# The Effect of Sleep Habits and Bedroom Environment on Breast Cancer Prevalence among Jordanian Women

Deniz M. Altawalbeh<sup>a,C</sup>, Sina M. Mataqah<sup>b,C</sup> And Dr. Falastine Hamdan<sup>a</sup>.

<sup>a</sup> Department of Applied Science, Al- Balqa Applied University, Salt, 19117, Jordan. <sup>b</sup> Jordan Ministry of Health, Amman, 11118, Jordan. <sup>c</sup> Faculty of Pharmacy, Jordan University, Amman, 11942, Jordan.

**Abstract:** Melatonin is an important hormone that mediates circadian rhythm which is the day – dark cycle of the body based on 24-hr period. Patients who are subjected to light at night, night shift work or bad sleep habits may suppress this normal nocturnal production of melatonin and increase the release of estrogen by the ovaries which may finally lead to breast cancer. 95 patients were interviewed and asked to fulfill a questionnaire from King Abdullah University Hospital. The socio-demographic data was clearly associated in a positive way with breast cancer. The bedroom environment negatively influenced the probability of breast cancer occurrence. In conclusion further studies of sleep habits and electrical light intensity at night should be done to clarify their effect on breast cancer occurrence in Jordanian females.

Key words: Breast cancer, Melatonin, Night-shift, Smoking

\_\_\_\_\_

Date of Submission: 30-03-2018

Date of acceptance: 16-04-2018

# I. Introduction

\_\_\_\_\_

#### Melatonin:

Pineal gland is an endocrine gland that produces melatonin hormone which regulates the circadian rhythm <sup>1</sup>. Melatonin or N-acetyl-5-methoxytryptamine production is controlled via several enzymes. First of all tryptophan is taken from the blood and metabolized to 5-hydroxytrophan then decarboxylated to 5-hydroxytryptamine or serotonin, in turn serotonin will be N-acetylated by enzyme serotonin N-acetyl transferase to form N-acetyl serotonin which later on will be converted into melatonin in the presence of hydroxyindole-O-methyltransferase <sup>1-3</sup>. Melatonin is produced at night and reaches the peak level at midnight and this shows how it can control the circadian rhythm and encourage the need to sleep<sup>4</sup>.

Circadian rhythm is the day-dark cycle of the body which is based on 24-hr period<sup>5</sup>. This cycle is controlled by melatonin production and any disruption in this cycle will lead to low daily rise in blood melatonin levels which will affect many functions of the individual such as sleep pattern, mood, sexual maturation and reproduction, tumor growth, aging and immune response<sup>5-7</sup>.

#### Cancer:

The national cancer institute defined cancer as "The name given to a collection of related diseases. In all types of cancer, some of the body's cell begins to divide without stopping and spread into surrounding tissues"<sup>8</sup>. There are many types of cancer each with different risk factors and mechanism of action<sup>8-10</sup>. Breast cancer is the most common cancer among women<sup>9</sup> and according to the 15<sup>th</sup> national cancer registry report of Jordan it was found that breast cancer accounts for 19.6% of newly diagnosed cancers among both males and females with a ratio of 94:1 female to male in 2010<sup>11</sup>.

Risk factors of breast cancer vary and some of these factors can't be changes while others can be changed according to each individual decision<sup>12</sup>. Some of these risk factors are the age, female gender, family history of breast cancer, genetics, pregnancy history, breastfeeding history, and menstrual history, drinking alcohol, smoking and many others<sup>12-13</sup>.

## Melatonin and breast cancer:

In previous studies it was found that melatonin level and circadian rhythm may increase the risk of having breast cancer<sup>13-14</sup>. When melatonin production is disrupted then estrogen release will increase which in turn increases the risk of breast cancer<sup>15-16</sup>. On the other hand several studies<sup>17-18</sup> show that night shift workers will be with higher risk of having breast cancer compared to day-time workers<sup>19</sup>.

In this study we are looking forward to investigate the impact of bad sleep habits, turning on light at night and night shift work among the previous 10 years before diagnosis and breast cancer prevalence among Jordanian female patients.

# II. Method and study design

#### Study design:

We met about 102 breast cancer women from both outpatient and inpatient clinics in King Abdullah University Hospital and asked them to fulfill our questionnaire after explaining them the purpose of our study and having their approval to participate in the study. Our patients should be females above 18 years old with breast cancer of any stage, and our exclusion criteria include: 1. Pediatrics < 18 year, 2. Male patients, 3. Any type of cancer other than breast cancer.

## The questionnaire:

Our questionnaire contains four sections with several questions that reflects Jordanian culture, the first section consists socio-demographic questions about patients (age, educational level, monthly income, marital status, use of oral contraceptives, number of pregnancies, breast feeding history, family history of breast cancer and smoking). The second section is about the patient's medical records (when she was diagnosed, the stage of the cancer). The third section is about sleep habits and bedroom environment of the patient for the past 10 years, the questions on sleep habits are:

- The time the patient usually goes to sleep and turn light off. 1.
- The time she wakeup normally. 2.
- 3. If the patient has continuous or interrupted sleep pattern.
- Wither the subject turn the light on if her sleep is interrupted or not. 4.
- Bed room light level. 5.

Patients will be asked to classify their bedroom light level according to the levels of darkness we mention:

- The patient wore mask when sleep. 1.
- 2. Couldn't see her hand because of darkness.
- Could see the end of her bed. 3.
- Could see across her bedroom. 4.
- 5. Could barely read.
- Could read comfortably. 6.

The final section of the questionnaire is about the patients previuous job history among the past 10 years (job title, full time or part-time status, time of work day-shift or night-shift).

#### Statistical analysis:

Data that will be obtained from the questionnaire will be studied and analyzed using the SPSS software. Chisquare will be used to compare between patients with bad sleep habits and those who are have good sleep habits and using good bedroom environment, also the relationship between sleep habits, bedroom environment and job history and socio-demographic data will be studied.

## **III. Results**

The response rate of cancer patients to complete the questionnaire was high. A total of 102 patients were collected from King Abdullah University Hospital 95 patients accepted to participate in this study while 7 patients refused to.

#### Patient's characteristics:

Demographic characteristics of participated patient with breast cancer revealed that the major population age interval was 49-58 years with a major educational level of secondary school (Table 1). All patients are taking chemotherapy.

Demographic data of breast cancer patients		
Demographics	N (%)	
Age		
29-38	13(13.7)	
39-48	24(25.3)	
49-58	33(34.7)	
59-68	7(7.4)	
$\geq 69$	18(18.9)	
Educational level		
No education	9(9.5)	
Primary school	13(13.7)	
Secondary school	41(43.2)	
Bachelor	29(30.5)	
Higher education levels	3(3.2)	

Table 1			
ographic dat	a of breast	cancer	pa

Marital status		
Married	82(86.3)	
Single	13(13.68)	

According to the history that is related to the disease more than the half of the patients was using oral contraceptive in a previous period of time for a long term.

About 36.8% are smokers and only two patients worked in night shift (table 2).

History of women's with breast cancer		
Characteristics	N(%)	
Smoker		
Yes	35(36.8)	
No	60(63.2)	
Use of oral contraceptives		
Yes	56(58.9)	
No	<b>39(41.1)</b>	
History of breast cancer		
Yes	30(31.6)	
No	<b>65(68.4</b> )	
Number of pregnancies		
1-3	19(20)	
4-7	36(37.9)	
7-9	16(16.8)	
$\geq 10$	11(11.6)	
No pregnancies	13(13.7)	
Night shift work		
Yes	2(2.1)	
No	<b>93(97.9</b> )	

Table 2History of women's with breast cancer

#### Sleep related phenomena:

Most patients indicated good sleep habits; they were getting to sleep at 10-12pm and waking up at 7-9am. The percentage of patients having continuous pattern of sleep is 55.7% and discontinuous sleep of 44.2% among those patients about 53.7% of them sleep with good light inside the room (table 3).

Prevalence of sleep related phenomena		
	N (%)	
Time of sleep		
7-9pm	4(4.2)	
10-12pm	65(68.4)	
1-3am	24(25.3)	
4-6am	2(2.1)	
Time of awakening up		
7-9am	75(78.9)	
10-12am	15(15.8	
12-2pm	5(5.3)	
Pattern of sleep		
Continuous	53(55.7)	
Disturbed (Not continuous)	42(44.2)	
Light related phenomena		
Use of eye cover	2(2.1)	
Very dark room	16(16.8)	
Could see the end of the bed only	20(21.1)	
Could see the whole room	51(53.7)	
Difficult to read	4(4.2)	
Can easily read	2(2.1)	

 Table 3

 Prevalence of sleep related phenomena

#### Table 4

Relation between breast cancer occurrence and patient's history

	Df	Exact sig. (one-tailed)
Use of oral contraceptive		
Yes		
No	1	0.124
History of breast cancer		
Yes	1	<0.001

No		
Smoking		
Yes	1	0.010
No		
Habit of sleep		
Continuous	1	0.356
Not continuous		

Chi square test was applied to analyze the significance of the independent variables in patients with breast cancer.

According to the Chi square results, electrical light intensity at bedroom was positively correlated to breast cancer (p<0.001, df 5). Other correlations of night shift work; breast feeding and cancer stage couldn't be calculated because of lack of information's from patients.

## **IV. Discussion**

According to the risk factors that may contribute to breast cancer, smoking was positively associated with breast cancer (p = 0.010, 95% CI), this agrees with the results obtained in a study that was conducted in California<sup>20</sup> which revealed that breast cancer risk is increasing significantly among those defined as active smokers. On the other hand there was no significant association when studying an age – adjusted analysis (p = 0.059, 95% CI) oppositely to the study conducted in Netherland that stated the positive correlation between breast cancer and smoking in age adjusted analysis<sup>21</sup>.

Oral contraceptives are widely used among women and it is suggested that the use of them may increase the risk of having breast cancer<sup>22</sup> because of the carcinogenic effect of estrogen and progesterone on cell proliferation, but in our study there was no significant association between the use of oral contraceptives and the prevalence of breast cancer (p = 0.124, 95% CI).

Another risk factor that may increase the possibility of having breast cancer is the family history, there was a strong association in our study between family history and breast cancer (p < 0.001, 95% CI) this may be due to the inherited genes that may lead to a mutation leading to breast, ovarian or colorectal cancer. <u>K</u> <u>McPherson</u> et al, showed that the risk of breast cancer may increase two or three times in women whose first relatives (mother, sister or daughter) developed the disease at age less than 50 years and this risk increases when the relatives developed the disease at age less than 50 years<sup>23</sup>.

The majority of the patients were confused about the exact time of lactation with each pregnancy, so it was difficult to analyze the results, but depending on the previous studies it's clear that breast feeding may be protective against breast cancer especially in premenopausal women<sup>24</sup>.

The aim of this study was to see how night shift-work and sleep disturbance may contribute to the occurrence of breast cancer. In previous studies strong evidence was found that night shift work will disturb the circadian cycle leading to disturbance in melatonin level<sup>24</sup>. This may lead to low levels of melatonin which will consequently increase the probability of having breast cancer<sup>25</sup>.

This knowledge further on lead to the hypothesis that melatonin administration may had an effect on the inhibition of tumor growth and cell invasion<sup>26-27</sup>.

Unfortunately only two patients of the study population worked at night shift thus it was difficult to study the relation between night-shift workers and its effect on breast cancer.

According to sleep habits of this study population, the majority was sleeping in a continuous pattern with a good amount of electrical light in the bedroom (fig 1).



Fig 1: sleep habits and bedroom environment.

how much light inside the room

could see the end of the bed oly could see the whole room difficult to read easy to read

eyecover use very dark A previous study revealed that electrical light use at night may lead to circadian disruption which may lead further on to endocrine disruption which may increase the risk of having breast cancer<sup>28-29</sup>, and in this study the results showed that patients who are subjected to more electrical light at night may be positively correlated with breast cancer occurrence (p<0.001, 95% CI).

# V. Conclusion

This study approved that there are many factors that may increase the possibility of breast cancer occurrence in females.

The factor of sleep -awake pattern couldn't be correlated to breast cancer because the majority of patients confirmed that they didn't work at night, so we need to increase the population.

Further studies with larger number of patient should be conducted to see how circadian cycle, nightshift work and melatonin levels may have a direct effect on the occurrence and progression of breast cancer in females. On the other hand levels of melatonin could be measured for patients with breast cancer and compare the results to patients without breast cancer to see how melatonin may affect the occurrence and progression of tumor.

# Acknowledgement

Our greatest appreciation for the patients who agreed to participate in this study. Also we thank the staff of oncology department at King Abdullah University Hospital.

## References

- [1] Nussey, S. S.; Whitehead, S. A., Endocrinology: an integrated approach. CRC Press: 2013.
- [2] Kesikli, S. A.; Guler, N., Chemotherapeutic Agents in Cancer Treatment and Tryptophan Metabolism. In Tryptophan Metabolism: Implications for Biological Processes, Health and Disease, Springer: 2015; pp 291-333.
- [3] Coon, S. L.; Roseboom, P. H.; Baler, R.; Weller, J. L.; Namboodiri, M.; Koonin, E. V.; Klein, D. C., Pineal serotonin N-acetyltransferase: expression cloning and molecular analysis. Science 1995, 270 (5242), 1681-1683.
- [4] Arendt, J., Melatonin and the pineal gland: influence on mammalian seasonal and circadian physiology. Reviews of reproduction **1998**, 3 (1), 13-22.
- [5] Cajochen, C.; Kräuchi, K.; Wirz-Justice, A., Role of melatonin in the regulation of human circadian rhythms and sleep. Journal of neuroendocrinology **2003**, 15 (4), 432-437.
- [6] Hansen, J., Light at night, shiftwork, and breast cancer risk. Oxford University Press: 2001.
- [7] Lieberman, S.; Bruning, N., The real vitamin and mineral book: a definitive guide to designing your personal supplement program. Penguin: 2007.
- [8] Corella, B., TYPES OF CANCER TREATMENTS, REASEARCH, AND THE HOLISTIC APPROACH.
- [9] Huerta, E.; Grey, N., Cancer Control Opportunities in Low-and Middle-income Countries. CA: a cancer journal for clinicians **2007**, 57 (2), 72-74.
- [10] McGuire, S., World cancer report 2014. Geneva, Switzerland: World Health Organization, international agency for research on cancer, WHO Press, 2015. Advances in Nutrition: An International Review Journal 2016, 7 (2), 418-419.
- [11] Abdel-Razeq, H.; Attiga, F.; Mansour, A., Cancer care in Jordan. Hematology/oncology and stem cell therapy **2015**, 8 (2), 64-70.
- [12] Chopra, I.; Kamal, K. M., A systematic review of quality of life instruments in long-term breast cancer survivors. Health and quality of life outcomes **2012**, 10 (1), 14.
- [13] Girschik, J.; Heyworth, J.; Fritschi, L., Self-reported sleep duration, sleep quality, and breast cancer risk in a population-based case-control study. American journal of epidemiology **2013**, 177 (4), 316-327.
- [14] Stevens, R. G., Light-at-night, circadian disruption and breast cancer: assessment of existing evidence. International journal of epidemiology **2009**, 38 (4), 963-970.
- [15] Davis, S.; Mirick, D. K.; Stevens, R. G., Night shift work, light at night, and risk of breast cancer. Journal of the national cancer institute **2001**, 93 (20), 1557-1562.
- [16] Hansen, J., Risk of breast cancer after night-and shift work: current evidence and ongoing studies in Denmark. Cancer Causes & Control 2006, 17 (4), 531-537.
- [17] Wang, X.; Armstrong, M.; Cairns, B.; Key, T.; Travis, R., Shift work and chronic disease: the epidemiological evidence. Occupational medicine **2011**, 61 (2), 78-89.
- [18] Schernhammer, E. S.; Kroenke, C. H.; Laden, F.; Hankinson, S. E., Night work and risk of breast cancer. Epidemiology **2006**, 17 (1), 108-111.

- [19] Hansen, J.; Lassen, C. F., Nested case–control study of night shift work and breast cancer risk among women in the Danish military. Occup Environ Med **2012**, 69 (8), 551-556.
- [20] Reynolds, P.; Hurley, S.; Goldberg, D. E.; Anton-Culver, H.; Bernstein, L.; Deapen, D.; Horn-Ross, P. L.; Peel, D.; Pinder, R.; Ross, R. K., Active smoking, household passive smoking, and breast cancer: evidence from the California Teachers Study. Journal of the National Cancer Institute 2004, 96 (1), 29-37.
- [21] van den Brandt, P. A., A possible dual effect of cigarette smoking on the risk of postmenopausal breast cancer. European Journal of Epidemiology **2017**, 32 (8), 683-690.
- [22] Lovett, J. L.; Chima, M.; Wexler, J.; Arslanian, K.; Friedman, A.; Yousif, C.; Strassmann, B. I., Oral contraceptives cause evolutionarily novel increases in hormone exposure: a risk factor for breast cancer. Evolution, Medicine, and Public Health 2017.
- [23] McPherson, K.; Steel, C.; Dixon, J., ABC of breast diseases: breast cancer—epidemiology, risk factors, and genetics. BMJ: British Medical Journal **2000**, 321 (7261), 624.
- [24] Kobayashi, S.; Sugiura, H.; Ando, Y.; Shiraki, N.; Yanagi, T.; Yamashita, H.; Toyama, T., Reproductive history and breast cancer risk. Breast Cancer **2012**, 19 (4), 302-308.
- [25] Jardim-Perassi, B. V.; Arbab, A. S.; Ferreira, L. C.; Borin, T. F.; Varma, N. R.; Iskander, A.; Shankar, A.; Ali, M. M.; de Campos Zuccari, D. A. P., Effect of melatonin on tumor growth and angiogenesis in xenograft model of breast cancer. PloS one **2014**, 9 (1), e85311.
- [26] Mao, L.; Yuan, L.; Slakey, L. M.; Jones, F. E.; Burow, M. E.; Hill, S. M., Inhibition of breast cancer cell invasion by melatonin is mediated through regulation of the p38 mitogen-activated protein kinase signaling pathway. Breast Cancer Research 2010, 12 (6), R107.
- [27] Proietti, S.; Cucina, A.; D'Anselmi, F.; Dinicola, S.; Pasqualato, A.; Lisi, E.; Bizzarri, M., Melatonin and vitamin D3 synergistically down-regulate Akt and MDM2 leading to TGFβ-1-dependent growth inhibition of breast cancer cells. Journal of pineal research 2011, 50 (2), 150-158.
- [28] Stevens, R. G.; Rea, M. S., Light in the built environment: potential role of circadian disruption in endocrine disruption and breast cancer. Cancer causes and control **2001**, 12 (3), 279-287.
- [29] Otte, J. L.; Carpenter, J. S.; Russell, K. M.; Bigatti, S.; Champion, V. L., Prevalence, severity, and correlates of sleep-wake disturbances in long-term breast cancer survivors. Journal of pain and symptom management 2010, 39 (3), 535-547.

IOSR Journal of Pharmacy and Biological Sciences (IOSR-JPBS) is UGC approved Journal with Sl. No. 5012, Journal no. 49063.

Deniz M. Altawalbeha "The Effect of Sleep Habits and Bedroom Environment on Breast Cancer Prevalence among Jordanian Women." IOSR Journal of Pharmacy and Biological

Sciences (IOSR-JPBS) 13.2 (2018): 46-51.

DOI: 10.9790/3008-130204651