SLEEP CHARACTERISTICS AMONG OVERWEIGHT AND OBESE SCHOOL-AGED CHILDREN

Thesis
Submitted for partial fulfillment of
Master Degree in Pediatrics

By

Amira Mohammed Ibrahim Ahmad Mourad

M.B.B.CH. - Ain Shams University (2008)

Under Supervision of

Prof. Hamed Ahmed El Khayat

Professor of Pediatrics
Faculty of Medicine - Ain Shams University

Dr. Marwa Talaat El Deeb

Assistant Professor of Pediatrics
Faculty of Medicine - Ain Shams University

Dr. Mahmoud Mamdouh El Habiby

Lecturer of Psychiatry
Faculty of Medicine - Ain Shams University

FACULTY OF MEDICINE AIN SHAMS UNIVERSITY 2015





First of all, thanks to Allah the most merciful for giving me the strength to complete this work.

I would like to express my gratefulness and respect to **Prof. Dr. Hamed Ahmed El Khayat** "Professor of Pediatrics, Faculty of Medicine, Ain Shams University" for his moral and sincere support and for his kind observation and valuable advice that were essential for this work to be achieved.

I would also like to express my thanks and gratitude to **Dr. Marwa Talaat El Deeb** "Assistant Professor of Pediatrics, Faculty of Medicine, Ain Shams University" for her priceless help and his kind supervision.

I would also like to express my gratitude and respect to **Dr. Mahmoud Mamdouh El Habiby** "Lecturer of Psychiatry, Faculty of Medicine, Ain Shams University" for his valuable time, remarkable efforts, help and guidance.

Finally I wish to express my deepest gratitude and appreciation to all of my **Family** for their moral support, patience and encouragement.

Amira Mourad

LIST OF CONTENTS

INTRODUCTION11		
AIM OF THE WORK14		
REVIEW OF LITERATURE		
> <u>CHAPTER 1</u> : OBESITY17		
> CHAPTER 2: SLEEP		
➤ <u>CHAPTER 3</u> : RELATIONSHIP BETWEEN OBESITY		
AND SLEEP97		
SUBJECTS & METHODS104		
<u>RESULTS</u> 11'		
DISCUSSION14		
SUMMARY & CONCLUSION151		
RECOMMENDATIONS		
<u>LIMITATIONS</u> 158		
<u>REFERENCES</u> 160		
ARABIC SUMMARY		

LIST OF TABLES

Table No.	Title	Page
Table (1): P	Physiological changes during NREM and REM sleep	87
Table (2): C	Child Sleep Habits Questionnaire	111
Table (3): <i>A</i>	Age and sex distribution in the study population	119
Table (4): N	Number of siblings in the study population	120
Table (5): P	Parent's education in the study population	122
Table (6): V	Veight and height of the study population	123
Table (7): E	Body mass index in the study population	124
Table (8): Z	Z-score for BMI in the study population	126
Table (9): E	Bedtime resistance in the study population	128
Table (10):	Sleep-onset delay in the study population	130
Table (11):	Sleep duration abnormalities in the study population	131
Table (12):	Sleep anxiety in the study population	133
Table (13):	Waking during the night in the study population	136
Table (14):	Parasomnia in the study population	137
Table (15):	Sleep disordered breathing in the study population	140
Table (16):	Daytime sleepiness in the study population	142

LIST OF FIGURES

Figure No.	Title	Page
Figure (1): The intera	ction of genetics and environment	23
Figure (2): Actions of	f leptin and adiponectin	24
Figure (3): Role of le	ptin in regulation of adipose tissue mass.	25
Figure (4): Complicat	tions of childhood obesity	42
Figure (5): Sleep stag	es based on neurophysiologic factors	67
Figure (6): The hypod	cretins neurons in the lateral hypothalami	c
area		76
Figure (7): Circadian	rhythms in body core temperature and sle	eep85
Figure (8): Sleep and	age	92
Figure (9): Measuring	g height in children	107
Figure (10): BMI for	age in boys 5 to 19 years (Z-scores)	109
Figure (11): BMI for	age in girls 5 to 19 years (Z-scores)	110
Figure (12): Number	of siblings in the study population	121
Figure (13): Parent's	education in the study population	122
Figure (14): Weight of	of the study population	123
Figure (15): Body ma	ass index in the study population	125
Figure (16): Mean of	body mass index in the study population	125
Figure (17): Z-score for	or BMI in the study population	127

LIST OF FIGURES (CONT...)

Figure No.	Title	Page
Figure (18):	Mean of Z-score for BMI in the study population	127
Figure (19):	Bedtime resistance in the study population	129
Figure (20):	Sleep-onset delay in the study population	130
Figure (21):	Sleep duration abnormalities in the study population	132
Figure (22):	Sleep anxiety: need parents to sleep	134
Figure (23):	Sleep anxiety: afraid of sleeping in the dark	134
Figure (24):	Sleep anxiety: afraid of sleeping alone	135
Figure (25):	Sleep anxiety: trouble sleeping away	135
Figure (26):	Waking during the night in the study population	137
Figure (27):	Parasomnia in the study population	138
Figure (28):	Snoring loudly in the study population	140
Figure (29):	Stoppage of breathing in the study population	141
Figure (30):	Snorts and gasps in the study population	141
Figure (31):	Daytime sleepiness in the study population	143

LIST OF ABBREVIATIONS

Abbrev.	Full term
ACTH	Adrenocorticotrophic hormone
ADHD	Attention deficit/hyperactivity disorder
ADP	Air displacement plethysmography
AFGF	Acidic fibroblast growth factor
AMA	American Medical Association
ANS	Autonomic nervous system
ATP	Adenosine triphosphate
BBB	Blood brain barrier
BDNF	Brain derived neurotropic factor
BF	Basal forebrain
BIA	Bioelectrical impedance analysis
BMI	Body mass index
CDC	Centers for Disease Control and Prevention
CKD	Chronic kidney disease
Cps	Cycles per second
CRP	C reactive protein
CT	Computed tomography
DEXA	Dual-Energy X-ray Absorptiometry
DM	Diabetes mellitus
DSIP	Delta sleep inducing peptide
EEG	Electroencephalogram
ESRD	End-stage renal disease
FFM	Fat free mass
GDNF	Glial cell line derived neurotropic factor

LIST OF ABBREVLATIONS (CONT...)

Full term
Gastro-esophageal reflux disease
Growth Hormone
Gamma hydroxyl butyrate
Growth hormone release hormone
Gastrointestinal tract
Hypocretin receptor
High density lipoprotein
Homeostatic Model Assessment
Hours
Health Resources and Services Administration
Irritable bowel syndrome
Interferon alpha
Insulin like growth factors
Insulin growth factor binding proteins
Interleukin
Juxta-glomerular apparatus
Low density lipoprotein
Latero-dorsal tegmental
Left ventricular
Melanocortin receptor
Magnetic resonance imaging
Non-alcoholic fatty liver disease
Nerve growth factor
Non-insulin dependent diabetes mellitus

LIST OF ABBREVIATIONS (CONT...)

Abbrev.	Full term
NREM	Non rapid eye movement
Ob gene	Obese gene
OHS	Obesity hypoventilation syndrome
OSA	Obstructive sleep apnea
PGO	Ponto-geniculo-occipital
POMC	Pro-opio-melanocortin
POSTS	Positive occipital sharp transient of sleep
PPT	Pedunculo-pontine tegmental nuclei
PRF	Pontine reticular formation
QUICKI	Quantitative Insulin sensitivity Check Index
REM	Rapid eye movement
RMR	Resting metabolic rate
RQ	Respiratory quotient
RYGB	Roux-en-Y gastric bypass
SCN	Suprachiasmatic nucleus
SD	Standard of deviation
SWA	Slow wave awakening
SWS	Slow wave sleep
TCA	Tricyclic antidepressants
TNF	Tumor necrosis factor
TSH	Thyroid stimulation hormone
US	United States
WC	Waist circumference
WHO	World Health Organization

MRODUCTION

INTRODUCTION

besity has now become a major public health concern around the world. It increased globally during the last decade and has now reached epidemic proportions. The increasing prevalence of overweight and obesity among children is of special concern, since it predicts obesity in adult age. (*Philippas and Lo*, 2005)

In 2004, the World Health Organization (WHO) reported that; an estimated 22 million children younger than 5 years of age and 10% of school-aged children between 5 and 17 years were overweight or obese. (Zimmet et al., 2007)

In the past 3 decades, obesity has more than doubled around the world with an estimated 43 million children younger than 5 years considered overweight. (WHO, 2008)

The prevalence and severity of childhood obesity is dramatically increasing with a corresponding increase in the prevalence of obesity related morbidities particularly those involving obstructive sleep apnea and metabolic and cardiovascular sequelae. (*Tauman and Gozal*, 2006)

Childhood obesity is associated with several unhealthy conditions as; high blood pressure, abnormal glucose & cholesterol levels, social discrimination, depression and behavioral problems. (*Sabin et al.*, 2006)

Introduction

Currently, there is an interest in the possible association between sleep and obesity. Sleep processes help in the regulation of secretion of the hormones related to growth and energy homeostasis and thus play an important role in the growth, maturation and health of children and adolescents. (*Mindell et al.*, 1999)

It is estimated that, approximately 25-50% of infants and children experience inadequate sleep and more than 2 million children suffer from sleep disorders such as obstructive sleep apnea. (*National Sleep Foundation*, 2004)

The association between sleep problems and childhood obesity has been shown in a number of studies around the world. (*Taveras et al.*, 2008)

AM OF THE WORK

AIM OF THE WORK

- ➤ This study aimed to:
 - 1- Describe sleep patterns in overweight/obese children.
 - 2- Assess the relationship between sleep patterns and childhood obesity.