

Within-person fluctuations in stressful life events, sleep, and anxiety and depression symptoms in a year-long adolescent study





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BACKGROUND

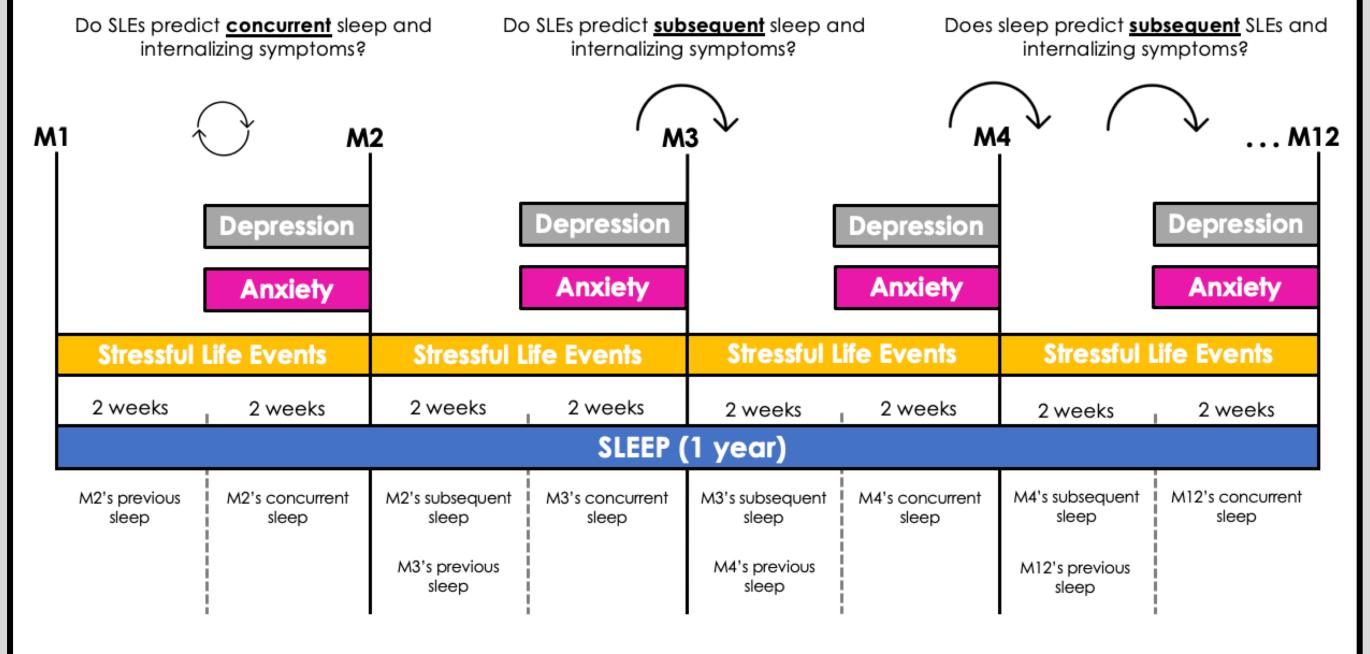
- Adolescence is characterized by greater exposure to stressful life events (SLEs) and the onset of internalizing disorders like anxiety and depression¹
- Stress exposure is a well-established risk factor for anxiety and depression^{2,3}, but the mechanisms remain unknown; sleep might mediate this relationship
- Sleep is suboptimal in adolescence⁴, is disturbed by SLEs⁵, and has been identified as an early risk factor for internalizing disorders⁶
- However, prior work has relied on self-reported sleep, clinical and adult populations, cross-sectional designs, and/or brief study periods, precluding finergrained investigation of the directionality of sleep-internalizing relationships within individuals over extended periods of time

Research questions

- How do adolescents' sleep, SLEs, and anxiety and depression symptoms fluctuate over extended periods of time?
- How do within-person changes in sleep, SLEs, and internalizing symptoms relate to one another longitudinally?
- Does sleep mediate the longitudinal association of SLEs with internalizing symptoms?

METHODS

30 females aged 15-17 completed year-long longitudinal study with 12 monthly assessments of stressful life events, anxiety and depression symptoms, and continuous monitoring of sleep with actigraphy



At each monthly visit:

- SLEs: UCLA Life Stress Interview: interviewer-coded total scores reflect number and severity of stressors reported (reports about previous month)
- Anxiety: GAD-7 total score (reports about previous two weeks)
- Depression: PHQ-9 total score (reports about previous two weeks)

Actigraphy wristband worn continuously over the year:

- Sleep duration: Total hours of sleep (includes naps; does not include restless, awake time)
- Sleep timing regularity index: Assesses deviations from each individual's average sleep schedule (higher score = more regular)

Daily sleep data were aggregated over two-week periods (or a month) to match data at monthly visits; mean and variability (standard deviation) of sleep variables were used for analyses

RESULTS

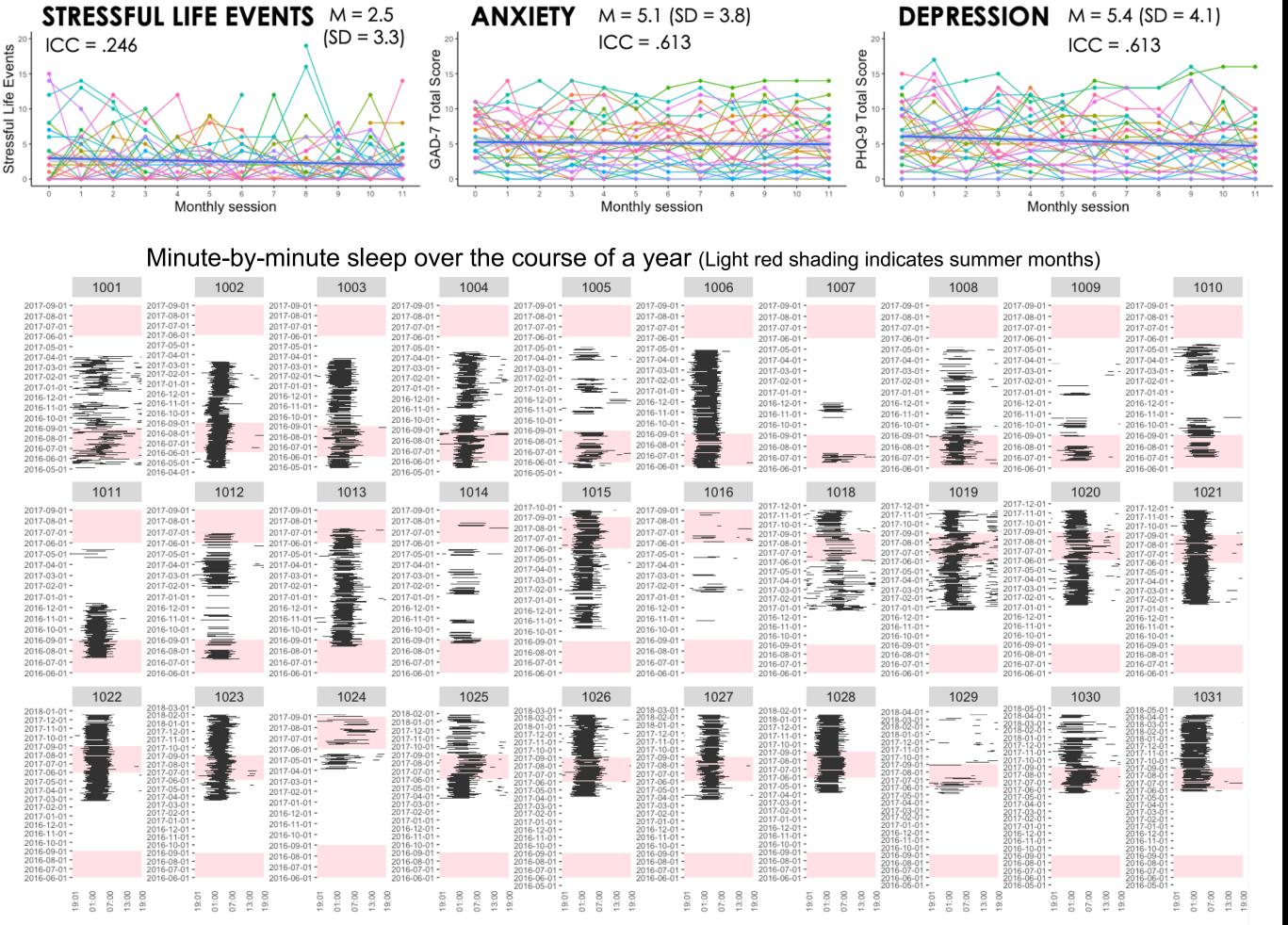
Adolescents show substantial between- and within- person variability in sleep, SLEs, and internalizing symptoms over time

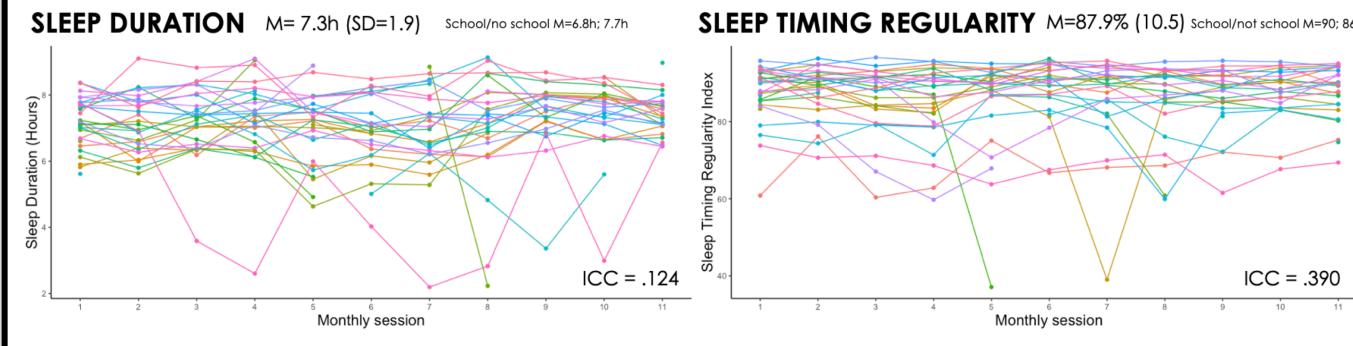
ANXIETY M = 5.1 (SD = 3.8)

STRESSFUL LIFE EVENTS M = 2.5

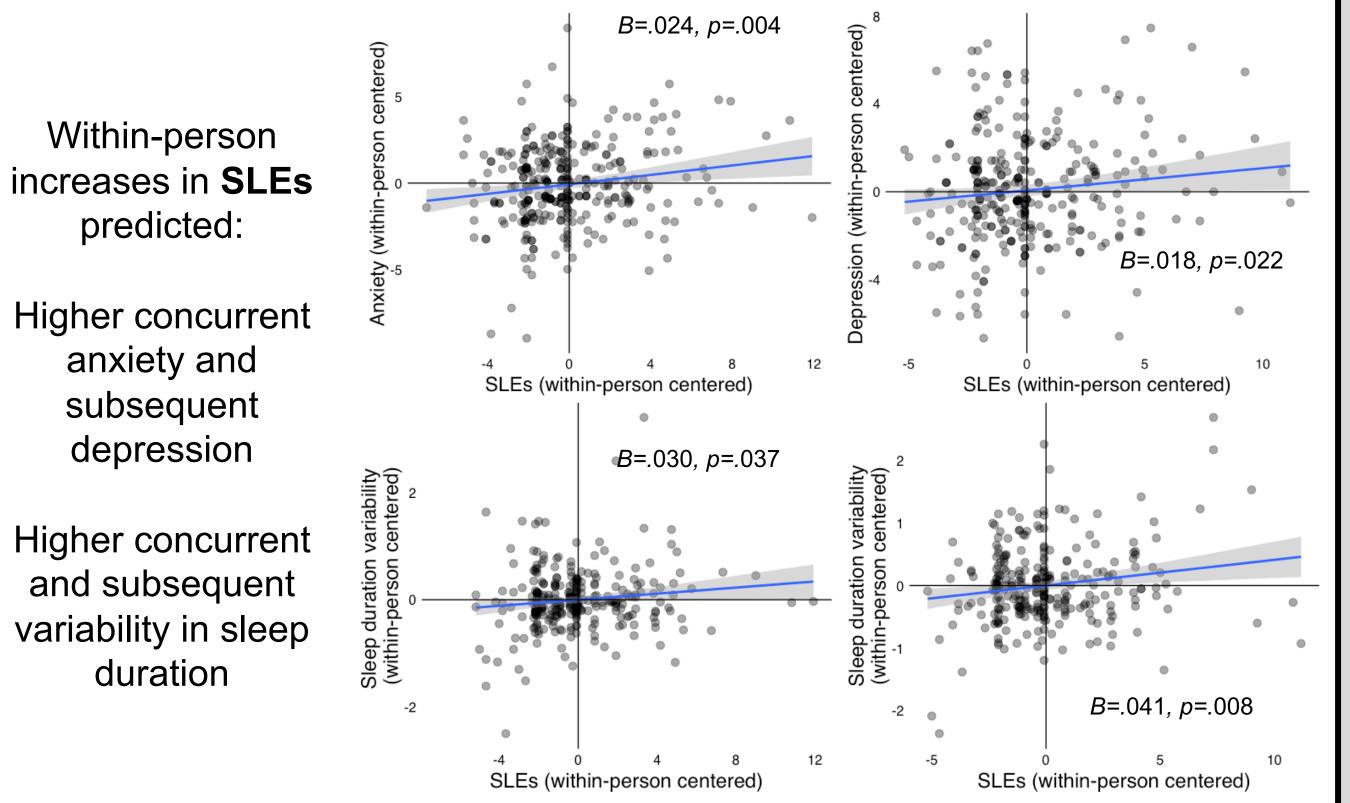
predicted:

duration

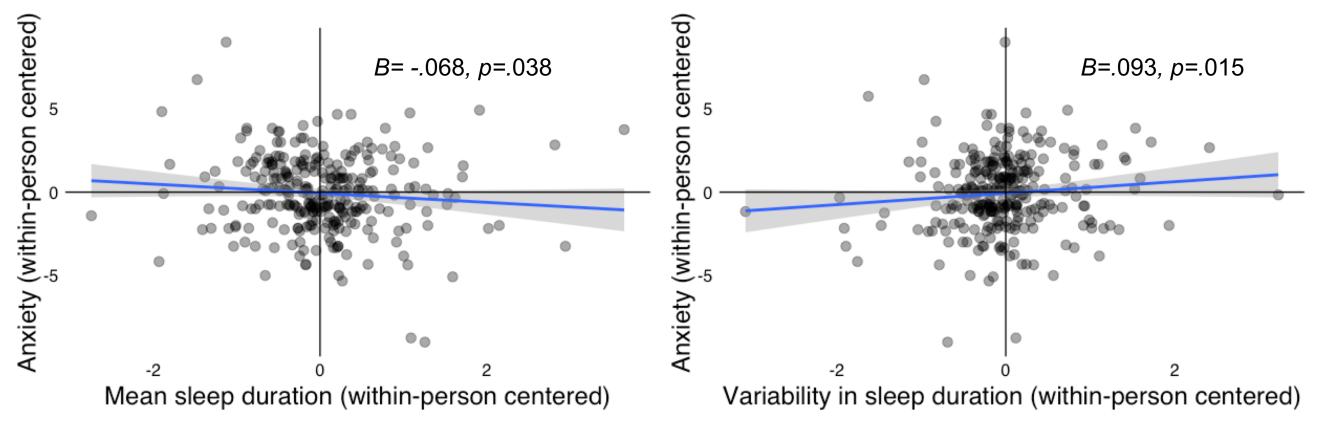




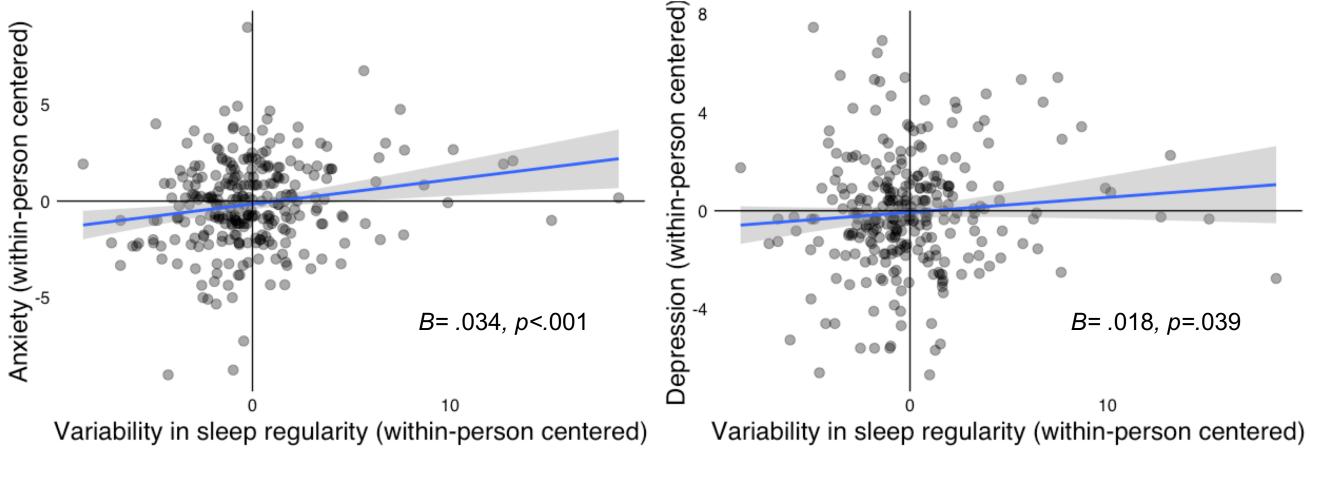
Complex relationships between sleep, SLEs, and anxiety and depression over time Multilevel models dissociating between-/within-person effects

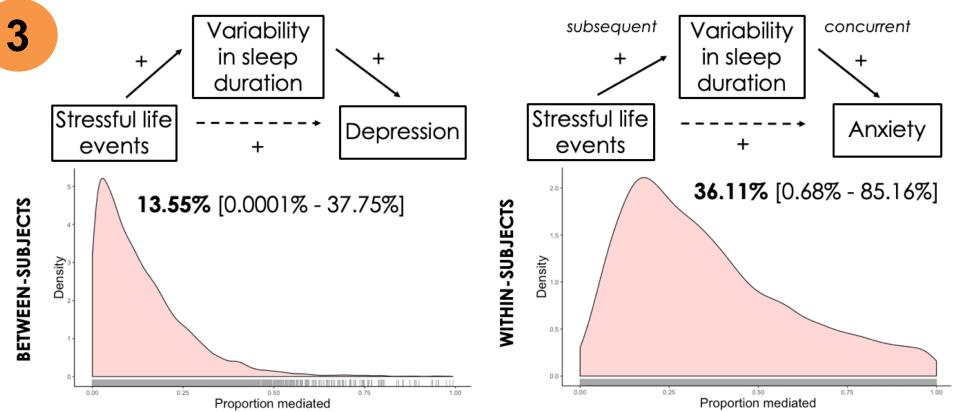


Within-person increases in mean, and decreases in variability in sleep duration predicted higher concurrent anxiety



Within-person increases in variability in sleep timing regularity predicted subsequent anxiety and depression symptoms





Intraindividual variability in sleep duration mediates subsequent association of **SLEs and anxiety** symptoms

DISCUSSION

Large intraindividual variability in sleep, SLEs, and internalizing symptoms

- Variability was more important predictor than relative means in our models
- Importance of intensive longitudinal research

Complex relationships between sleep, stress, internalizing symptoms

- Within-person relationships strongest for sleep duration and anxiety
- Directionality: Stress predicts sleep duration, sleep duration predicts anxiety
- Sleep duration as a mediator between SLEs and anxiety symptoms

Limitations: Observational study, missing actigraphy data, small effects

More research is needed

Future directions

Replicating in larger, developmental sample

Investigating other aspects of sleep (e.g. chronotype, sleep fragmentation)

More granular temporal analyses (e.g. school vs out of school effects; day-to-day fluctuations with ecological momentary assessment data)

Exploring changing sleep-stress-anxiety relationships between-subjects, and within-subjects over time (e.g. clustering, hidden markov models)

REFERENCES 1. Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., ... Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. The Lancet, 378, 1515–1540 2. Hammen, C. (2005). Stress and Depression. *Annual Review of Clinical Psychology*, 1(1), 293–319 3. McLaughlin, K. A., Greif Green, J., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2012). Childhood Adversities and First Onset of Psychiatric Disorders in a National Sample of US Adolescents. Archives of General Psychiatry, 69(11), 1151.

4. Wheaton, A. G., Jones, S. E., Cooper, A. C., & Croft, J. B. (2018). Short Sleep Duration Among Middle School and High School Students — United States, 2015. MMWR. Morbidity and Mortality Weekly Report, 67(3), 85–90. 5. Kim, E.-J., & Dimsdale, J. E. (2007). The Effect of Psychosocial Stress on Sleep: A Review of Polysomnographic Evidence. Behavioral Sleep Medicine, 5(4), 256–278. 6. Wilson, C., Carpenter, J., & Hickie, I. (2019). The Role of the Sleep-Wake Cycle in Adolescent Mental Illness. Current Sleep Medicine Reports, 1–10.