

## HEALTH SCIENCE

**Manuscript info:**

*Received June 12, 2018., Accepted July 17, 2018., Published August 20, 2019.*

# RELATIONSHIP OF CORE BODY TEMPERATURE WITH SLEEP AND MENTAL HEALTH STATUS

**Saikat Das**

Final Prof. MBBS Student  
Calcutta National Medical College  
saikat5039@gmail.com



<http://dx.doi.org/10.26739/2573-5616-2019-8-25>

**Abstract:** psychogenic fever develops amongst those with high core body temperature with associated psychological stress and disturbed mental state. Also, animal studies showed that in extreme conditions of heat and cold temperature, it is difficult to maintain the normal state of mind and react to the environment stimulus. To deal with these, in this article we have explained a hypothesis that supports the extensive connection between body temperature and mental state, which is also influenced by sleep.

**Key words:** sleep, temperature, aggression, anxiety, depression, stress

**Recommended citation:** Saikat Das. RELATIONSHIP OF CORE BODY TEMPERATURE WITH SLEEP AND MENTAL HEALTH STATUS. 7-8. American Journal of Research P. 256-259 (2019).

### HYPOTHESIS

Mental health is an important topic amongst medical professionals. The importance of keeping the mind healthy is felt and factors affecting mental health are being diagnosed. Sleepiness and sleep propensity are strongly influenced by core of the body temperature (Lack et al., 2008). Relationship is also found between sleep, aggression, anxiety, depression and stress. However, definite pattern of their influence on each other has not yet been confirmed.

### SLEEP

Proper quality and quantity of sleep are required for our body to

function properly. Inadequate sleep may affect our mental health. Sleep problems and overall suicidality in adolescents are significantly connected (Zschoche et al., 2015). Depression causes increase in sleep duration; however, the situation is reversed in chronic depression.

Aggression is found to relate both the quantity and quality of sleep reported, with reduced quantity and quality predicted by increased overall aggression (Ireland et al., 2006). Rats, for example, show increase in aggression and defensive fighting after sleep deprivation

(Dahl et al., 2006). It was reported that human adults sleeping on average less than 5 hr per night were nearly three times likely to report losing their temper and engaging in a physical fight (Vaughn et al., 2015). It is seen that after one night of sleep deprivation healthy young men already scored higher on the aggression scale of mood check list (Roth et al., 1976).

### **MENTAL HEALTH (AGGRESSION, ANXIETY, DEPRESSION, STRESS)**

Results showed a high inter-relatedness between sleep and depressive/anxiety complaints. Both assessment and treatment of depressive and anxiety complaints should address sleep problems (Spoomaker et al., 2005). Also, neurocircuit for stress and aggression overlap (Summers et al., 2006). It is seen that aggression is suppressed by acute stress but induced by chronic stress (Yohe et al., 2012).

### **TEMPERATURE**

The sleep-wake cycle and body temperature rhythms have a stable internal phase relationship in normally entrained conditions with the timing of sleep highly correlated with the timing or phase of the circadian body temperature rhythm (Czeisler et al., 1980).

However, of particular relevance to insomnia are two zones of the CBT rhythm during which sleep is inhibited (Strogatz, 1986; Strogatz et al., 1987). One zone occurs in the early evening, about 6-9 h before the CBTmin and 1-4 h before habitual bedtime (18:00-22:00). It has

been termed a 'wake-maintenance zone' (Strogatz et al., 1987), because sleep onsets are delayed during this period (Lack et al., 1996; Dijk et al., 1995). Another zone occurs in the morning about 4-7h after the CBTmin, typically between 08:00 and 11:00, and is associated with increasing wakefulness in sleep or with wake up (Strogatz et al., 1987; Dijk et al., 1995).

Animal studies have demonstrated that psychological stress increases Tc via mechanisms distinct from infectious fever. In contrast, repeated stress induces anticipatory hyperthermia, reduces diurnal changes in Tc, or slightly increases Tc throughout the day.

A study was performed to demonstrate that a 15-year-old schoolgirl had high core body temperature on the days she went to school than other days, showing the interrelationship between mental health and core body temperature (Oka et al., 2015).

### **TESTING THE HYPOTHESIS**

The body mechanisms to control temperature works in an efficient manner to protect the integrity of protein structures. Cases of fluctuating body temperature are found in extreme or chronic mental illness and restlessness. Targeting such an appropriate population to test the hypothesis is difficult and requires to include a large number.

Daily sleep requirements, in terms of hours, depend on various factors such as daily nutrition intake, calories burnt, stress, and most notably the age of the

individual. The younger age group requires more sleep hours than the older ones.

Also, core body temperature is high during daytime than at night. However, between 10 am and 2 pm, core body temperature almost remains constant (Lack et al., 2008). The body temperature must be monitored at regular intervals for the mental state may be conditioned according to the environment at that moment.

## MEDICAL IMPLICATIONS

Correlation between these variables must be highlighted and in what proportion they have influence upon one another. This might indicate unusual state of the body and the factors affecting them. Also, it will be possible to calculate the hours of sleep needed to overcome those conditions. Devices will make our work easier, if they carry the information of how these variables are related, and will record body temperature at regular intervals.

## REFERENCES

- 1) Lack LC, Gradisar M, Someren EJWV, Wright HR, Lushington K. The relationship between insomnia and body temperatures. *Sleep Medicine Reviews*. 2008; 12: 307-317. (doi: 10.1016/j.smrv.2008.02.003)
- 2) Zschoche M, Schlarb AA. Is there an association between insomnia symptoms, aggressive behaviour, and suicidality in adolescents? *Adolescent Health, Medicine and Therapeutics*. 2015; 6: 29-36. (doi: 10.2147/AHMT.S76511)
- 3) Ireland JL, Culpin V. The relationship between sleeping problems and aggression, anger, and impulsivity in a population of juvenile and young offenders. *Journal of Adolescent Health*. 2006 May; 38: 649-655. (DOI: <https://doi.org/10.1016/j.jadohealth.2005.05.027>)
- 4) Dahl RE. Sleeplessness and aggression in youth. *Journal of Adolescent Health*. 2006; 38:641-642.
- 5) Vaughn MG, Salas-Wright CP, White NA, Kremer KP. Poor sleep and reactive aggression: Results from a national sample of African American adults. *Journal of Psychiatric Research*. 2015; 66-67: 54-59. (doi: 10.1016/j.jpsychires.2015.04.015)
- 6) Roth AT, Kramer M, Lefton WL, Thomas. The effects of sleep deprivation on mood. *Psychiat J Univ Ottawa*. 1976; 1:136-9.
- 7) Spormaker VI, Bout JVD. Depression and anxiety complaints; relations with sleep disturbances. *European Psychiatry*. 2005; 20: 243-245. (DOI: 10.1016/j.eurpsy.2004.11.006)
- 8) Summers CH, Winberg S. Interactions between the neural regulation of stress and aggression. *The Journal of Experimental Biology*. 2006; 209: 4581-4589. (doi: 10.1242/jeb.02565)
- 9) Yohe LR, Suzuki H, Lucas LR. Aggression is suppressed by acute stress but induced by chronic stress: Immobilization effects on aggression, hormones, and cortical 5-HT1B/striatal dopamine D2 receptor density. *Cogn Affect Behav Neurosci*. 2012; 12: 446-459. (doi: 10.3758/s13415-012-0095-9)
- 10) Czeisler CA, Weitzman ED, Moore-Ede MC, Zimmerman JC, Knauer RS. Human sleep: its duration and organization depend on its circadian phase. *Science* 1980; 210:1264-7. (DOI: 10.1126/science.7434029)

11) Strogatz SH. The mathematical structure of the human sleep-wake cycle. Lecture notes in biomathematics no. 69. Heidelberg: Springer; 1986.

12) Strogatz SH, Kronauer RE, Czeisler CA. Circadian pacemaker interferes with sleep onset at specific times each day: role in insomnia. *Am J Physiol* 1987; 253:172-8. (DOI: 10.1152/ajpregu.1987.253.1.R172)

13) Lack LC, Lushington K. The rhythms of human sleep propensity and core body temperature. *J Sleep Res* 1996; 5:1-11. (<https://doi.org/10.1046/j.1365-2869.1996.00005.x>)

14) Dijk D-J, Czeisler CA. Contribution of the circadian pacemaker and the sleep homeostat to sleep propensity, sleep structure, electroencephalographic slow waves, and sleep spindle activity in humans. *J Neurosci* 1995; 15:3526-38. (DOI: <https://doi.org/10.1523/JNEUROSCI.15-05-03526.1995>)

15) Oka T. Psychological fever: how psychological stress affects body temperature in the clinical population. *Temperature*. 2015 May; 2(3): 368-378. (doi: 10.1080/23328940.2015.1056907)