

Sleep Disturbance in Individuals Diagnosed with Colorectal Cancer: Factors Associated with Sleep Disturbance and Changes in Sleep Disturbance

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Abstract

This dissertation evaluates sleep disturbance in individuals with colorectal cancer (CRC), with the objectives of providing insight on the patient, disease and treatment characteristics associated with sleep disturbance (and change in sleep disturbance), investigating whether there is variation in these factors across levels of sleep disturbance severity (and change in sleep disturbance severity), and finally assessing the relationship between sleep disturbance (and change in sleep disturbance) and exercise (and change in exercise). We also investigated possible heterogeneity in the relationship between sleep disturbance and these factors. Data were obtained from the MY-Health study, a community-based observational study of adults diagnosed with cancer collected through four Surveillance, Epidemiology and End Results (SEER) cancer registries. Patient-Reported Outcomes Measurement Information System (PROMIS) measures were administered to patients to measure sleep, anxiety, depression, fatigue, pain interference, and social and physical functioning. Participants (n = 734) self-reported demographic information, comorbidities, treatment type, and dates of treatment. Data were collected at two time points after diagnosis: approximately 10 and 17 months after diagnosis. Regression mixture models (RMM) (to evaluate heterogeneity) and multiple regression models were used to evaluate the relationship between sleep disturbance and patient, disease, and treatment factors, as well as exercise. Overall, results of the RMM analyses provided evidence that the relationship between sleep disturbance and patient, disease, treatment characteristics, and exercise levels was consistent at every severity level of sleep disturbance. Factors yielding statistically significant relationships with sleep disturbance at approximately 10 months after CRC were 2 or more comorbid conditions, non-retirees, anxiety, pain interference, and fatigue. Change in anxiety and fatigue yielded statistically significant relationships with change in sleep disturbance. Coefficients were small; CRC patients should be screened for sleep disturbance throughout the cancer continuum. We found no relationship between exercise approximately at or above American College of Sports Medicine guidelines and sleep disturbance at approximately 10 and 17 months after CRC diagnosis (or change increase in exercise and change in sleep disturbance). Exercise has clear health benefits and although this study does not provide evidence that exercise is associated with better sleep quality, CRC patients should continue to be encouraged to exercise.

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