

# PREVALENCE OF SLEEP DISTURBANCE IN PLWHA. TIME TO ACTION

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## Introduction

Sleep is a physiological process characterized by a state of perceptual disengagement and unresponsiveness to external stimuli. Sleep quality refers the duration and depth of sleep, encompassing factors such as the ease of falling asleep, staying asleep, and the frequency of nocturnal awakenings.

Typically, 10-40% of the general population experiences sleep disorders, significantly affecting quality of life, physical health, and social functioning. **People living with HIV/AIDS (PLWHA) are particularly susceptible to poor sleep quality, estimated at around 70%.** This heightened vulnerability can be attributed to various factors, including: **social stigma, side effects of antiretroviral drugs, specifically integrase inhibitors (INSTIs), non-adherence to antiretroviral therapy (ART), disease progression, financial concerns, unemployment, and lack of knowledge about sleep-enhancing behaviors in PLWHA.**

The objective of this study is to **evaluate the prevalence and determinants associated with poor sleep quality in PLWHA receiving ART at the Infectious Diseases Clinic of the Amedeo di Savoia Hospital, ASL City of Turin.**

## Methods

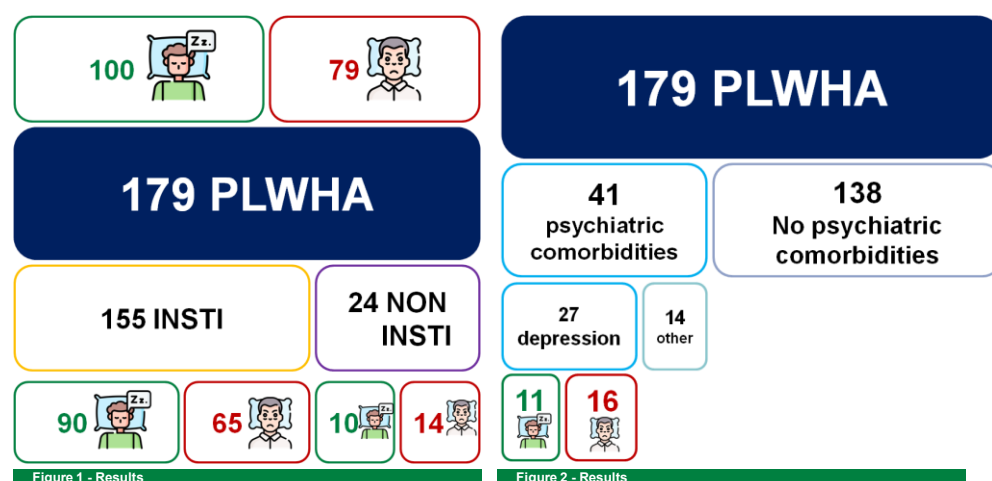
In this retrospective observational study, we included **182 PLWHA receiving care at the Amedeo di Savoia Hospital, enrolled randomly (i.e. two days/week) from December 2023 to March 2024.** Participants completed the **Pittsburgh Sleep Quality Index (PSQI)**, a validated scale for assessing sleep disorders, with **scores >5 indicating poor sleep quality.** Descriptive analysis was conducted to assess differences in variable distribution according to PSQI Score. Missing data were handled using listwise deletion, resulting in a final sample size of 179. Among our population, there were 147 males (82%) and 32 females (18%), with an average age of 52 years (IQR 42-59) and a transmission risk of 106 (59%) MSM, 55 (31%) ETX and 18 (10%) other.

## Results

Out of 179 PLWHA, **100 (56%) have good sleep quality (PSQI ≤5), while 79 PLWHA (44%) have poor sleep quality (PSQI >5).**

Among the 179 PLWHA: **155 (87%) are taking INSTIs**, of whom **90 (58%) have good sleep quality and 65 (42%) have poor sleep quality; 24 (13%) are taking non-INSTIs**, of whom **10 (42%) have good sleep quality and 14 (58%) have poor sleep quality.**

Out of the 179 PLWHA, **41 (23%) have psychiatric comorbidities**, of whom **27 (15%) are experiencing depression.** Among these 27 PLWHA, **16 (59%) have poor sleep quality.**



## Conclusion

From this study, it emerged that 44% of PLWHA have poor sleep quality, confirming the literature's data and emphasizing the need to address this issue in routine clinical practice. **Our findings, unlike those in the literature, seem to indicate a lack of correlation between poor sleep quality and the intake of INSTIs (p=0.13),** possibly due to the small sample size, warranting further research. Moreover, **59% of PLWHA with depression have poor sleep quality.** Therefore, we consider it useful to investigate the impact of depression treatment on sleep quality.