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Illnesses and sleep deprivation

Vasilieva Irina[1,4,5,6,7] Orcid: https://orcid.org/0000-0001-7019-4443, **Vasilieva Maria**[1,2,3,6,7] Orcid: https://orcid.org/0000-0003-4588-2716, **Vasiliev Ilie**[1,7] Orcid: https://orcid.org/0000-0002-8962-2927 **Ion Mihaci**[1,4,5], **Doina Gorenco**[1,4,5], **Diana Pintea**[1,4,5], **Tatiana Burcovscaia**[1,4,5], **Stefania Fachira** [1,4,5]

[1]State University of Medicine and Pharmacy" Nicolae Testemițanu"
[2]"Nicolae Testemițanu" University Clinic of Primary Medical Assistance of State University of Medicine and Pharmacy·
[3]Laboratory of Neurology and Medical Genetics Republic of Moldova
[4]Department of Laboratory Medicine. State University of Medicine and Pharmacy" Nicolae Testemițanu"
[5] "Timofei Moșneaga" Republican Clinical Hospital, Republic of Moldova.
[6] Institute of Emergency Medicine. Republic of Moldova.
[7]World Academy of Medical Sciences, Netherlands, Republic of Moldova

Scientific advisers:

Professor Dr **Anatolie Visnevschy**, MD, PhD, FWAMS. Fellow of the World Academy of Medical Sciences. Member of the WAMS Faculty (Academy Faculty), Head, Deptartmentof Laboratory Medicine. Chairman of the WAMS' International Board of Laboratory Medicine. Member of the WAMS General Council (The World Medical Sciences Council). Member of the WAMS Moldovan Committee (WAMS Moldovan Council).

https://wams.online/our_team/dr-anatolie-visnevschy-md/

Professor Dr **Ilie Vasiliev**, MD, Academy Professor World Academy of Medical Sciences. First Superior Executor Vice- President of the World Academy of Medical Sciences. Chairman of the World Council of the Academy WAMS. WAMS' International Medical Research Council (IMREC). The Chairman of the WAMS National Council of Moldova. Netherlands, Republic of Moldova.

https://wams.online/about-us/
https://wams.online/our_team/dr-ilie-vasiliev-md/

Keywords: sleep deprivation, illnesses.

Purpose of the study: To demonstrate that different kind of diseases lead to poor sleep.
Introduction: Sleep is defined on the basis of behavioural and physiological criteria dividing it into two states : non rapid eye movement (NREM) sleep which is subdivided into three stages (N1,N2,N3) abs rapid eye movement (REM) sleep characterized by rapid eye movements, muscle atonia and desynchronized EEG [1]. The most important

step in assessing a patient with a sleep complaint is obtaining a detailed history including family and previous histories.

Material and Methods: There were analyzed articles from PubMed database from the last 5 years 2019-2024, mentioned such words as “illnesses”, “sleep deprivation” [2]. As well as scientific works that have not lost their relevance today [3-6].

Results: For example, critically ill patients frequently experience poor sleep, characterized by frequent disruptions, loss of circadian rhythms and pancity of time spent in restorative sleep stages. Factors that are associated with sleep stages. One of them is critical condition in the intensive care unit ICU include patient-ventilator dyssynchrony, medications, patient care and interactions environmental noise and light [7-24]. Along with ICU patients, also medical human resources ICU suffer from sleep disorders due to psycho-emotional burnout (PEB) [25] and chronic fatigue syndrome [7], sometimes not different from wartime PEB [26].

Conclusion: Sleep disturbance during intensive care unit admission is common. Sleep disturbance has been observed in survivors of critical illness even after transfer out of the ICU. Sleep disturbance is common in critically ill patients up to 12 months after hospital discharge. Like, and medical human resources ICU, may suffer from sleep problems throughout their lives.

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