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## The Impact of Sleeping Habits on Dietary Intake

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### INTRODUCTION

Poor intake of food raises the risk of disease and bad sleep has an impact on nutrition. According to the National Sleep Foundation, a sleep length of 7-9 hours for adults (26-64 years old) and 7-8 hours for older individuals (65 years old) is required for optimal health, but a duration of 6 hours for adults and 5-6 hours for older adults is insufficient. In the context of chronic diseases, sleep duration has also been studied. Short sleep has been linked to hypertension, type 2 diabetes, cardiovascular disease, and all-cause mortality, regardless of weight, probably due to changes in metabolic indicators that predispose people to cardio metabolic disorders. Short sleepers (5-6 hours) had higher absolute protein, carbohydrate, sugar, and total fat intake but lower dietary fibre intake than regular sleepers (7-8 hours), and extremely short sleepers (less than 5 hours) had lower protein, carbohydrate, sugar, dietary fibre, and total fat intake than normal sleepers. Inadequate intakes of dietary products are distinguished by excessive intakes of high calorie, saturated fat and added sugar and/or sodium in foods such as vegetables, fruits, grain foods or dairy and protein-rich foods, which are high in nutrient poor foods and beverages. The chance of developing obese and chronic diseases, like type 2-diabetes and heart disease, is considerably increased by a poor nutritional consumption. Recently, tests have shown that bad sleep, particularly short sleep times, has a causal influence in low food intakes. A number of studies have shown that short sleep periods are connected with an increased intake of energy due to the increased consumption of meals and snacks, increased energy consumption in the evening and a tendency to select powerful foods. Sleep health is multifaceted, with indications such as sleep efficiency, timing, and alertness during waking hours, subjective satisfaction, and duration, all of which are potentially adjustable. Each aspect of sleep health is linked to a variety of health consequences, including diet-related diseases including coronary heart disease, diabetes, and obesity. As a result, although the research is currently ambiguous, an examination of the effect of indicators of sleep health, such as timing, quality, or duration, on dietary intake in experimental studies where causal linkages may be demonstrated is vital. There hasn't been a thorough review of the consumption of other critical nutrients, food kinds, and overall diet quality in response to poor or better sleep health. Given the link between excessive or insufficient intake of certain nutrients (e.g., sodium, dietary fibre), poor diet quality, and disease risk, as well as the higher healthcare costs associated with poor diet quality, investigating whether sleep health influences diet quality in experimental research could provide valuable insights. Sleep loss is a major threat to one's health and well-being, and it's getting increasingly common. Although the research on sleep length and diet is limited, the total evidence on sleep and health suggests that taking sleep into consideration may boost health treatments. Improved sleep and sleep hygiene should be included as an extra behavioural component in health guidelines, obesity prevention campaigns, and weight-loss programmes, in addition to nutrition and physical activity, to address the widespread incidence of obesity and chronic disease. Health promotion initiatives should highlight enhanced sleep as an additional aspect in health and weight management, taking into account the causative evidence and epidemiologic relationships between sleep loss and metabolic and cardiovascular function.