INTRODUCTION

Sleep is the physiological need for every person yet it is an aspect that has been pathologically ignored since long by all. Insomnia is a disease in itself and can accelerate and aggravate concomitant diseases and a retrospective study found insomnia was significantly predictive of myocardial infarction (1).

Insomnia is present in 30% of the general population, but the diagnosis is made in only 6–15% (2). Therefore, it is estimated that 75 million people in the US and 150 million people in Europe are affected by insomnia (3). Epidemiological studies performed in Western Europe, USA, Japan have reported a prevalence of insomnia-related symptoms ranging from 10% to 48% (4).

Sleep disorders are associated with an increasing prevalence of various somatic and/or psychiatric disorders as well as social problems (5).

The behavioural and neurocognitive processes occurring during sleep may be impaired by lack of sleep.

Sleep deprivation had various consequences that include sedation and impairments in neurocognitive and psychomotor performance (6).

Recent reviews now clearly identify a growing concern that unrestricted hours of service
Comparison of sleep pattern between medical and law students

adversely affect the performance of medical residents. Numerous studies conducted have noted that the deleterious effects of sleep deprivation on medical house staff in various medical/surgical specialities.

Researchers generally agree that law students experience significant decline in psychological and physical health after beginning law school (10–11). Lack of time for relaxation, stress about grades, the Socratic method, and law school’s competitive environment can all contribute to students’ decreases in well-being (12).

Medical students as opposed to students of others courses have an ordeal to balance studies and system imposed time with hectic clinical postings, etc. (13–14).

We have tried to investigate indications of any sleep disorder among these two groups of student population and identify the factors contributing to it.

METHODOLOGY

Site: Fr. Muller Medical College and SDM law college, Mangalore, India

Sample size: 293 medical students and 186 law students

Type of study: Questionnaire based cross sectional descriptive study

Inclusion criteria: Consenting medical students

The analysis was done from the Questionnaire response and statistical tests- Chi-square, Cross Matching were done using SPSS package.

DISCUSSION

The assessment of sleep pattern among Law Students compared to medical students reveals interesting details. Overall, it seems that the sleep quality and quantity is better among law students. This could be because of the

Figure 1. Sex distribution

Figure 2. Detail of sleep pattern between law and medical students
comparatively lesser stress/academic–related load on them.

A comparison of the questionnaire completed by medical and law students reveals the following facts:

Among the law students, 60.8% have reported that they wake up fully refreshed after a good nights sleep as opposed to just 47.1% of the medical students. Initial insomnia occurs more frequently (among 19.4%) of the medical student population. However, 76.8% of them do not have depressed insomnia at all as compared to 62.9% of the law students not suffering from it.

Night time walking is seen more often in 22.2% of the law students, occurring less than once a month. This could be due to an active sub–conscious mind which is not fully exhausted as with the medical students.

External sound never awakens 33.9% of the law students while 14% of the medical students are affected by it. This shows that the depth of sleep among the law students is better.

Most of the medical students (62.8%) sleep alone in their rooms, whereas, only 30.6% of the law students sleep on their own. This indicates the financial betterment of the medical students, to be able to afford to live independently and not to have to share their room.

Only 14% of the law students claim to feel sleepy after any form of exercise. A considerable 31.7% of the medical students also report the same, indicating that the latter is not accustomed to consistent physical work.

Most of the bad dreams that the medical students have, are those regarding failure in exam/targets. However, in the law students most of them are for reasons other than those.

Interestingly, there are considerable number of similarities between the sleep patterns too.

A maximum number of law students (38.2%) and medical students (45.2%) go to sleep between 11–12pm and sleep for 7 hours (medical students–41.2% and law students–37%).

Most of the medical students (41%) and law students (45.2%) report that they have good quality of sleep at night, and the sleep latency is about 10 minutes for a majority of them.

Various references cited show reports parallel to our study. Infact, Olson LG et al 1996 remarks the greater stress upon law students and they have not compared with other student groups other than medicos (6,7,8).

The symptoms of insomnia also include daytime consequences such as tiredness, lack of energy, difficulty concentrating, or irritability. Insomnia can be a symptom of an underlying medical, psychiatric, sleep, or circadian disorder or a disorder in itself (i.e., primary insomnia) (9).

The outcome of this study would clearly
indicate that the quality of sleep is comparatively lesser in medical students than in law students. Policy makers on the Board of Studies should formulate curricula addressing the relevant points raised from our study.

**CONCLUSION**

From the above deliberations we may perhaps conclude that sleep behaviour in Medical students needs improvement as compared to Law students.

The relevant difference noted in the study could be explained by the law students having a relatively easier course of study that has less stress and time constraints, that could account for the sleep detriments among Medical students.

**REFERENCES**

1. Maurice M Ohayen, “Sleep disturbances and their Impact on Medical Disease and Morbidity”; Vol 1 No 4 2008


