

# What influences healthy sleep habits in adults living with type 1 or type 2 diabetes?

Adults living with type 1 or type 2 diabetes have **increased risk for poor sleep quality, shorter sleep duration and insomnia**, when compared to adults without diabetes. Adopting healthy sleep habits, such as **avoiding screen use in bed and adopting a regular sleep schedule**, could minimize this risk. Other healthy sleep habits include avoiding caffeine, alcohol and nicotine consumption before bedtime. But what **psychosocial factors are associated with the adoption** of those healthy sleep habits?



To better understand this complex issue, 320 adults living with diabetes completed an anonymous online questionnaire on **one of two healthy sleep habits**:

174

48% had type 1 diabetes  
52% had type 2 diabetes

## Screen use in bed

Watching television or using a cellphone / smartphone and / or laptop / tablet in bed, excluding electronic devices for blood glucose monitoring.

146

30% had type 1 diabetes  
70% had type 2 diabetes



## Sleep timing / variability

Going to bed and waking up with  $\pm$  20–30 minutes of difference from day to day even on weekends.



## Results for screen use in bed



of participants reported screen use in bed in the last month, with the vast majority doing it everyday.

**Younger** adults reported more screen use in bed.

Using screens in bed was **considered a habit**, something you do automatically and without having to consciously remember.

## Could we do otherwise?



It was believed that **removing alerts on electronic devices in the evening** could help decrease screen use in bed.

Replacing screen use by **other activities conducive to sleep** like reading, doing yoga or meditating could promote healthy sleep habits in adults.





## Results for sleep timing

~90 %

of participants reported sleep variability in the last month and most said it happened once or twice a week.

**Females** reported more sleep timing variability.

The most common barrier to having a regular sleep schedule was **having many things to do in the evening** (work, studies, taking care of children).

## Could we do otherwise?

**Time management interventions** might be useful to encourage adults living with diabetes to have sleep regularity.



## It is also good to note that...



Avoiding screen use in bed and having a regular sleep schedule was **considered difficult to implement** and implied many barriers.

Intention was not a determinant of behavior for both healthy sleep habits; adults living with diabetes **perceived they have little control over the adoption of those habits** and it was perceived as too challenging, which sapped the intention to do it.

More research is needed to identify **how to develop healthy habits or break undesirable ones**, since changing a behavior that is strongly habitual is most likely difficult and maybe more than developing new healthy habits.



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