



Correspondence

Exploring the role of sleep quality and psychological stress in the prevalence of isolated sleep paralysis

To the Editor,

We are writing to express our deep appreciation for the recent study titled “*Between Sleep and Wakefulness: How Sleep Quality and Stress Affect Isolated Sleep Paralysis – A Cross-Sectional Survey*” by Khan et al. [1], published in the *Journal of Clinical Neuroscience*. This study provides valuable insights into the prevalence, contributing factors, and demographic variations of isolated sleep paralysis (ISP), a phenomenon that remains underexplored in non-narcoleptic populations. The authors’ thorough examination of the relationship between sleep quality, stress, and ISP offers a significant contribution to the understanding of this sleep disorder, which affects a considerable portion of the general population [2].

The study’s results, particularly the strong association between poor sleep quality and the frequency of ISP episodes, as well as the role of moderate stress levels, are compelling. The conclusion that both poor sleep quality and stress contribute to ISP episodes, although with limited predictive accuracy, is noteworthy [3,4]. This aligns with existing literature suggesting that while these factors are important, they cannot fully explain ISP occurrences. The study rightly calls for further research to explore additional contributing factors, which is crucial for developing a more comprehensive understanding of ISP.

However, we would like to raise a few points for further reflection. While the study robustly establishes a correlation between sleep quality and ISP frequency, it could benefit from a more nuanced discussion on the underlying physiological mechanisms. A deeper exploration of how specific sleep stages, such as REM sleep and sleep latency, directly contribute to the onset of ISP could provide more clarity. Moreover, the study highlights cultural variations in the interpretation of ISP, but this area could be expanded to consider how different healthcare systems and access to mental health resources influence the reporting and management of ISP [5].

Furthermore, the study’s reliance on self-reported data, although effective in a large-scale survey, introduces potential biases such as recall bias and misreporting. Future studies could integrate objective sleep assessments, such as polysomnography, to complement self-reported data and provide more accurate insights into sleep disturbances linked to ISP [6]. Additionally, the exclusion of individuals with pre-existing sleep disorders, while necessary to isolate ISP, may limit the generalizability of findings to clinical populations where ISP frequently co-occurs with conditions like narcolepsy.

In terms of contributions, this research opens up important discussions on stress management as a preventive strategy for ISP. Given the significant association between stress and ISP, incorporating stress-reduction interventions, such as mindfulness, cognitive behavioral

therapy, or sleep hygiene education, could be explored as part of therapeutic strategies for individuals at risk [7,8]. As such, the study offers a foundation for future interventions targeting both psychological and physiological dimensions of ISP.

We strongly support the authors’ call for longitudinal studies to further investigate the causal pathways between sleep quality, stress, and ISP. Long-term studies would not only clarify these relationships but also help in identifying other potential contributing factors, including genetic predispositions or environmental stressors. The role of mental health in sleep disorders, particularly in younger populations, warrants ongoing attention and debate, and we believe this research serves as an important stepping stone in that direction [9].

In conclusion, we commend the authors for their comprehensive approach to investigating ISP, a prevalent yet often overlooked condition. The findings presented are both significant and thought-provoking, offering ample opportunity for further research and practical applications in clinical settings. We look forward to seeing how this important work will inspire additional studies and interventions aimed at alleviating the burden of ISP in the broader population.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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