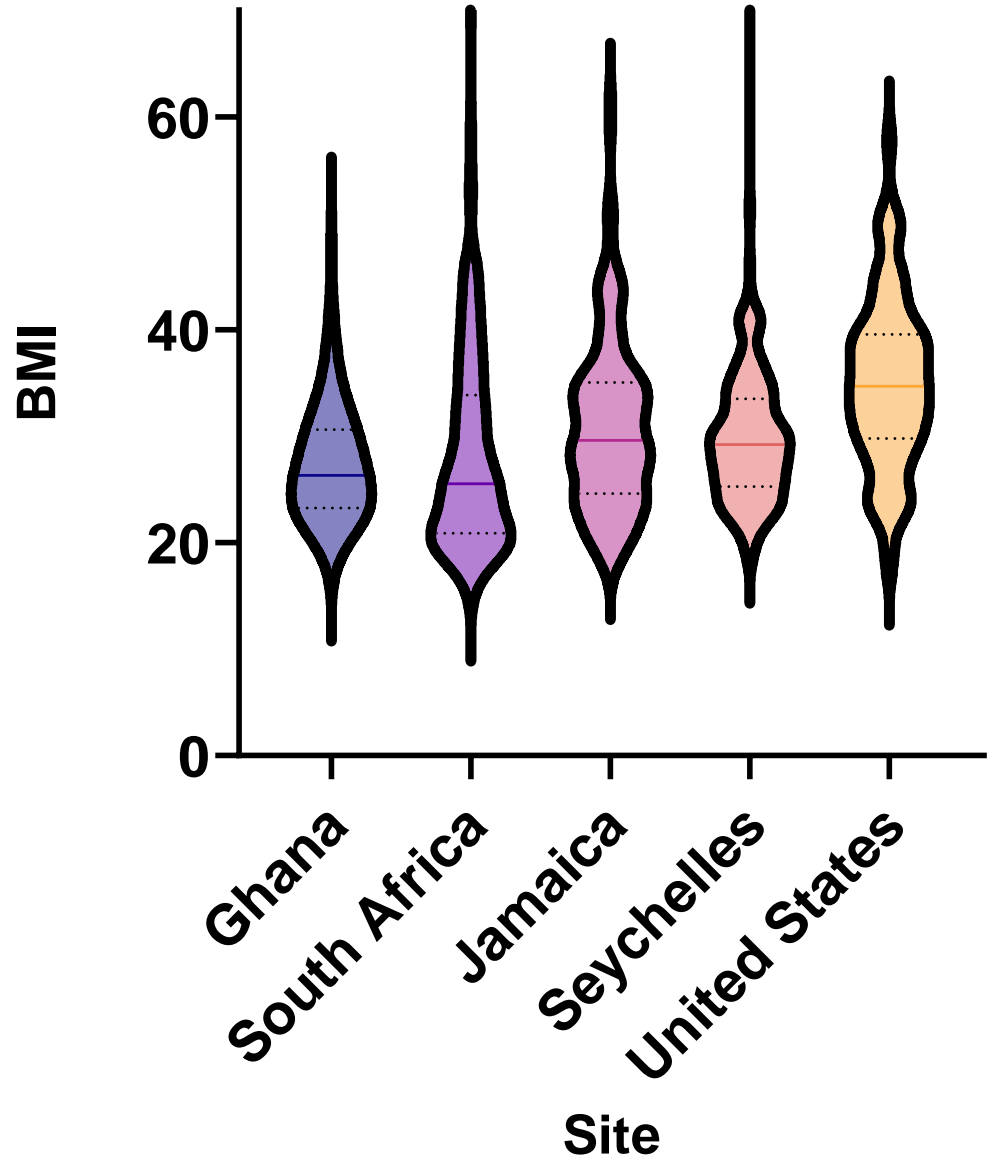
Objective sleep behaviour and obesity risk



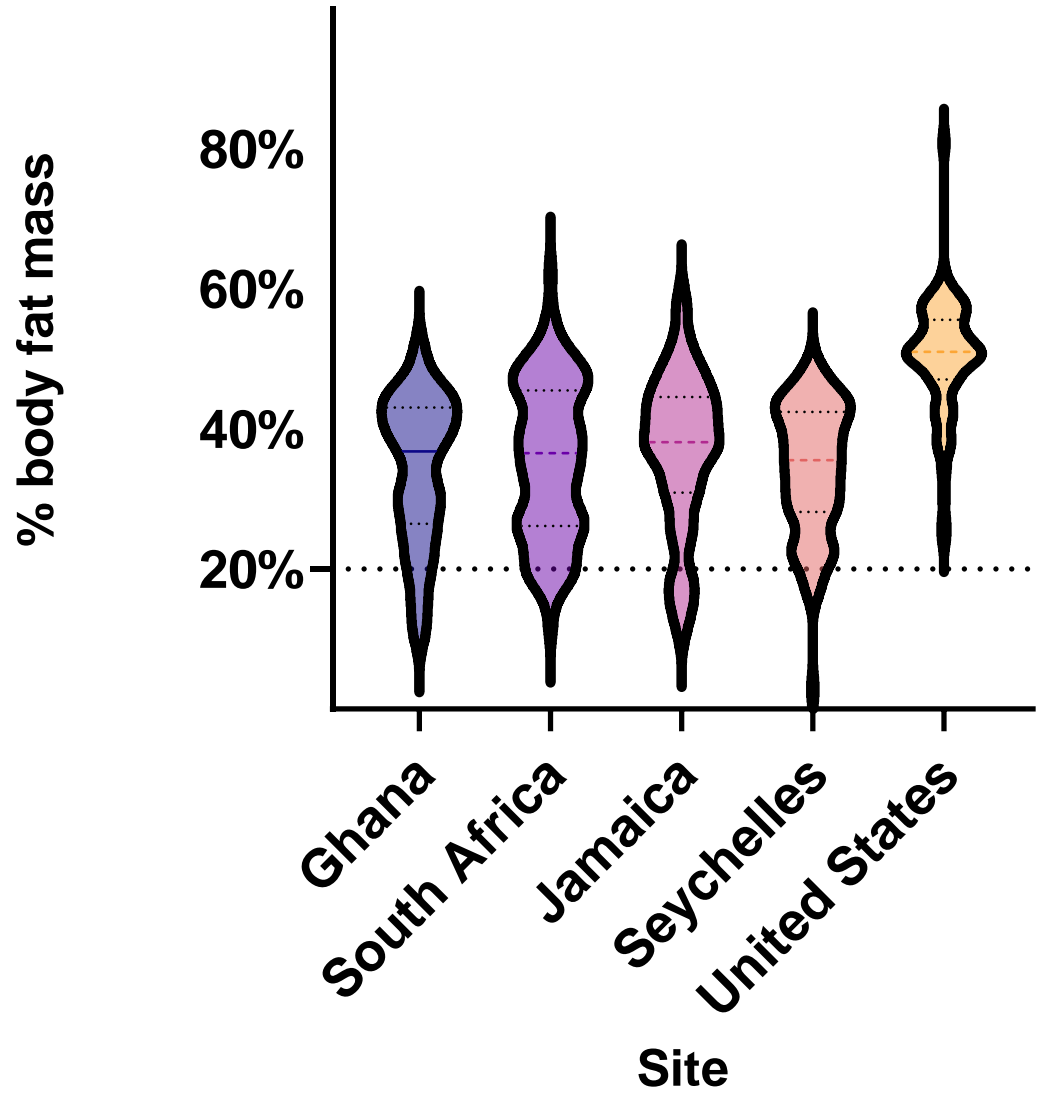
Descriptive statistics stratified by country (N=809): median (IQR)

	Ghana	South Africa	Jamaica	Seychelles	US
	n=125	n=191	n=192	n=177	n=124
age (yr)	46.0 (39.0, 43.0)	39.0 (33.0, 45.5)	49.0 (41.0, 54.0)	46.5 (42.0, 50.0)	49.0 (44.0, 53.0)
women	84 (67%)	100 (52%)	134 (70%)	90 (51%)	94 (75%)
BMI (kg/m ²)	26.4 (23.3, 30.7)	25.8 (21.1, 33.8)	29.9 (24.8, 35.1)	29.2 (25.3, 33.2)	33.6 (29.0, 39.5)
obese	35 (28%)	67 (35%)	94 (49%)	75 (42%)	83 (65%)
alcohol	25 (20%)	109 (57%)	63 (33%)	101 (57%)	51 (41%)
working	113 (90%)	68 (39%)	159 (83%)	173 (98%)	75 (61%)
smokers	0	78 (41%)	12 (6%)	21 (12%)	20 (16%)

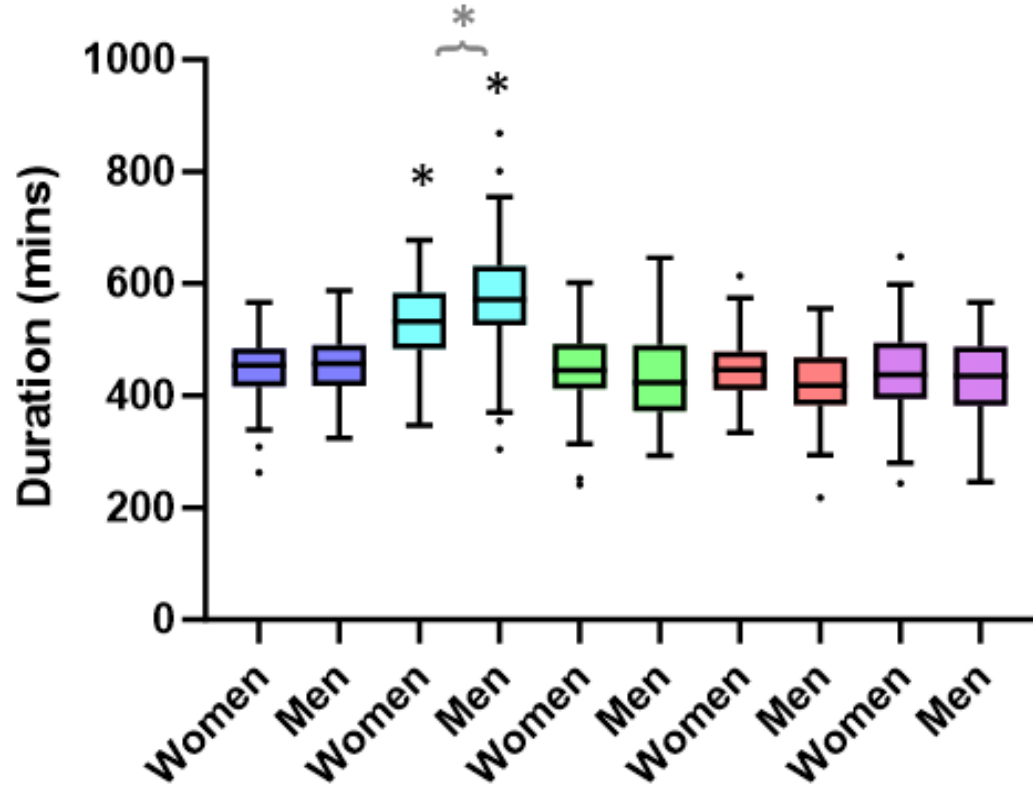
BMI



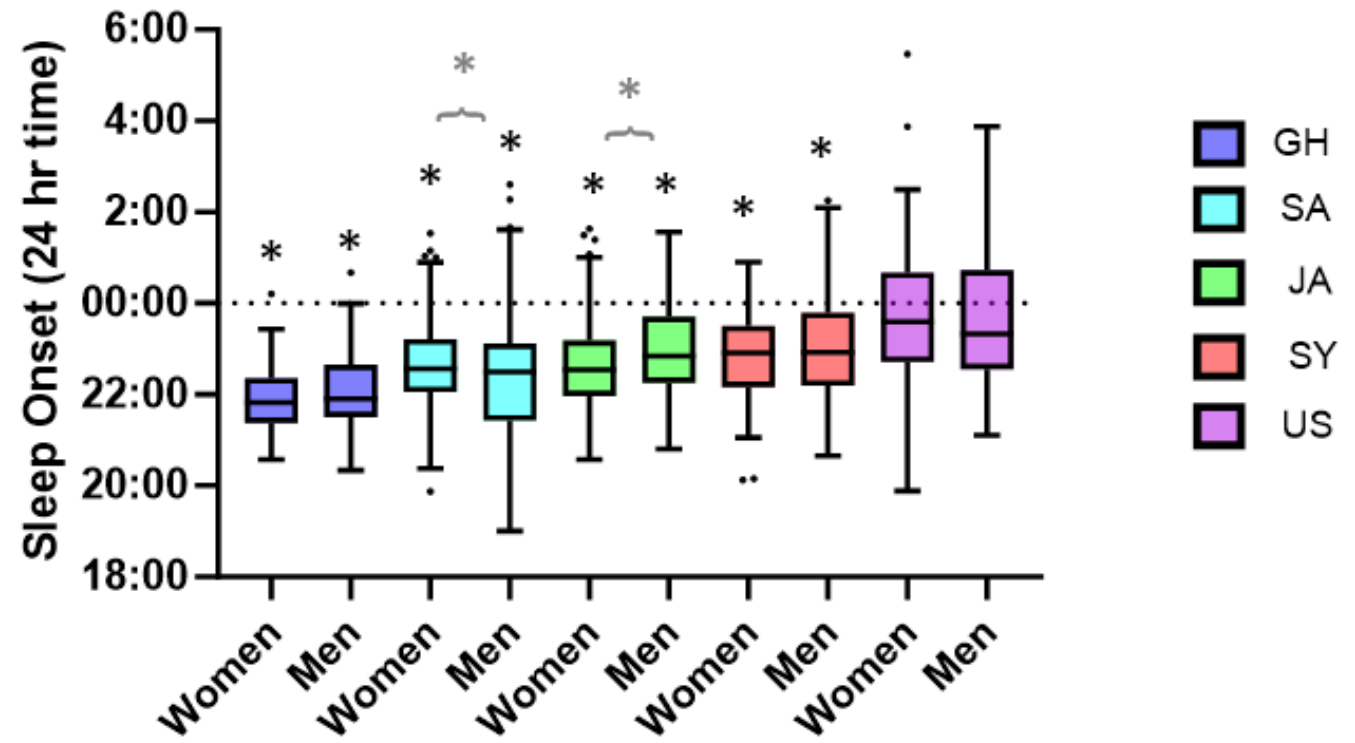
PBFM



Sleep duration and sleep onset

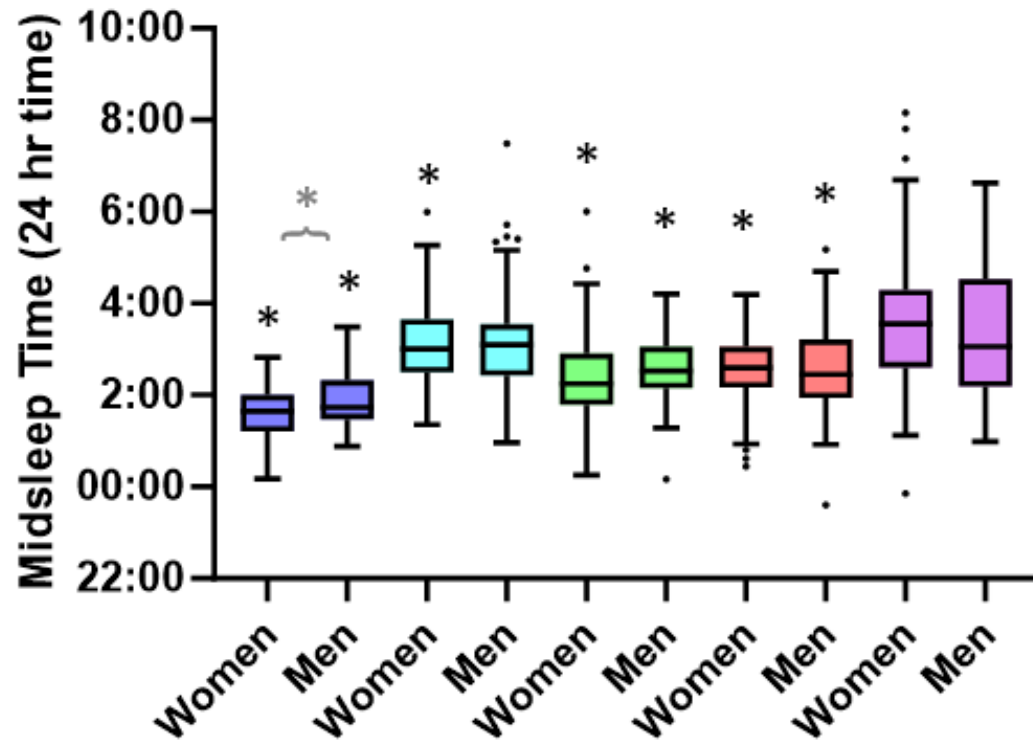


Sleep duration stratified by sex and country. Data are presented as median, interquartile ranges and outliers. Between group comparisons were made using Student's T-test. * indicates significant differences between countries (US is referential site) and * indicates significant differences between women and men within country.

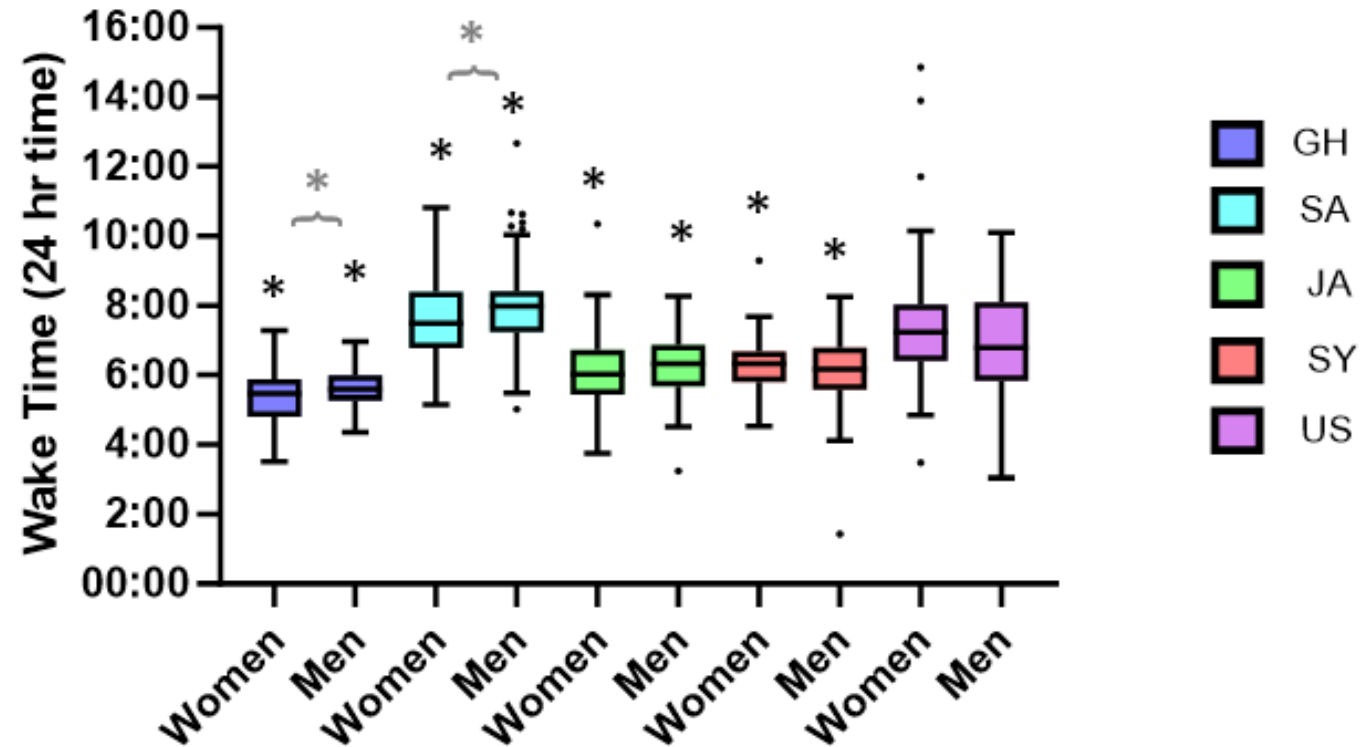


Sleep onset time stratified by sex and country. * indicates significantly different from US women/men, accordingly. * indicates significantly different between women and men within country.

Midsleep time and wake time

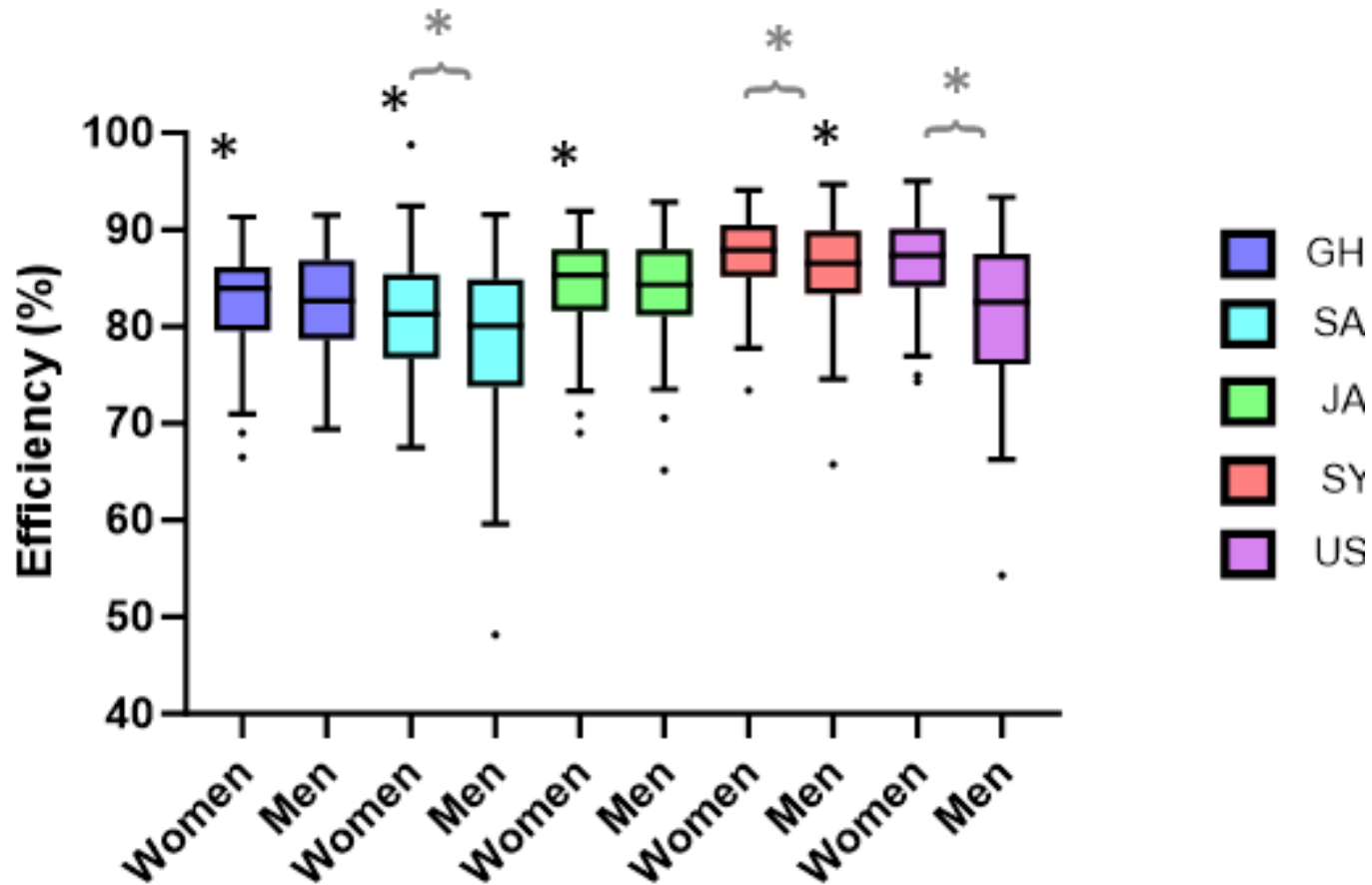


Sleep midpoint time stratified by sex and country. * indicates significantly different from US women/men, accordingly. * indicates significantly different between women and men within country.



Wake time stratified by sex and country. * indicates significantly different from US women/men accordingly. * indicates significantly different between women and men within country.

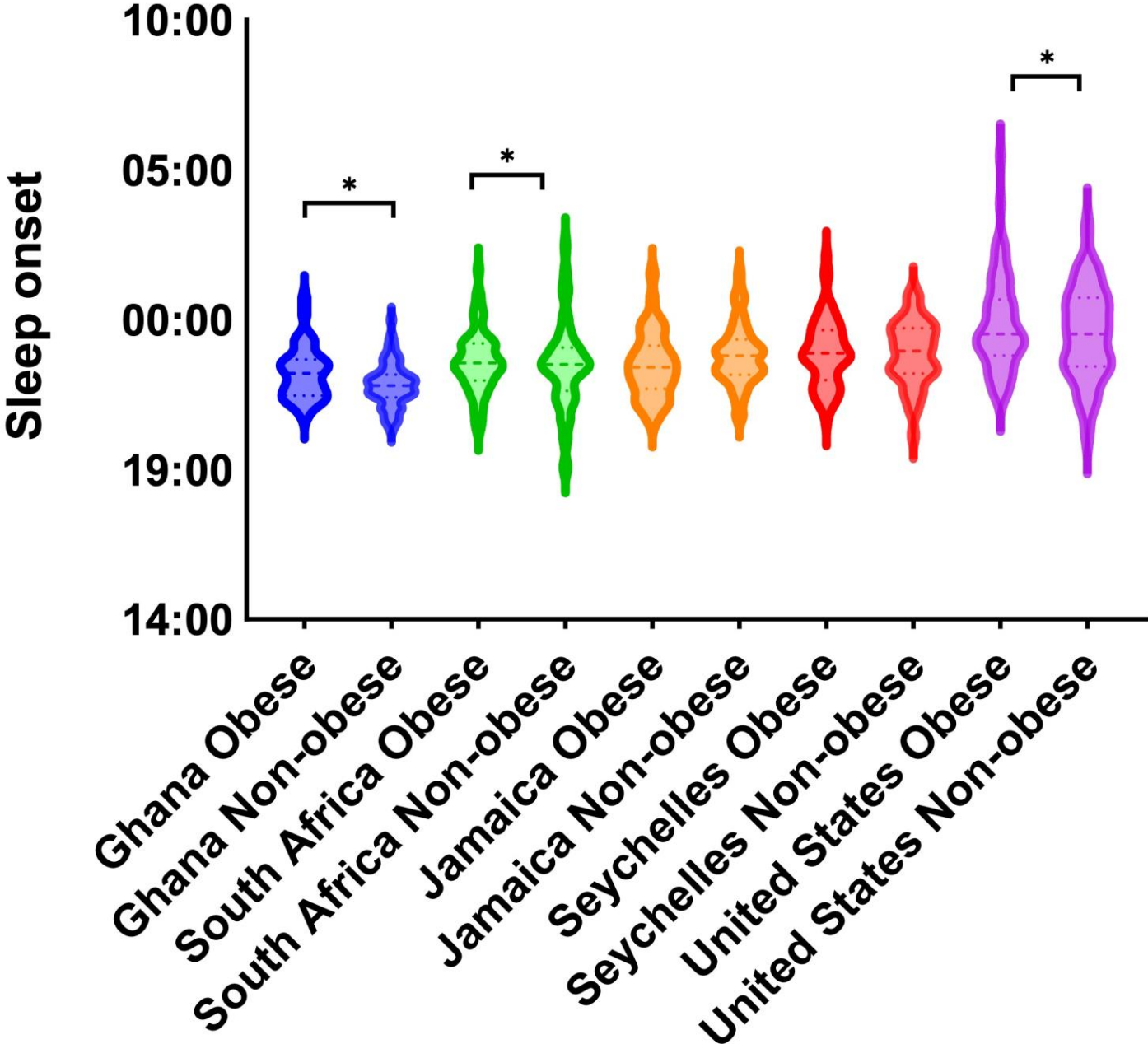
Sleep efficiency by country



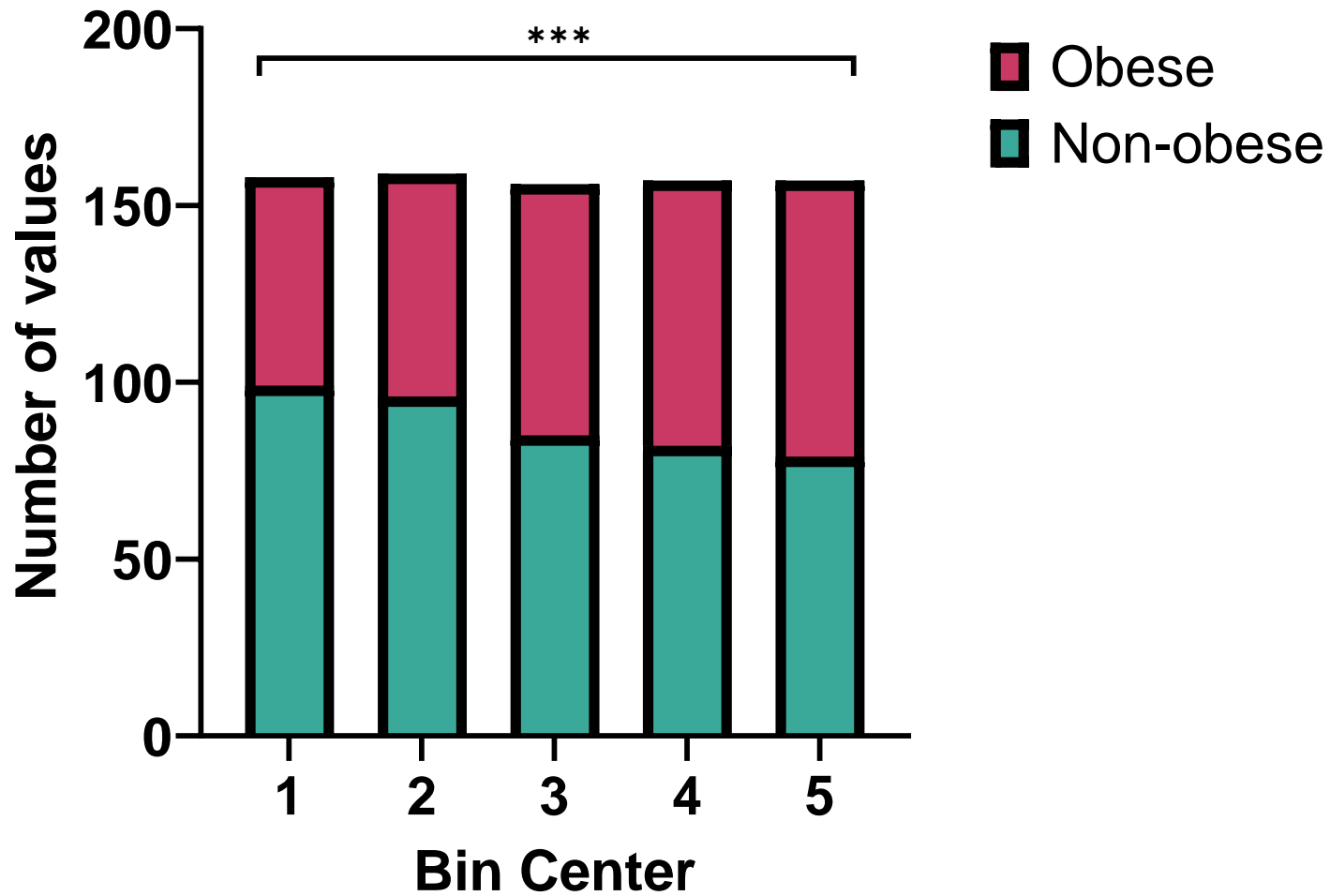
Sleep efficiency was lower in Ghana, South Africa and Jamaica when compared to US (Ghana β : -3.7, South Africa: -5.8, Jamaica: -1.3, $p < 0.05$ for all) and higher in Seychelles when compared to US (Seychelles β : 1.6; $p = 0.02$).

Sleep efficiency stratified by sex and country. * indicates significantly different from US women/men, accordingly. * indicates significantly different between women and men within country.

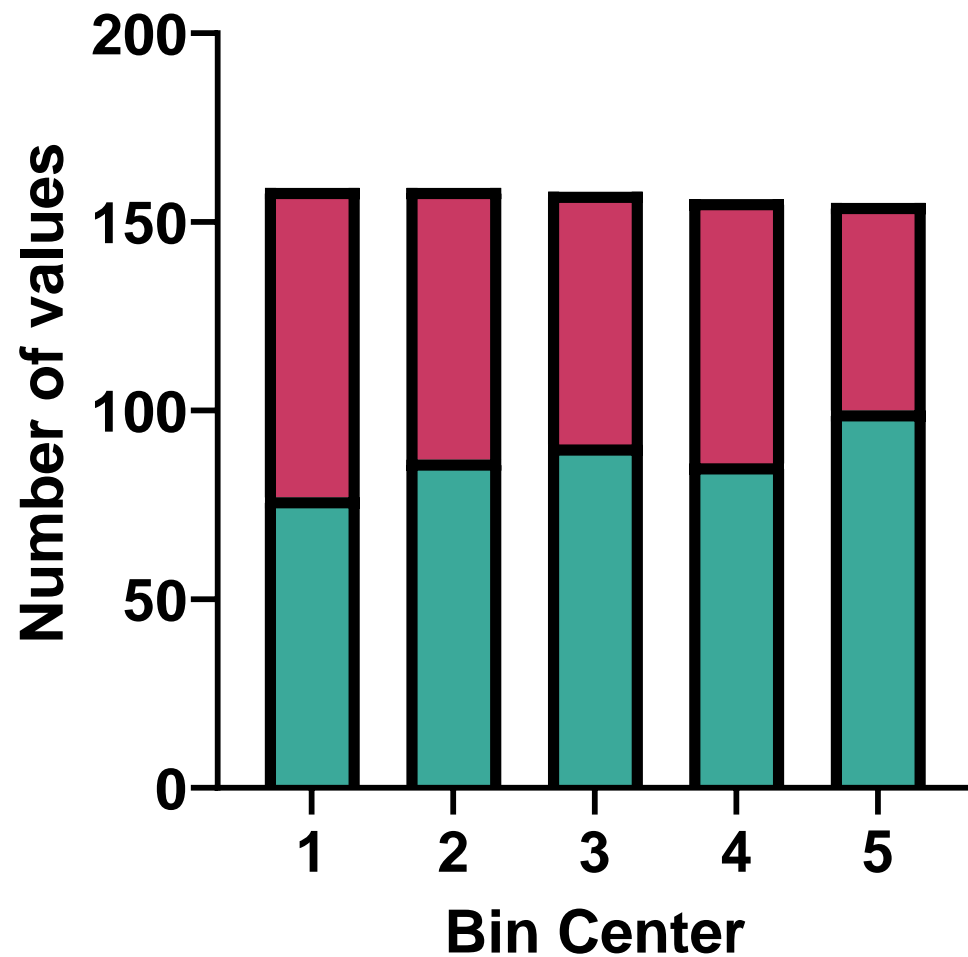
sleep onset by site and obesity



sleep onset timing quintiles



wake time quintiles



Take home messages

- Sleep duration, timing and efficiency differ by country, sex and obesity status
- Sleep is a modifiable risk factor, thus, understanding sleep patterns in different contexts is needed to make informed and culturally appropriate health recommendations.

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