

Comment on “Hyperglycemia in pregnancy: sleep alterations, comorbidities, and pharmacotherapy”

Yushun You¹ , Zhipeng Li¹ , Xiaohong Liu^{1*} 

Dear Editor,

We were happy to read the article written by Facanha et al¹. The study found that sleep problems in pregnant women with diabetes are very common, which might be type 1 diabetes (T1DM) and type 2 diabetes (T2DM) or gestational diabetes mellitus (GDM). Another finding of the study was metformin, a commonly used oral hypoglycemic drug, and higher parity were independently associated with poor sleep quality in GDM patients. Although their findings point to some problems and offer innovative ideas, we believe some issues should be further discussed.

The purpose of this study has been detailed at the end of the introduction, that is, to examine the sleep quality and sleep duration of patients with hyperglycemia secondary to T1DM, T2DM, and GDM in the middle and late stages of pregnancy and to analyze the factors that may affect sleep status. However, in our opinion, the title of this article may have been enlarged. To make the title of this article more accurate and reasonable, we suggest changing the title of this article from “Hyperglycemia in pregnancy: sleep alterations, comorbidities, and pharmacotherapy” to “Mid-late pregnant women: The effect of blood glucose comorbidity on sleep and drug treatment.”

We found another article² pointing out that the Pittsburgh Sleep Quality Index (PSQI) cutoff score of 5 is more suitable

for expectant mothers, but may not be suitable for pregnant women, especially in the late pregnancy. Therefore, we suggest that different scoring criteria should be selected for different gestation periods, or the PSQI score level should be appropriately increased.

In the Methods section, the authors explained the data sources provided by the Center for Diabetes and Hypertension (CIDH-CE) and conducted a cross-sectional study based on this. However, cross-sectional studies have inherent limitations and are prone to various biases, such as no response bias, recall bias or reporting bias, and measurement bias. In addition, the samples of the cross-sectional study should be obtained through random sampling instead of non-random sampling, so the authenticity of the conclusions of this study remains to be verified. If the authors or other investigators need to confirm the results of this study, we recommend expanding the sample size, improving the sleep score criteria, and random sampling to ensure sample quality.

AUTHORS' CONTRIBUTION

YY: Formal Analysis, Writing – original draft. **ZL:** Writing – review & editing. **XL:** Conceptualization, Writing – review & editing.

REFERENCES

1. Facanha C, Bruin V, Bruin P, Facanha A, Rocha HC, Araujo M, et al. Hyperglycemia in pregnancy: sleep alterations, comorbidities and pharmacotherapy. *Rev Assoc Med*

Bras. 2021;67(1):45-51. <https://doi.org/10.1590/1806-9282.67.01.20200216>

2. Sedov ID, Cameron EE, Madigan S, Tomfohr-Madsen LM. Sleep quality during pregnancy: a meta-analysis. *Sleep Med Rev.* 2018;38:168-76. <https://doi.org/10.1016/j.smrv.2017.06.005>

¹Taizhou University, School of Medicine – Jiaojiang, China.

*Corresponding author: lxhyxy@tzc.edu.cn

Conflicts of interest: the authors declare there is no conflicts of interest. Funding: none.

Received on October 04, 2021. Accepted on October 23, 2021.

