

Enhancing Insights on Chronic Diseases and Insomnia in Older Adults [Letter]

Huimin Du¹, Tong Wu²

¹Department of Otolaryngology, First Affiliated Hospital of Huzhou University, Huzhou, Zhejiang People's Republic of China; ²Department of Otolaryngology, Xinjiang Medical University Affiliated First Hospital, Urumqi, People's Republic of China

Correspondence: Huimin Du, First Affiliated Hospital of Huzhou University, Huzhou, Zhejiang, 313000, People's Republic of China, Email huimindu@naver.com

Dear editor

We have carefully read the article “Sex Differences in the Associations Between Chronic Diseases and Insomnia Symptoms Among Older Adults in India”¹ and found many commendable analyses in its exploration of the relationship between chronic diseases and insomnia symptoms. However, we also noticed some potential limitations that may affect the comprehensiveness of its conclusions. Therefore, we would like to take this opportunity to offer a few suggestions for the authors’ consideration.

Firstly, while the study controlled for some socioeconomic and demographic variables such as age, gender, and marital status, there remain some potential confounding variables that may significantly influence the association between chronic diseases and insomnia symptoms but were not fully considered. For example, lifestyle factors such as diet, alcohol consumption, and smoking, as well as social support, often play critical roles among older adults.² Unhealthy behaviors such as an imbalanced diet, excessive alcohol intake, and smoking could increase the risk of insomnia³ and are also closely associated with various chronic diseases.^{4,5} Furthermore, inadequate social support, especially among older women, may lead to mental health problems like depression and anxiety, which are highly correlated with insomnia in existing studies.^{6,7} Therefore, incorporating these variables into the analysis could enhance the accuracy and generalizability of the study’s findings.

Secondly, while the article conducted a gender-based subgroup analysis, we believe the subgroup analyses are still somewhat limited. Other key variables such as age groups, socioeconomic background could further impact the study’s results. For instance, individuals in different age groups may exhibit significant differences in physical conditions and lifestyles, which in turn influence the relationship between chronic diseases and insomnia. Additionally, socioeconomic background can affect older adults’ access to medical resources and disease management, thereby altering the impact of chronic diseases on insomnia.^{8,9} Further subgroup analyses could reveal the role of these variables in specific populations and provide more targeted insights for public health interventions.

Lastly, considering the significant gender differences in the older adult population, we suggest that the study’s findings be applied to the development of personalized health management strategies. Based on the study’s discoveries, customized interventions for different genders and backgrounds among older adults, such as gender-specific health education, regular screening for chronic diseases and insomnia symptoms, and enhanced psychological and social support for older women in medical practice, would greatly improve overall health outcomes.

We acknowledge the tremendous effort made by the authors in addressing such a complex research topic, particularly in exploring the relationships between gender differences, chronic diseases, and insomnia symptoms. This article lays a solid foundation for future research and provides valuable data for managing the health of older adults not only in India but globally.

Data Sharing Statement

No datasets were generated or analyzed during the current study.

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Disclosure

The authors declare no competing interests in this communication.

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