

# Student Exercise and Sleep Timing (SiESTa) Study

Jessica Rallo, Emily Glavin, Dr. Andrea Spaeth

Rutgers Sleep Lab, Rutgers University, New Brunswick, NJ 08901

RUTGERS

Aresty Research Center for Undergraduates

## Introduction

Approximately 50% of college students report daytime sleepiness and drowsiness as a result of insufficient sleep [1]. Although exercise can be used as an effective non-pharmacologic treatment to improve sleep health [2-4], it may impair sleep if performed too close to bedtime [3, 5-6, 8]. Late-night exercise is common among college students as this is often the only time they have in their schedule due to classes and other activities. A previous survey study in Rutgers Sleep Lab examined the relationships between exercise timing and sleep quality and found that evening exercisers had later bedtimes, longer time in bed, lower sleep efficiency, and scored worse on the Pittsburgh Sleep Quality Index (PSQI) subscales for sleep quality and efficiency compared to morning exercisers (Manuscript Submitted for Publication). Experimental studies have been limited protocols that assess same-night acute effects of exercise on sleep, and no studies focus on college students [9, 10]. This study aims to fill the gap in the knowledge about the effects of exercise timing on sleep by assessing the feasibility of a morning-exercise intervention in college students. It is hypothesized that shifting exercise timing from the evening to the morning will improve sleep efficiency, mood, and productivity and decrease stress.

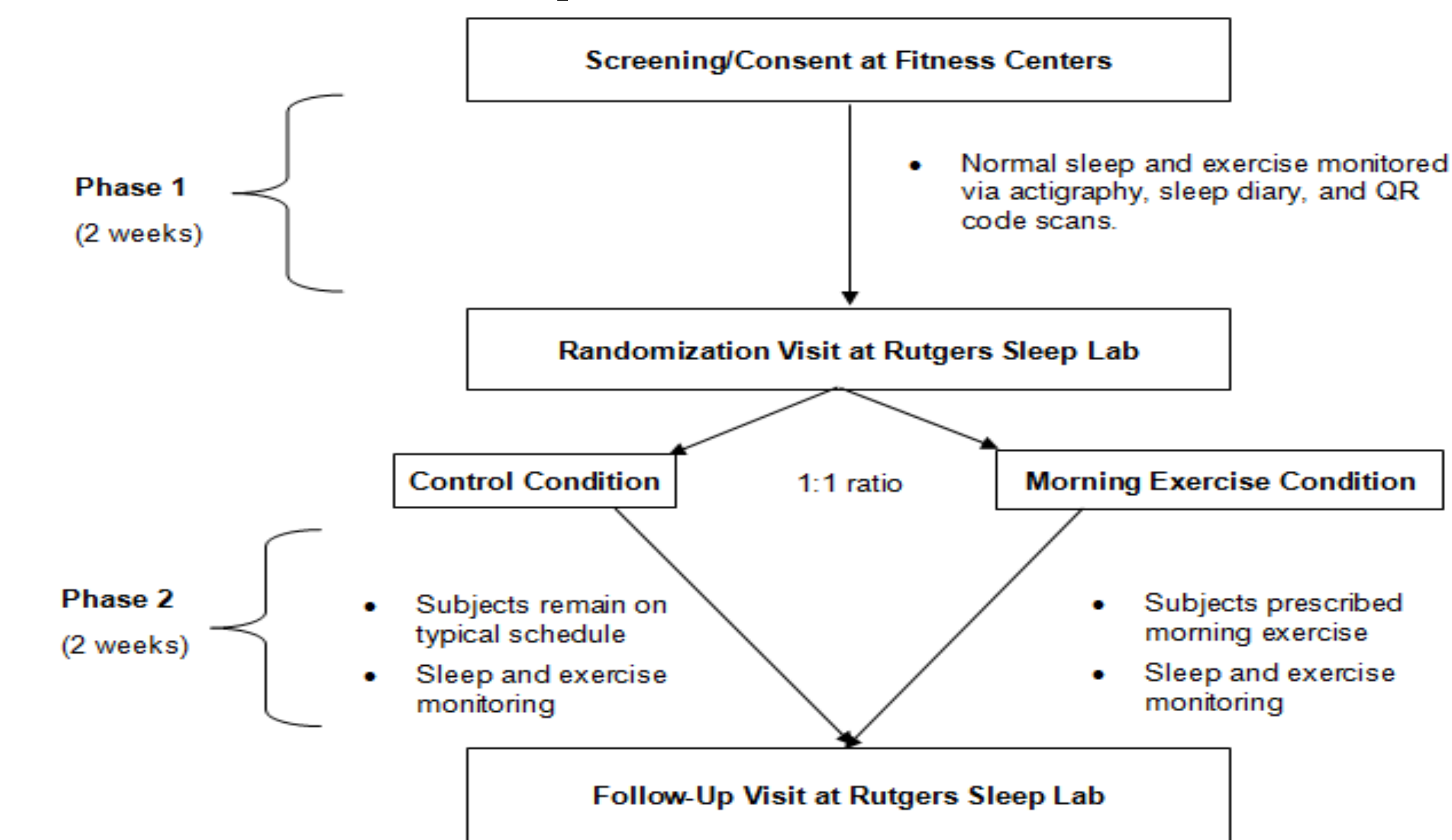
## Methods and Materials

### Participants:

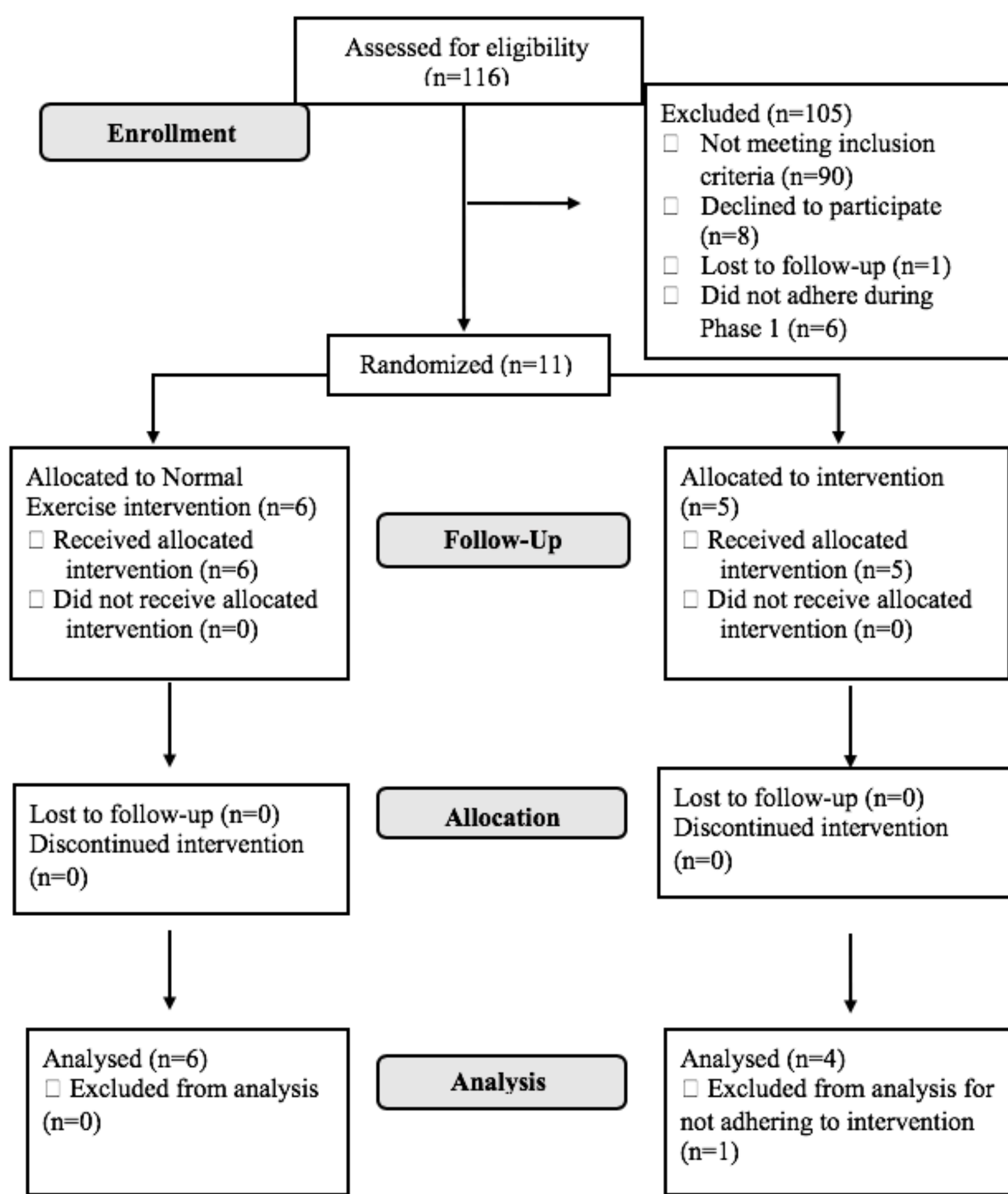
College students (Age 18-23y, N=11; See **Figure 1**) were recruited in-person from the lobby of Rutgers University campus fitness centers. Subjects were regular exercisers (at least 3 nights/week; 6pm-11pm) had no diagnosed sleep disorder and were Poor sleepers (PSQI Global Score  $\geq 5$ ).

### Protocol:

See **Figure 2**; Mood, Stress and Productivity Questionnaires administered at Randomization and Follow-up Visits.



**Figure 2.** Study Protocol and Randomization



**Figure 1.** Diagram of Participant Flow

### Outcome Measures:

- Sleep:** Data was recorded 24h/day via a wrist-worn Actiwatch Spectrum Plus device (Murrysville, PA); Subjective sleep characteristics (e.g. naps) via online sleep diaries.
- Sleep Period (Sleep Onset to Sleep Offset), Total Sleep time (time spent asleep during Sleep Period), Sleep Efficiency [(Total Sleep Time/Sleep Period)\*100], and Wake After Sleep Onset.
- Mood and Stress:** PROMIS Mood Measures (Positive Affect, Depression, Anxiety, Anger); Perceived Stress Scale Total Score.
- Productivity:** "How would you rate your (overall productivity, class attendance, time management, memory and attention span)?" (1=poor, 2=fair, 3=good, 4= excellent).

**Statistical Analysis:** Descriptive statistics (means and frequencies) and between-subjects and Mixed-model ANOVAs.

## References

1. Thorpy, M.J., *Classification of sleep disorders*. Neurotherapeutics, 2012, 9(4): p. 687-701.
2. Atkinson, G. and D. Davenne, *Relationships between sleep, physical activity and human health*. Physiol Behav, 2007, 90(2-3): p. 229-35.
3. Youngstedt, S.D. and C.E. Klum, *Epidemiology of exercise and sleep*. Sleep Biol Rhythms, 2006, 4(3): p. 215-221.
4. Kovacevic, A., et al., *The effect of resistance exercise on sleep: A systematic review of randomized controlled trials*. Sleep Med Rev, 2018, 39: p. 52-68.
5. Souissi, M., et al., *Effect of time-of-day of aerobic maximal exercise on the sleep quality of trained subjects*. Biological rhythm research, 2012, 43(3): p. 323-330.
6. Fairbrother, K., et al., *The effects of aerobic exercise timing on sleep architecture*. Medicine & Science in Sports & Exercise, 2011, 43(5).
7. MacLaino Esteves, A., et al., *Sleep patterns and acute physical exercise: the effects of gender, sleep disturbances, type and time of physical exercise*. J Sports Med Phys Fitness, 2014, 54(6): p. 809-15.
8. Costa, J.A., et al., *Does Night Training Load Affect Sleep Patterns and Nocturnal Cardiac Autonomic Activity in High-Level Female Soccer Players?* International journal of sports physiology and performance, 2019, 14(6): p. 779-787.
9. Passos, G.S., et al., *Effect of acute physical exercise on patients with chronic primary insomnia*. Journal of Clinical Sleep Medicine, 2010, 6(5): p. 270-275.
10. Munkki, M., et al., *Acute effects of a single exercise class on appetite, energy intake and mood. Is there a time of day effect?* Appetite, 2005, 45(3): p. 272-278.

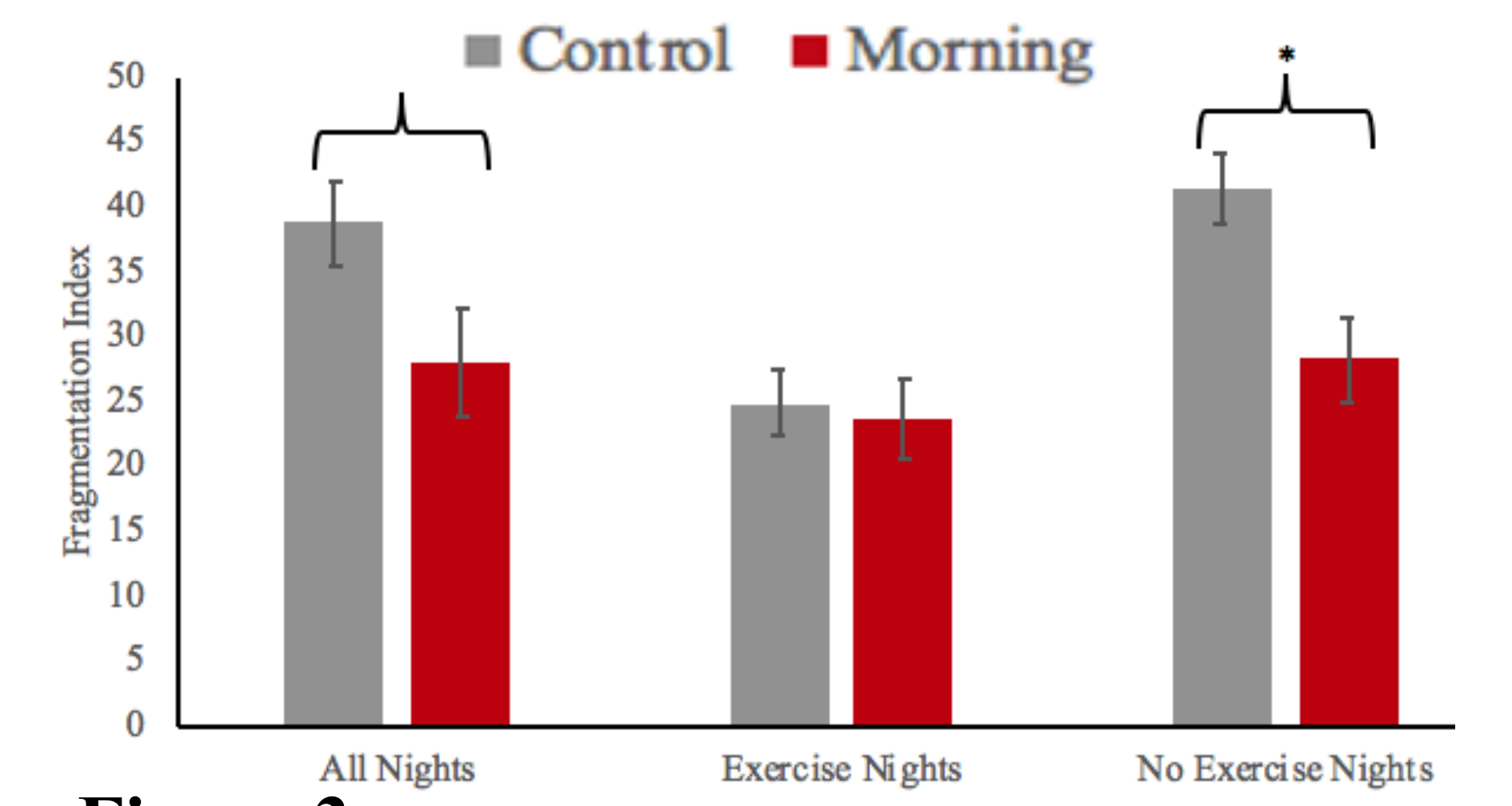
## Results

**Table 1.** Demographic characteristics (N=10).

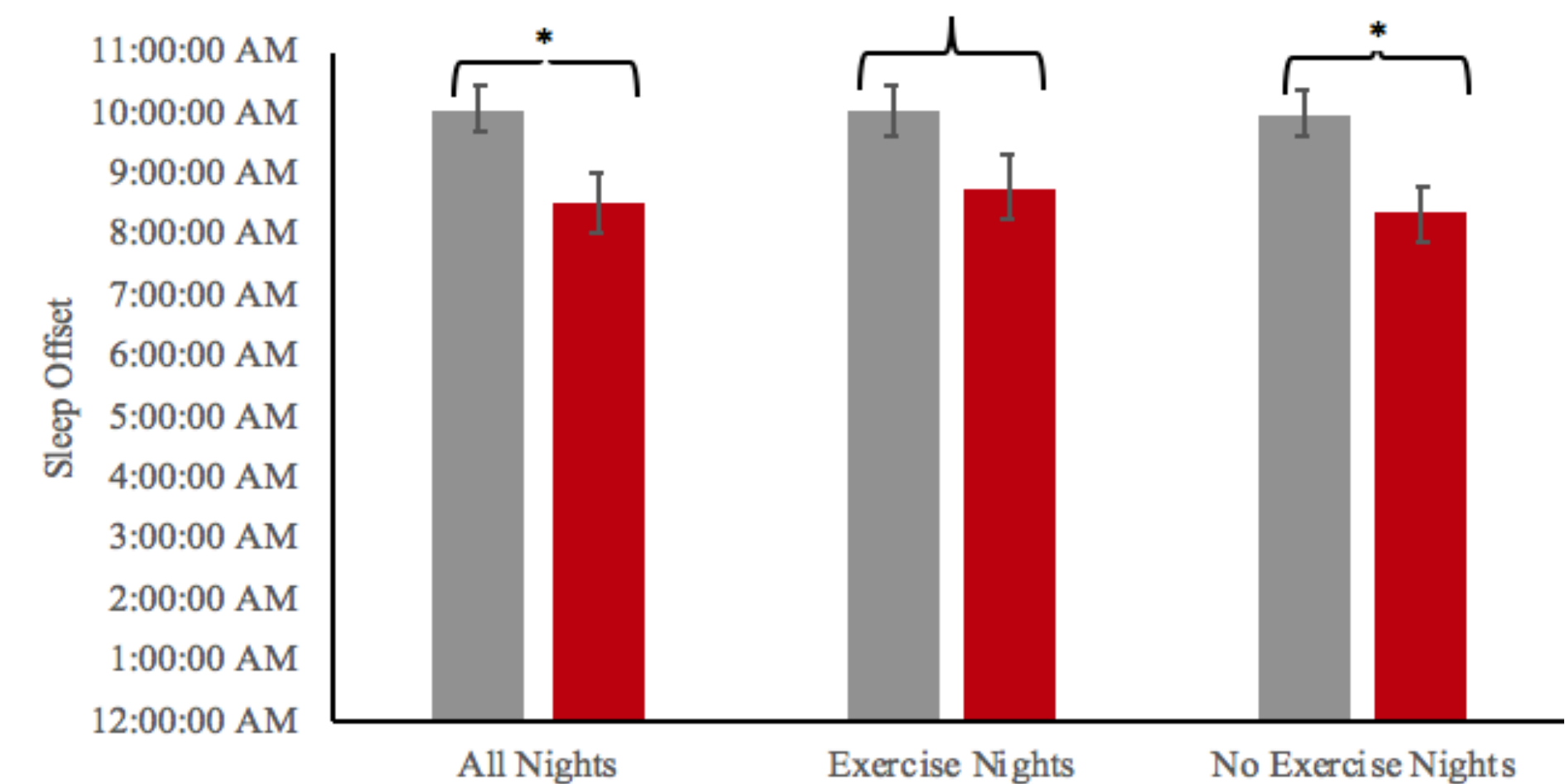
Variables/Category	M(SD) or f (%)
Age	20.3 (1.5)
Year of Study	
Freshman	3 (30.0)
Sophomore	1 (10.0)
Junior	1 (10.0)
Senior	5 (50.0)
Gender	
Woman	4 (40.0)
Man	6 (60.0)
Race	
American Indian or Alaska Native	0 (0.0)
Asian	3 (30.0)
Black or African American	0 (0.0)
Native Hawaiian or Other Pacific Islander	0 (0.0)
White or Caucasian	4 (40.0)
Other	3 (30.0)
Ethnicity	
Hispanic	1 (10.0)
Non-Hispanic	9 (90.0)
International Student	
Yes	0 (0.0)
No	10 (100.0)
Residential Status	
On Campus	6 (60.0)
Off Campus	4 (40.0)
Employment Status	
Yes	7 (70.0)
No	3 (30.0)
Chronotype Status	
Morning Type	0 (0.0)
Neither Type	3 (30.0)
Evening Type	7 (70.0)
Global PSQI Score	8.9 (3.0)

**Table 2.** Mean Scores  $\pm$  SD for Productivity, Stress and Mood

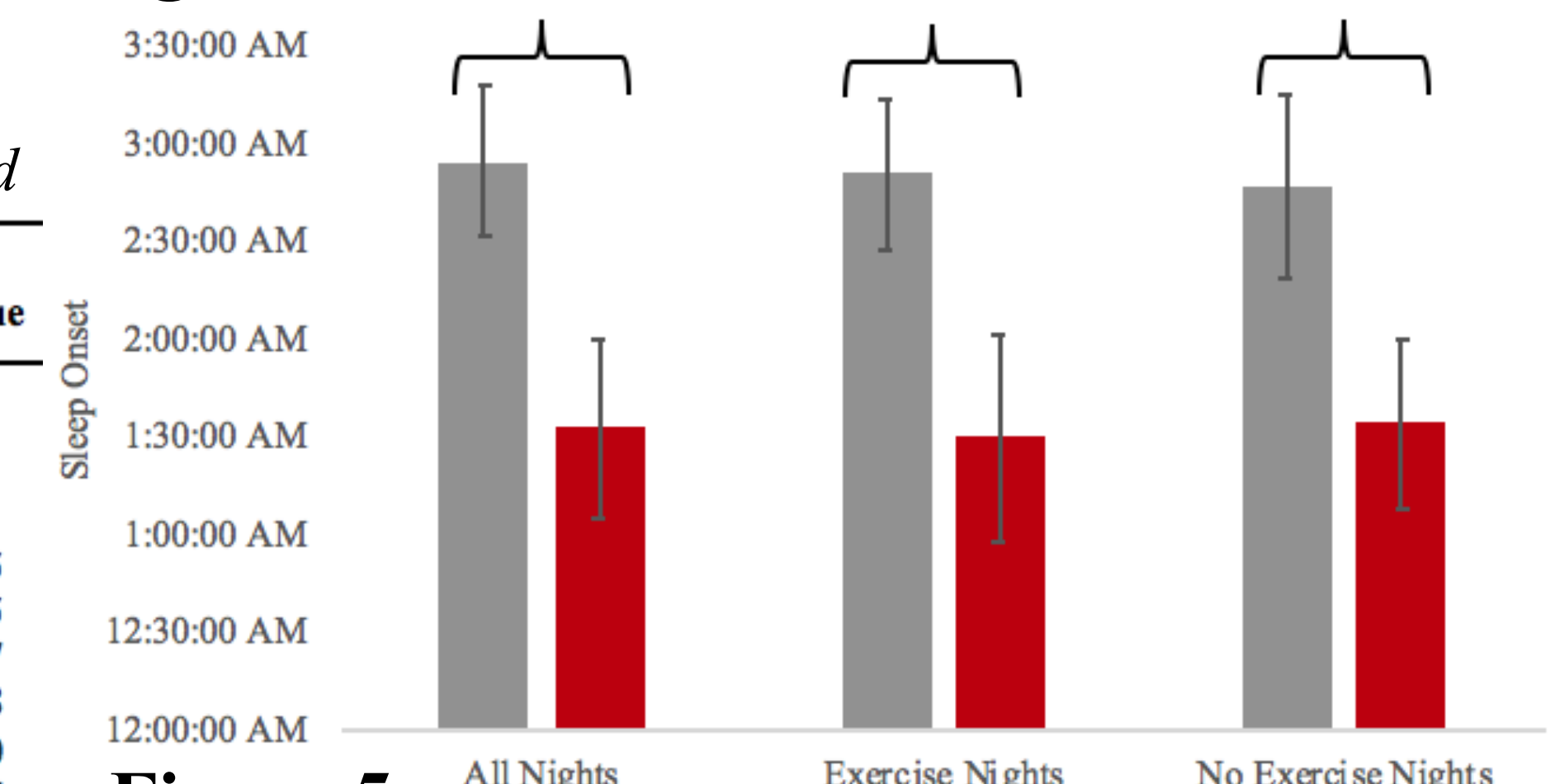
Variable	Control (Mean $\pm$ SD)		p-value	Intervention (Mean $\pm$ SD)		p-value
	Pre	Post		Pre	Post	
Productivity						
Productivity	2.00 $\pm$ 0.63	2.17 $\pm$ 0.98	0.17	2.50 $\pm$ 1.29	3.00 $\pm$ 0.00	0.50
Attendance	3.00 $\pm$ 1.10	2.83 $\pm$ 0.98	-0.17	2.75 $\pm$ 0.96	2.50 $\pm$ 0.58	-0.25
Time Mgmt.	2.00 $\pm$ 1.10	2.00 $\pm$ 0.89	0.00	2.00 $\pm$ 0.82	2.75 $\pm$ 0.96	0.75
Attention	2.17 $\pm$ 1.17	2.33 $\pm$ 0.82	0.16	2.50 $\pm$ 0.58	3.00 $\pm$ 0.82	0.50
Memory	2.67 $\pm$ 0.82	2.67 $\pm$ 0.52	0.00	3.75 $\pm$ 0.50	3.75 $\pm$ 0.74	0.00
PSS	30.67 $\pm$ 3.08	30.83 $\pm$ 4.40	0.16	25.00 $\pm$ 4.08	29.00 $\pm$ 3.16	4.00
Mood						
Anxiety	53.12 $\pm$ 5.42	53.28 $\pm$ 5.45	0.16	51.73 $\pm$ 1.16	53.18 $\pm$ 4.12	1.45
Depression	47.83 $\pm$ 6.27	49.05 $\pm$ 7.10	1.22	52.33 $\pm$ 4.28	53.35 $\pm$ 1.50	1.02
Anger	51.20 $\pm$ 4.60	56.47 $\pm$ 5.53	5.27	55.75 $\pm$ 8.42	59.85 $\pm$ 6.82	4.10
Positive Aff.	44.35 $\pm$ 5.89	42.70 $\pm$ 8.13	-1.65	44.73 $\pm$ 4.82	44.58 $\pm$ 5.15	-0.15



**Figure 3.**



**Figure 4.**



**Figure 5.**

**Figures 3-5.** Sleep Data for All, Exercise, and No Exercise nights by Morning Intervention and Control Condition. Bar indicates Mean  $\pm$  SE

## Discussion

- All Nights:** Morning Exercise associated with earlier Sleep Offset ( $F(1,8) = 5.90, p = 0.04$ , **Figure 3**). Trends towards earlier Sleep Onset ( $F(1,8) = 5.00, p = 0.06$ , **Figure 5**) and decreased fragmentation ( $F(1,8) = 4.20, p = 0.08$ , **Figure 4**).
- Non-Exercise Nights:** Morning Exercise was associated with earlier Sleep Offset ( $F(1,8) = 7.23, p = 0.03$ , **Figure 3**) and decreased fragmentation ( $F(1,8) = 9.53, p = 0.02$ , **Figure 4**). Trend towards earlier Sleep Onset ( $F(1,8) = 3.86, p = 0.09$ , **Figure 5**)
- Exercise Nights:** Morning Exercise showed trends toward earlier Sleep Onset ( $F(1,8) = 3.83, p = 0.09$ ).
- The randomization condition had no effect on sleep variables, stress, productivity or mood. Limitations of this study included a small sample size and self-reported data assessments (e.g. productivity). Future studies should consider matching subjects between control and intervention based on intensity and duration. Morning exercise may lead to better sleep on nights that exercise is not performed.

## Acknowledgments

I would like to extend my sincerest gratitude to Dr. Andrea Spaeth and Emily Glavin for their guidance throughout this research, Aresty Research Center for funding and Rutgers Fitness Centers for allowing me to utilize the centers for recruitment.