DEPRESSION INSOMNIA AMONG ALCOHOL ADDICTS

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Abstract

Insomnia is defined as difficulties in falling asleep, insomnia symptoms occur in approximately 33-50% of adult population. The present study is linked with insomnia among alcohol addicts. Insomnia is a heterogeneous complaint that may involve difficulties falling asleep (initial or sleep onset insomnia), trouble staying asleep with prolonged nocturnal awakenings (middle or maintenance insomnia), or early morning awakening with inability to resume sleep, causing dissatisfaction with day time function**.** Objectives are to assess the relationship between insomnia and depression among alcoholic adults. Methods used are purposive sample (n= 60) were selected, divided into two categories, 30 male adults and 30 female adults chosen from work places. In the first phase i.e. screening was done in order to identify alcohol levels and was asked to fill the ISI questionnaire. Results are t test and correlation is used to see the significance levels of insomnia and addiction. The result showed that there is a Positive correlation between depression and insomnia. Management strategies are included with long term insomnia and given few therapies to cure it.

Key words: sleep, depression, insomnia, population and adults

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Introduction

Alcohol intake can become compulsive, and subsequently addicted, based on a range of modifying variables including as genetic predisposition, stimulating environmental events, social context, pharmaceutical history, and others (Berge et al., 2022). Even though drinking alcohol is a modifiable health risk factor, it is presently the greatest cause of early mortality and disability-adjusted life years in the 15- to 49-year-old age group and consumption worldwide is rising. In addition to raising the risk of cancer, mental and behavioral problems, injuries, suicides, and other violent fatalities, alcohol usage is also linked to heightened morbidity and early mortality. Alcohol usage has a significant and harmful impact on women's health because of increasing use, even though males have a bigger quantitative health loss due to drinking than women. The harmful health impacts of alcohol drinking are also more likely to affect women. (Berge et al., 2022). Increased alcohol use is associated with coping with feelings of loneliness, distress, uncertainty about the future, and a general decline in mental health, whereas decreased alcohol use is frequently associated with a decrease in availability and affordability of alcohol as a result of policy changes and higher unemployment rates (Clay and Parker, 2020; Columb et al., 2020; Rehm et al., 2020).

Alcohol

The most often used addictive drug is alcohol, which is a real societal phenomenon with significant worldwide implications. Alcoholism, being a dysfunctional pattern, unquestionably affects both the addict and those around him in terms of general functionality. Each person's perception of alcoholism and alcohol itself varies depending on their socioeconomic class and gender identity while preserving a cultural cliché. (Ciubara, 2015)Babor (2008) asserts that alcoholism is a fundamental issue in modern society due to its medical ramifications, marked decline in productivity at work, and propensity for accidents of various types, ranging from a slight decrease in attention to a change in thought processes. To determine a consumer's pattern, it is essential to comprehend how people see alcohol and alcohol use. Beyond the undeniable genetic component that underlies alcoholism.

According to Degenhardt et al. (2018), alcohol ranks seventh among risk factors for poor health globally in terms of mortality and Disability Adjusted Life Years (DALYs). Alcohol use per capita is closely correlated with the burden of illness. A society's toll in terms of poor health, early deaths, and socioeconomic expenses rises proportionately to the amount of alcohol it consumes. The WHO (World Health Organization, 2018) reports that Europe has the greatest per capita alcohol consumption in the world (11, 3 liters of alcohol per person aged 15 or over, per year), which is about twice the global average.

Numerous studies (Cook, 1987) have shown that people who are addicted to one activity or drug are likely to also be addicted to other behaviors or substances at the same time (Di Nicola et al., 2015; Konkol Thege, Hodgins, & Wild, 2016; Sussman et al., 2014). This phenomenon is known as co-occurrence of addictions. According to several studies (Lejoyeux, Avril, Richoux, Embouazza, & Nivoli, 2008; Müller, Loeber, Söchtig, Te Wildt, & De Zwaan, 2015; Villella et al., 2011), compulsive shopping may co-occur with exercise addiction. A connection was shown between the two behavioral addictions in two empirical research (Müller et al., 2015; Villella et al., 2011) on the basis of statistically substantial positive correlations between the two.

By focusing on dysfunctional cognitive, affective, and interpersonal patterns, Cognitive Behavioral Therapy (CBT) is beneficial in treating alcohol use disorders (Magill & Ray, 2009). The supplementary pharmaceuticals acamprosate and naltrexone improve the efficacy of treatment (Feeney, Connor, Young, Tucker, and McPherson, 2006; Jonas et al., 2014; National Institute for Health and Clinical Excellence, 2011). When compared to larger societal expenditures including health care, crime, and lost productivity, alcohol treatment is around five to seven times more cost-effective (Ettner et al., 2006; UKATT Research Team, 2005). The disease burden linked to alcohol use disorders may be dramatically impacted by even little increases in treatment effectiveness (Connor, Haber, & Hall, 2016).

According to the NIAAA (2004), a "binge" is a pattern of drinking when an excessive amount of alcohol is consumed quickly. According to Dawson, Grant, and Li (2005), binge events can lead to excessive drinking and raise the risk of alcohol use disorder (AUD), or addiction. Alcohol-related signals in addiction can cause cravings and relapses (George and Koob, 2010; Namba et al., 2018). Alcohol causes a variety of changes in the brain, but we still know very little about the neuronal groups that are involved in excessive alcohol use (George and Hope, 2017; Korber and Sommer, 2022).

Drug addiction has tormented mankind for generations, although the processes by which certain substances lead to addiction, Nestler (1992) and the genetic variables that make some persons particularly sensitive to addiction, have remained

obscure. From a clinical standpoint, drug abuse continues to have a significant negative impact on society in terms of both human and monetary costs, despite the fact that there are numerous, infamously ineffective treatments for drug addiction. Since drug users have a higher prevalence of insomnia than the general population and insomniacs are more likely to develop substance use disorders, the relationship between insomnia and drug addiction is bidirectional. (Casas & Roncero, 2016)

Brower & Aldrinch et al., (2001) symptoms of chronic insomnia and the use of alcohol to aid sleep were prevalent in alcoholic patients. Insomnia was substantially linked with severity of alcohol dependency, depressed symptoms, and poly somnographic markers of poor sleep continuity, and it was predictive of drinking throughout the follow-up period. These results suggest that alcoholic patients at risk for relapse are easily identifiable by routine questions about sleep. Today, researchers are looking into the possibility of treating alcoholic patients' insomnia to see if the results of their drinking could be improved.

Perney &Leher (2018) Insomnia is widespread among alcohol-dependent individuals. It diminishes spontaneously with abstinence but more commonly with acamprosate therapy. (WHO, 2022) Alcohol intake is a causative factor in more than 200 illnesses, accidents and other health issues. Consuming alcohol is related with a risk of acquiring health issues such as mental and behavioral disorders, including alcohol dependency, and serious non communicable illnesses such as liver cirrhosis, certain malignancies and cardiovascular diseases.

Now a day's people are having trouble with sleep, either too much sleep or lack of sleep. Sleep is a basic human need that must be fulfilled according to our age. If there is no proper sleep we come across many illness and discomfort with our life as of it many people are facing mood disorders which can be known as depression. Sleep and depression has the similarities according to their own way. When the person is diagnosed with the depression he or she might be having insomnia and vice versa.

Insomnia

Sleep is a neuro physiological process that plays a key role in biological pathways crucial to brain and body health (Kraus, 2017; Tobaldini, 2019; Besedovsky, 2019) The timing and duration of sleep and wakefulness arise from a complex and dynamic interplay between homeostatic and circadian processes (Schwartz et al., 2019) The homeo static drive increases with wake duration, indicating the increment in sleep need. Thecircadianprocessresultsfromacomplexnetwork oforganclockscoordinatingexternal cues with behavior and metabolic outputs. The circadian process favors wakefulness in opposition to the homeostatic pressure to sleep and promotes sleep onset during the nighttime hours. Sleep changes significantly during childhood and adolescence (Agostini, 2021) and sleep disorders can be widespread in these age groups.

DSM-5 Categories of insomnia

Insomnia is the most prevalent sleep-wake disorder, according to the American Psychiatric Association (APA), and it is characterized by problems with the kind, timing, and quantity of sleep. Insomnia, if it persists over an extended period of time, can affect daily productivity and cause emotional anguish.10% to 15% of persons who experience issues functioning during the afternoon report having some insomnia symptoms. About 6% to 10% of people experience symptoms that are severe enough to qualify as insomnia disorder.

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the disease, formerly known as "primary insomnia," has been renamed insomnia disorder, and sleep disorders are now categorized as sleep-wake disorders. The following are the requirements for a diagnosis of insomnia disorder, with sleep trouble happening at least three days a week and for at least three months despite having enough opportunities to sleep:

The most common complaint is that one or more of the following symptoms are present together with poor sleep, either in terms of quantity or quality:

- Having trouble falling asleep. Children may experience trouble falling asleep on their own when this occurs.
- Trouble sleeping, shown by repeated awakenings or difficulty falling back asleep after waking.
- Waking up early in the morning and being unable to go back to sleep.
- Clinically substantial discomfort or impairment in social, occupational, educational, academic, behavioral, or other crucial areas of functioning is brought on by sleeping disruption.

An additional sleep-wake illness, such as narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, or parasomnia, is not better able to explain insomnia and does not manifest itself solely over its course.

The common complaint of sleeplessness is not sufficiently explained by co-occurring mental illnesses and diseases.

The presence of another sleep-wake disorder (see below), a separate (non-sleep-wake) mental

disease, such as substance use disorder (SUD), or medical co morbidity must all be taken into account when making a diagnosis of insomnia. If the symptoms fit into one of the following three categories, the diagnosis must also be specified:

- episodic: lasting at least one month but not more than three months
- persistent: signs continue for three months or more
- Recurrent: two or more incidents in a 12-month period

Other Sleep-Wake Disorders

There are various more forms of sleep-wake disorders than insomnia, such as:

Obstructive sleep apnea is a disorder that causes intermittent airway obstruction while you sleep. It can increase your risk of metabolic illness and cause you to sleep too much throughout the day.

Parasomnias Sleep-related behaviors include irregular movements, sleep terrors, sleepwalking, and sleep paralysis that impair the quality of sleep

A disease called narcolepsy is characterized by unexpected sleep bouts that might interfere with daily activities.

Restless leg syndrome (RLS) is an uncontrolled need to move the legs that can cause numerous nighttime awakenings, especially when getting up and moving around often briefly alleviates the problem.

Depression

According to estimates, the years lived with disability (YLDs) due to mental health issues were the leading cause of YLDs globally in 2010 and in 2015, 17.9 million years were lost to mental health issues (Whiteford et al., 2013; Sankoh et al., 2018). Mental health status, of which depression is a significant contributing factor, continues to be one of the main causes of the global burden of disease. People with severe mental health issues are more likely to hurt themselves than they are to harm others, which increases the burden of depression disorders on mortality together with heart disease and suicide (Ferrari et al., 2013). According to the Mental Health Foundation (2016), people with depressive issues are more prone to aggression, assault, and other crimes, and have a 20-fold increased risk of suicide (Mental Health Foundation, 2016).

According to (Goldman, 2022) depression is a temper problem that causes enduring disappointment and a lack of joy. It differs from the mood swings that people often encounter as part of daily living. Major life occurrences like a death in the family or a job loss might cause despair. But depression is different from the bad emotions someone could experience briefly in reaction to a traumatic life event. Depression frequently lasts despite a change in circumstances and results in sensations that are more powerful and persistent than are reasonable given the circumstances of the person.

Not a temporary issue, depression is a persistent one. It is made up of instances where the symptoms continue for at least two weeks. Weeks, months, or even years may pass when someone is depressed. A chronic condition that improves for many people before relapsing. (Myrna, 19840) Studies were reviewed that had depressive profanes who were children or adolescents and looked at the prevalence of serious depression in their adult relatives. among these recent research, rates of serious depression among the adult relatives of depressed adolescents have reached 50 per 100. (WHO, 2021)An estimated 3.8% of the world's population suffers from depression, which affects adults and those over 60 at a higher rate (5.0% and 5.7%, respectively). There are 280 million depressed persons worldwide.

Symptoms of depression

(Higuera, 2021) More than just being depressed all the time or feeling down is possible.

A major depressive episode can manifest in a number of ways. Some influence your body while others influence your mood. Additionally, symptoms could continue or come and go.

- feeling sad, anxious, or empty
- feeling hopeless, worthless, and pessimistic
- crying a lot
- feeling bothered, annoyed, or angry
- loss of interest in hobbies and interests you once enjoyed
- decreased energy or fatigue
- difficulty concentrating, remembering, or making decisions
- moving or talking more slowly
- difficulty sleeping, early morning awakening, or oversleeping
- appetite or weight changes
- chronic physical pain with no clear cause that does not get better with treatment (headaches, aches or pains, digestive problems, cramps)
- thoughts of death, suicide, self-harm, or suicide attempts

The symptoms of depression can be experienced differently among males, females, teens, and children.

In recent decades, a large number of studies have examined the co morbidities of a range of mental disorders. One issue that has been examined in detail is the association between alcohol use disorders and major depression with a wide range of epidemiological and clinical studies suggesting close linkages between the two disorders. The purpose of the present paper is to review the evidence concerning the links between alcohol use disorders and major depressions, and to evaluate claims concerning possible causal relationships between the two disorders.

One of the most widespread mental illnesses is depression. Between 10 and 25% of women and 5 to 12% of men will have major depressive disorder over their lifetime, whereas at any given moment, between 5 and 12% of women and 2-3% of men experience severe depressive disorder.

Both monetarily and in terms of human life, depression is expensive. It seems that more people are receiving medical treatment for depression. (Pincus et al. 1998) evaluate data showing an increase in visits to doctors for depression from 11.1 million in 1985 to 20.4 million in 1993–1994 and an increase in visits that included antidepressant drug therapy from 5.3 million to 12.4 million during the same time period. Additionally, those with profound depression are far more likely to need hospital and medical services, try suicide, and pass away before their time.

Methodology

Objectives

To assess the relationship between insomnia and depression among alcoholic adults
To assess the differences between male and female on depression among alcohol addicts
To assess the difference between male and female on insomnia among alcohol addicts

Hypothesis

There will be positive significant correlation between insomnia and depression
There will be no significant differences between male and female on depression among alcohol addicts

There will be no significant differences between male and female on insomnia among alcohol addicts

Design

Quantitative research design with Purposive sample is used.

Participants

The samples of 80 participants were taken for the study. These are divided into two groups. 40 female and 40 males from rural and urban areas and those who are alcohol addicts were taken for the study. The participants age ranging was 18-60. The participants were asked to fill the questionnaires for Insomnia Severity Index (ISI) to see the nonsleep schedule and Beck Depression Inventory (BDI) to see the levels of depression.

Materials

Insomnia Severity Index (ISI)

A 7-item self-report questionnaire called the ISI evaluates the type, severity, and effects of insomnia, also how distressed the person is as a result of these issues were created by Charles Morin, PhD, and others. Each question is rated on a 5-point Likert scale (0 = no difficulty; 4 = extremely severe problem), resulting in a total score that ranges from 0 to 28.

There is no insomnia (0–7), sub-threshold insomnia (8–14), moderate insomnia (15–21), and severe insomnia (2–28) according to the total score. With a maximum total score of 28, the scale is rated on a 0 to 4 scale. A score of more than 10 is seen as indicative of serious insomnia.

This questionnaire's internal consistency and convergence with other insomnia measures have been well supported (Bastien, Vallie` res, & Morin, 2001; Morin, 1993).

Beck Depression Inventory (BDI)

To determine if depressed symptoms had been present over the preceding two weeks, the 21-item BDI self-report assessment was employed. Scores for depression-related symptoms ranged from 0 to 3. Higher scores on the BDI imply higher degrees of depression symptoms, with total scores ranging from 0 to 63. The BDI has produced sufficient reliability estimates and has been well validated as a measure of depressive symptomatologies, although not being suggestive of the whole clinical syndrome of depression (see Beck & Steer, 1987, for a review).

Statistical tools

t test and correlation

Descriptive Statistics

	Mean	Std. Deviation	N
DEPRESSION	16.2833	4.87154	60
INSOMNIA	11.0667	3.62602	60

Correlations

		DEPRESSION	INSOMNIA
DEPRESSION	Pearson Correlation	1	.506**
	Sig. (2-tailed)		.000
	N	60	60
INSOMNIA	Pearson Correlation	.506**	1
	Sig. (2-tailed)	.000	
	N	60	60

**. Correlation is significant at the 0.01 level (2-tailed).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% ConfidenceInterval of the Difference	
									Lower	Upper
DEPRESSION	Equal variances assumed	.368	.546	-.606	58	.547	-.76667	1.26462	-3.29809	1.76475
	Equal variances not assumed			-.606	55.954	.547	-.76667	1.26462	-3.30006	1.76672
INSOMNIA	Equal variances assumed	9.754	.003	-.353	58	.725	-.33333	.94326	-2.22147	1.55480
	Equal variances not assumed			-.353	40.957	.726	-.33333	.94326	-2.23834	1.57167

Results

The baseline characteristics of a sample of the study

A total of 60 participated in this study with all the considerations of inclusion criteria was meet in these poplation. (n=60) means differences (p-76667) stands for depression and (p-.33333) stands for insomnia. The results showed that there is Positive correlation between depression and insomnia.

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
DEPRESSION	FEMLE	30	15.9000	5.34564	.97598
	MALE	30	16.6667	4.40480	.80420
INSOMNIA	FEMLE	30	10.9000	4.68563	.85548
	MALE	30	11.2333	2.17641	.39736

In this table, it represents (SD=60) where as N=30 showed (p = 15.9000) mean regardless of gender Female and (p = 16.6667) male. This data represents the variable of depression. Whereas N=30 showed (p = 10.9000) for Female (p = 11.2333) for male.

Discussion

In the current study, performed among alcoholic addicts to see the levels of depression and insomnia. It is stated that there is a correlation between depression and insomnia. In order to ascertain if this bias towards sleep-related stimuli was a function of the severity of insomnia symptoms, this study employed the dot-probe task, a standard test of attention bias. The purpose of the (Fabbri et al., 2023) study was to determine if people with varying degrees of insomnia symptoms had a selective attention bias towards terms associated to sleep. The selective attention bias was thought to be characterized by alertness for terms connected with sleep and to be related to the severity and intensity of insomnia symptoms. Only the moderate/severe sleep group's ABS substantially deviated from zero, which suggests that the degree of insomnia symptoms has an effect on how disengaged subjects are with sleep-related material. This data seems to indicate that sleeplessness is associated with increased challenges in letting go of sleep-related stimuli.

According to Chalet, Ahuja et al., (2023) In order to ascertain the relationships between insomnia severity and various health outcomes relevant to patients (health-related quality of life, or HRQoL), employers and the government (workplace productivity), and healthcare payers (healthcare resource utilization), the study conducted a retrospective, cross-sectional analysis using data from the 2020 United States National Health and Wellness Survey (NHWS). Overall insomnia severity was assessed using the Insomnia Severity Index (ISI) questionnaire. The Short Form-36v2 (SF-36v2) questionnaire's physical and mental component summary scores were used to evaluate HRQoL, while the Short Form-6D (SF-6D) and EuroQoL-5D (EQ-5D) questionnaires were used to

gauge health utility status. The Work Productivity and Activity Impairment (WPAI) survey was used to assess workplace productivity. Greater insomnia severity was strongly linked to reduced quality of life, decreased productivity, and higher costs after controlling for covariates.

Knap et al., (2022) The study's objective was to examine the prevalence of sleep disturbances and the physical effects they had on a group of nurses who worked shifts and nights. Participants: 126 nurses working in healthcare institutions in the Maopolskie voivodship who are typically in good health participated in the study. The Athens Insomnia Scale, which consists of 8 test items, was used to collect data. The test items were: difficulty falling asleep, difficulty staying asleep through the night, difficulty waking up in the morning, amount of sleep, quality of sleep, feeling good the next day, level of mental and physical fitness the following day, and daytime sleepiness. Besides, a unique questionnaire.The study found that shift work had a considerable detrimental impact on healthcare professionals' health. The participants noted nervous system symptoms such as increased nervous tension (53%), impatience (62%), and loss of patience. Up to 85% of respondents mentioned how shift work had a negative influence on their family life, 82% on their social life, and 56% on their sexual life. The other factors weren't verified. Conclusions: Nurses who work nights frequently have sleeplessness.

This study looks at demographic characteristics that might affect perceptions of medical students' self-care and drug use habits in order to shed light on how future doctors would see these issues in comparison to Australian physicians and the general public.(Mcgurgan et al., 2022) The study performed nationwide, multicenter, prospective, online cross-sectional surveys with three cohorts—Australian medical students, doctors, and the general public—using fictitious situations. The reactions of participants were compared for the various contextual factors included in the situations and the individuals' demographic traits. In all, 503 members of the general population, 809 doctors, and 2602 medical students took part. Medical students were least tolerant of alcohol intoxication compared to doctors and the general population, but were most tolerant of taking stimulants for study purposes and cannabis for anxiety.

The purpose of this study was to look at the connection between particular substance usage and recidivism for particular crimes. (Karlsson & Hakansson, 2022) The study is based on interviews with 4207 Swedish jail inmates who used drugs and had their usage evaluated using the Addiction Severity Index between 2001 and 2006. The average duration of client follow-up was 2.7 years. The Cox regression analysis was used to evaluate the risk variables for criminal recidivism. Among the clients, 68% went back to the criminal justice system. Amphetamine, inject able drug usage, past conviction for violent and property crime, homelessness, and mental issues were risk factors for criminal recidivism in addition to well-known risk variables including male gender and young age. Cannabis and sedatives were detrimental risk factors for overall recidivism in this situation. Recidivism rates for drug and property crimes increased with age, heroin usage, and inject able drug use. Alcohol and violent recidivism were linked. Risk variables varied significantly when examined independently for various types of crime.

The culture of China has a long history of social drinking, and a study of people in Wuhan City, the country, found that having friends and coworkers with deviant alcohol consumption was a risk factor for alcohol abuse. Fewer older female participants reported current alcoholic intake and had higher percentage of depression is noted compared with those who never used alcohol (Jiafang et, al, 2004). (Jiafang et al., 2004). Previous statements have claimed that there is a weak connection between Alcohol intake was favourably linked with loneliness in the research of alcohol use and female loneliness by Chang et al. (2022), while current alcohol use was positively connected with female sadness. Doctors must assess the effects of smoking and alcohol use on Chinese older persons in order to prevent long-term mental health measures.

According to Grossi, Jeding & Soderstrom et al (2022), 13% of the female sample and 14% of the male sample had Alcohol Use Disorder Identification Test (AUDIT) results that indicated risky drinking. Female patients with hazardous drinking reported higher levels of anxiety and depression and lower mental wellbeing than other women, according to a study on alcohol use among Swedish patients with stress-induced exhaustion disorder and its relationship to anxiety, depression, and health-related quality of life. Compared to other women, female patients who reported not drinking reported worse physical function and higher discomfort. There were no variations between the drinking habits of the male patients.

Chinese teenagers that made up a total of 2576 samples displayed four different trajectories of depression symptoms. 75% of people had poor stability, 11% had low growing symptoms of depression, 9% had very stable symptoms, and 5% had high decreasing symptoms. (X. Qin et al.,

2021) In contrast to the high-stable depressed symptom profile, adolescents with high academic success were more likely to fall into the low-stable, low-increasing, and high-decreasing profiles. Furthermore, adolescents who perceived more parental psychological control were more likely to be in the low-increasing profile than the low-stable profile, while students who perceived greater parental autonomy support were more likely to be in the low-stable and low-increasing profiles than the high-stable profile Parents educational participation was unrelated to the progression of kids' depressed symptoms. In conclusion, Chinese teenagers who performed better academically and who felt less psychological control and greater parental autonomy support were less likely to have depressed symptoms.

Conclusion

In summary, the addicts more or less showed insomnia and depression, the residential differences between urban and rural alcohol addicts on insomnia. The conclusion is that there is Positive correlation between depression and insomnia.

Management strategies are included with long term insomnia and given few therapies to cure it.

Implications

The present study identified variables such as insomnia and depression among addicts that there is significance differences among them, in these findings we can include few more variables like life satisfaction to see his psychological well being and city wise population to see the correlation among the variables.

This study showed that there is an impact of alcohol on insomnia and depression in the light of these findings the professionals can suggest few techniques and interventions to reduce the addiction and psychological conditions.

Future suggestions

There are few suggestions need further research are as follows:

- The present study has been limited to Hyderabad city only; future research can be taken in different localities or cities.
- The future research can be undertaken to study hypersomnia among alcohol addicts.
- A study can be done with disabled adults and notice their sleep issues and depressive levels.
- Economic stability and other substance abusers can also be studied
- A part from the statistical techniques used for the present study, other techniques like ANOVA, MANCOVA may be made use of for analyzing the data, which may yield more fruitful results.
- The present study has been conducted on adults between ages 18-50, in order to make the use of present investigation for the whole population of adolescents may be included in future studies.

Limitations

Every research has its own merits and demerits. The limitations of the present study as follows:

The size of the sample was 60 this study can conduct on larger population and random sample.

Other variables can be included like impulsivity and depression to see the relevant outcome.

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