Background: Sleep disorders are common in patients with interstitial lung disease (ILD), with increasing evidence about their negative impact on quality of life and prognosis. In ILD patients without sleep disorders, little is known about sleep quality and its impact on quality of life. We aimed to evaluate sleep quality in ILD patients with no known sleep disorders, as well as the association of poor sleep quality with health related quality of life and disease severity.

Methodology: Cross-sectional study of ILD patients without a sleep disorder under follow up at an outpatient ILD clinic. We assessed sleep quality using the Pittsburgh Sleep Quality Index. Potential explanatory variables included anthropometric data, lung function and 6 minute walk test (6MWT). We tested for associations with hospital anxiety and depression scale (HADS) and fatigue severity scale (FSS). Impact in HRQL was evaluated using SF-36 version 2 questionnaire.

Results: We included 31 patients, 23 females, with a mean age of 58.2±13.7 years, mean FVC 95±20%, mean DLCO 81±25%, and mean 6MWT distance of 346±60m. The main diagnosis was sarcoidosis (n=23). Most (19 - 61.3%) had PSQI≥5. Poor sleep quality was associated with female sex (p=0.014), higher mean HADS (12.7 vs. 8.6; p<0.01) and higher mean FSS (16.6 vs. 38.7; p>0.01). A lower mean SF-36v2 mental score (40.1 vs. 54.1; p<0.01) and total score (83.3 vs. 95.8; p<0.01) was also observed in PSQI≥5 group.

No correlation was found with lung function and physical health component of SF-36v2.

Discussion and conclusions: Subjective poor sleep quality was prevalent among ILD patients without sleep disorder, associated with mental and psychological factors more than functional or physical factors. These data reinforce the need to actively include sleep evaluation in ILD patients management, even without sleep disorders, and to consider their impact on psychological and emotional life as well as in HRQL.