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Letter to the Editor

Before Attributing Sleep Quality and Mental Health to Dietary Habits and Quality of Food, Confounding Variables should be Included in the Analysis

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Letter to the Editor

We read with interest the article by Ates *et al.* on a cross-sectional study of the influence of intuitive eating, hedonic hunger, and dietary quality on mental health and sleep quality ^[1]. Hedonic hunger status was assessed using the Power of Food Scale (PFS), intuitive eating using the Intuitive Eating Scale-2 (IES-2), mental health using the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), and sleep quality using the Pittsburgh Sleep Quality Index (PSQI) ^[1]. Half of the patients reported intuitive eating, two-thirds reported hedonic eating, and two-thirds had poor dietary quality ^[1]. The sleep quality and mental health of individuals who exhibited intuitive eating behaviour were better than those with hedonic hunger ^[1]. Dietary quality was not associated with mental health, intuitive eating, hedonic hunger, or sleep quality ^[1]. The study is noteworthy, but two points should be discussed.

The first point is that sleep quality depends not only on eating habits (intuitive eating, hedonic eating) and the quality of nutrition, but also on many other influencing factors. In general, the factors that influence sleep quality can be divided into endogenous and exogenous factors. Endogenous factors include personality type, individual stress levels, acute and chronic stress levels (balance between the sympathetic and parasympathetic nervous systems), the ability to cope with exogenous or endogenous stressors, genetic predisposition, comorbidities, and lifestyle habits (e.g., sleep habits (going to bed at a certain time, turning off lights, TV, headphones, radio, cell phone, iPad, and bedroom lighting, and removing and turning off all devices that generate electromagnetic pollution)). Exogenous determinants include noise, light, vibrations, drafts, insects, pets, children, partners, electrosmog, cell phone towers, relationships with neighbours, socioeconomic status, time of last meal or fluid intake, concomitant medication, consumption of alcohol, adrenergic stimulants, or illegal drugs, as well as local and geopolitical stress ^[2]. These factors must be included in a regression analysis to determine which parameters actually influence sleep quality.

The second point is that sleep quality cannot be adequately assessed using questionnaires ^[3]. Sleep quality can only be adequately assessed by examining sleep duration, sleep depth, the number and duration of REM (rapid eye movement) phases, oxygen supply, limb movements, and episodes of sleep apnea in a sleep laboratory. Subjective assessments, such as those made in questionnaires, are prone to inaccuracies due to individual perceptions and memory distortions, underscoring the need for objective measurements such as polysomnography (PSG) for a comprehensive understanding of sleep health. PSG provides objective, detailed, and comprehensive data on various physiological parameters during sleep, enabling an accurate diagnosis, whereas questionnaires rely on subjective self-reports, which can be inaccurate and limited in scope. PSG records brain waves, eye movements, heart rate, breathing patterns, and oxygen saturation, providing a concrete and objective assessment of sleep ^[4]. Questionnaires typically focus on specific symptoms or aspects of sleep, potentially overlooking other important factors that contribute to sleep disorders.

In summary, sleep quality depends not only on dietary habits and food quality, but also on numerous other factors that must be taken into account when linking dietary habits and food quality to sleep and mental health. Sleep quality can only be adequately assessed by means of a PSG.

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