

EDITORIAL

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Insomnia in early-stage breast cancer: time to listen, time to act

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Sleep problems are a well-documented side effect of cancer Treatment [1, 2]. They impair quality of life and affect not only the emotions but also the cognitive and physical behavior of cancer patients [3, 4]. The impact of sleep disorders should not be underestimated, as even treatment tolerance and survival rates are linked to them [5].

On the other hand, patients report that they were not very likely to be asked about sleep difficulties. The complaint is mostly not addressed by attending oncologists [6, 7].

The latest study published in this journal, "Sleep Hygiene in Patients with Early-Stage Breast Cancer: A Short Report" [8] addresses these often-under-recognized symptoms above. By focusing on early-stage breast cancer patients in Ireland, this research adds clinically relevant insights into the prevalence of insomnia, associated behavioral risk factors, and the level of clinical attention such issues receive in oncology practice.

This cross-sectional survey utilized a 40-item questionnaire, incorporating the validated Insomnia Severity Index (ISI) to assess sleep disturbance severity. The recruitment of 315 breast cancer patients at Cork University Hospital ensures a moderate-to-large sample for a single-center observational study. The broad inclusion criteria and the representation of various disease and treatment stages increase the external validity of the findings.

However, the reliance on self-reported measures introduces potential recall and reporting bias, and the absence of objective sleep assessments limits comparability with more physiologically grounded research. Nevertheless, for an exploratory design, the study achieved considerable methodological rigor.

The reported prevalence of sleep disturbance and insomnia is strikingly high. The study documented significant behavioral contributors to poor sleep hygiene, such as high caffeine consumption, alcohol use, or electronic device use before sleep. From a psychosocial standpoint, just 33% of patients were satisfied with their current sleep patterns, and 54% reported distress arising from altered sleep.

The findings corroborate and extend those of another Irish study [9] in a broader Irish oncology cohort. By isolating breast cancer patients, this study underscores an even higher burden when subthreshold insomnia is included. Unlike Harrold's sample, which largely involved patients receiving active chemotherapy, the present cohort consisted mainly of post-treatment survivors, revealing persistent sleep problems into the survivorship phase rather than acute treatment-related insomnia.

The paper correctly emphasizes the disconnect between patient awareness and healthcare provider engagement. Routine screening using instruments like the ISI could identify at-risk patients early. Educational interventions to promote sleep hygiene literacy—focusing on caffeine, alcohol, and device use—should be standard in survivorship counseling. The under-recognition of insomnia by healthcare professionals also calls for systematic provider training on sleep assessment and management.

Strengths of this study include a large and representative sample from a clinical oncology setting, use of a validated insomnia screening instrument, integration of behavioral and attitudinal data, and broadening the psychosocial interpretation. Limitations include the cross-sectional design precluding causal inference, exclusive reliance on self-report measures without objective validation, lack of diversity in the study sample, limiting generalizability across ethnic populations, and absence of multivariate regression models to adjust for potential confounding variables. Strengths and limitations of the study are well discussed by the authors.

"Sleep Hygiene in Patients with Early-Stage Breast Cancer: A Short Report" successfully documents the high prevalence and persistence of insomnia among breast cancer patients, exposing critical deficiencies in clinical recognition and management. By combining patient-reported experiences with behavioral and attitudinal analysis, this study strengthens the evidence base for integrating sleep assessment into oncology and survivorship guidelines. Future research should employ longitudinal designs, objective sleep metrics, and interventional frameworks to optimize care for this vulnerable population.

In summary, the findings of this study underscore the urgent need for routine sleep assessment and targeted interventions in oncology practice. By recognizing and addressing sleep disturbances early, healthcare providers can significantly improve the quality of life and long-term outcomes for cancer survivors. Future research should focus on longitudinal studies and interventional approaches to optimize sleep health in this vulnerable population. Integrating sleep hygiene into survivorship guidelines is not only a clinical imperative but also a step toward more holistic, patient-centered cancer care.

Dirk Hofmeister¹✉

¹Department of Medical Psychology and Medical Sociology, University of Leipzig, Leipzig, Germany.
✉email: dirk.hofmeister@medizin.uni-leipzig.de

DATA AVAILABILITY

No datasets were generated or analysed during the current study.

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AUTHOR CONTRIBUTIONS

The author declares that he has no conflicts of interest.

COMPETING INTERESTS

The author declares no competing interests.



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