

More than a third of medical staff suffered insomnia during the COVID-19 epidemic in China

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The novel coronavirus that has infected more than one million people globally (at time of publication) is not just a physical health threat.

A first-of-its-kind study published in *Frontiers in Psychiatry* found that more than a third of medical staff responding to the outbreak during its peak in China suffered from [insomnia](#).

The healthcare workers who experienced sleeplessness were also more likely to feel depressed, anxious and have stress-based trauma, according to the paper.

"Typically, stress-related insomnia is transient and persists for only a few days," said [Dr. Bin Zhang](#), a professor at Southern Medical University in Guangzhou, China, and co-author of the paper. "But if the COVID-19 outbreak continues, the insomnia may gradually become chronic insomnia in the clinical setting."

The results are based on a series of self-administered questionnaires conducted online between January 29 and February 3 at the peak of the COVID-19 epidemic in China. Researchers used the WeChat social media platform to gather answers from 1,563 participants in the [medical field](#).

Of that number, 564 people, or 36.1 percent, had insomnia symptoms. The authors of the current study note that the statistic is consistent with previous research conducted on the psychological effects of the 2002 outbreak of SARS, a related coronavirus that also causes severe respiratory distress. For example, 37 percent of nurses who worked with SARS patients experienced insomnia.

The insomnia group in the current paper experienced significantly higher levels of depression than the non-insomnia group, 87.1 percent versus 31 percent, especially in moderate (22.9 percent versus 2.8 percent) and severe (16.7 percent versus 1.8 percent) cases. The percentages and differences between the groups was similar for anxiety and trauma as well.

The team also identified certain factors that were correlated with insomnia.

"The most important factor was having very strong uncertainty regarding effective disease control among medical staff," Zhang noted. Strong uncertainty was 3.3 times higher for those exhibiting insomnia than not.

Staff with less education were also prone to the sleep disorder. Specifically, researchers found the risk of insomnia among medical staff with a [high school education](#) or below was 2.69 times higher than those with a doctoral degree. They speculated that less education led to more outcome-based fear.

The authors note that healthcare workers were also under incredible stress in general. They were in close contact with infected patients who could pass on the disease to them. They were worried about infecting their own family and friends. Medical staff had to wear a full array of personal protective equipment (PPE) for more than 12 hours at a time, often without being able to take a break because they risked infection by removing PPE.

"Under these dangerous conditions, medical staff become mentally and physically exhausted, and therefore experience an increased risk of insomnia due to high stress," they wrote.

The paper highlights some strategies for mitigating sleep disorders, including Cognitive Behavioral Therapy for Insomnia (CBTI), which includes sleep hygiene education, relaxation therapy, stimulation control, sleep restriction and cognitive therapy. The investigators also suggest health officials screen medical staff based on the risk factors their research identified.

"A longitudinal study to track the changes of insomnia symptoms is

needed among medical staff, especially when the death of [medical staff](#) during COVID-19 will be officially announced and updated," Zhang said of future research goals.

More information: *Frontiers in Psychiatry* , DOI: [10.3389/fpsyt.2020.00306](https://doi.org/10.3389/fpsyt.2020.00306) , www.frontiersin.org/articles/10.3389/fpsyt.2020.00306/full

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