

ENHANCING SLEEP IN PROFESSIONAL RUGBY PLAYERS: OBSERVATION AND SLEEP INTERVENTIONS



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INTRODUCTION



SLEEP DISTURBANCE

High training loads Night competition Early training Night before competition Long travel - jetlag Lifestyle choices Social demands



Sleep assessment: lack of objective and subjective sleep knowledge in team-sport athletes using valid and reliable assessment approach.

Athletes: poor sleep quantity while 8h-9h/night is recommended for optimal performance and psychophysiological restoration.

Sleep interventions: set of approaches used to improve sleep, includes sleep education based on sleep hygiene recommendations and relaxation strategies.

> Quantitative and qualitative sleep examination among team-sport athletes during a week > Evaluate the short and long-term effects of one sleep education intervention

<section-header><section-header></section-header></section-header>	n = 36 Age (year) Height (cm) Body weight (kg) BMI (kg·m ⁻²) Chronotype Sleepiness	Mean ± SD 27.7 ± 4.6 183.8 ± 6.9 3) 100.2 ± 13.3 29.1 ± 3.1 58.2 ± 8.2 7.0 ± 3.8			<image/>		
Initial questionnair MEQ – ASSQ –	e ESS		PRE-INTERVENTION 7 days	Data	2. Theorical explanation of sleep hygiene strategies 3. Relaxation strategies practice : Cardiac coherence, Progressive muscular relaxation, Mental imagery	POST- INTERVENTION 7 days	FOLLOW-UP 1/3 months
	av			One month			



Objective (continuous) & subjective (daily) sleep assessments sleep quality, quantity, latency, efficiency and TST variation



(n = 14)

(n = 2*11)





RESULTS

- 61 % of rugby players have poor sleep quality and quantity
- Sleep interventions resulted in both objective and subjective sleep improvements, especially in poor sleepers



	ENTIRE GROUPE		GOOD SLEEPERS n = 14			POOR SLEEPERS n = 22				
INTERVENTION		PRE	POST	P value	PRE	POST	P value			
Subjective data										
ASSQ – SDS	5.7 ± 2.2	4.0 ± 1.7	3.8 ± 1.9	.8	6.8 ± 1.8	6.5 ± 2.3	.5			
Sleep quality	3.2 ± 0.8	2.6 ± 0.6	2.4 ± 0.7	.4	3.7 ± 0.5	3.4 ± 0.6	.08			
Sleep quantity	4.7 ± 0.7	4.2 ± 0.6	3.7 ± 0.8	.007***	5.1 ± 0.6	4.8 ± 0.8	.04*			
Sleep latency	2.3 ± 0.8	2.9 ± 0.4	2.1 ± 0.8	.5	2.5 ± 0.9	2.2 ± 0.9	.09			
Daily subjective sleep	10.3 ± 1.7	8.7 ± 0.9	8.3 ± 1.8	.2	11.3 ± 1.3	10.5 ± 1.7	.003**			
Hooper total	21.0 ± 3.8	17.4 ± 2.9	14.3 ± 3.7	.001***	23.2 ± 2.5	18.8 ± 2.6	<.001**			
Screen time exposure (min)	03:53 ± 01:25	03:48 ± 01:20	04:23 ± 01:23	.03*	03:56 ± 01:32	03:35 ± 01:26	.2			
Objectives data										
Bedtime (hh:mm)	23:43 ± 00:45	23:33 ± 00:35	23:27 ± 00:47	.5	23:48 ± 00:54	23:29 ± 00:39	.004**			
Wake-up time (hh:mm)	07:35 ± 00:34	07:46 ± 00:31	07:45 ± 00:31	.9	07:30 ± 00:34	07:29 ± 00:37	.9			
Sleep efficiency (%)	89.4 ± 4.4	90.5 ± 3.3	88.3 ± 4.5	.006**	88.7 ± 4.9	88.8 ± 4.5	.8			
Total sleep time (min)	421.3 ± 42.5	446.6 ± 40.6	441.0 ± 29.9	.5	405.2 ± 36.0	425.9 ± 39.1	.004**			
Time in bed (min)	472.5 ± 39.4	492.5 ± 31.3	499.8 ± 35.9	.2	459.7 ± 39.2	480.1 ± 42.0	.02*			
Wake after sleep onset (min)	49.7 ± 20.4	45.8 ± 14.2	57.8 ± 24.5	.01**	52.1 ± 23.5	53.3 ± 22.7	.7			

Benefits remained effective 3 months after interventions

DISCUSSION

- > Multidimensional sleep assessment provides a better understanding of team-sport athletes sleep over a match-week allowing to identify sleep issues to be managed
- Sleep intervention improved short- and long-term sleep quality in poor sleepers, with a moderate impact in good sleepers.

Main used recommendations: Going to bed earlier in accordance with one's own chronotype (here intermediate), nap and sleep extension

