

# Effect of Food Intake on Sleep: Mechanisms and Recommendations

Desak Ketut Indrasari Utami<sup>1</sup>,  
Anak Agung Ayu Suryapraba Indradewi Karang<sup>1</sup>, IGM Ardika Aryasa<sup>1</sup>

<sup>1</sup>Neurology Department, Faculty of Medicine Universitas Udayana/Prof. Dr. I.G.N.G. Ngoerah General Hospital, Bali, Indonesia

Corresponding Author: Desak Ketut Indrasari Utami

DOI: <https://doi.org/10.52403/ijrr.20230253>

## ABSTRACT

Sleep is a crucial lifestyle component that improves general health. The effect of diet and consumption of certain foods has been reported to have a significant effect on sleep patterns and sleep quality. Many supplements were used to help promote healthy sleep. However, the connection between some food factors and sleep is rather complicated. The nutritional components change depending on the food habits and the digestive and metabolic processes of each person. Several studies and systematic reviews reported potential benefit of specific nutrients and their role in sleep including: high-fiber and low-sugar carbohydrates, protein, fatty acids, several vitamins such as vitamins D, C, and B and electrolyte especially magnesium. Others were reported could disrupted sleep such as caffeine, alcohol and excess sugar. This article discussed nutrients that are potential to play a role in sleep quality, their mechanisms, and food recommendation that can be made to help improve sleep quality and sleep wellness.

**Keywords:** Diet, sleep-promoting food, sleep quality

## INTRODUCTION

Sleep is an essential biological function for health and happiness throughout life. Good quality sleep is associated with a host of advantages, including improved immunity, improved cardio-metabolic health, and improved cognitive function, mood, and mental performance<sup>[1]</sup> Contrarily, poor sleep quality, both in terms of insufficient

sleep time and in terms of sleep quality, is detrimental to health, increasing the risk of metabolic syndrome and cancer in people of all ages through behavioral issues.<sup>[2]</sup>

Sleep quality has been linked to a variety of factors that can affect health and provide cognitive benefits. Sleep plays a role in aspects of cognition including declarative memory, recall memory, and cognitive flexibility.<sup>[3]</sup> In addition to these cognitive domains, sleep duration also influences levels of daytime alertness, subjective alertness, and even the capacity to regulate emotions.<sup>[4,5]</sup> A study reports sleep deprivation can cause an increase in amygdala activity by up to 60% and increase pupil diameter, these can increase a person's emotional reactivity to negative information.<sup>[6]</sup>

These benefits of sleep on health are the reason for the importance of interventions to improve life satisfaction and psychological health. Among the many variables that can be changed, dietary habits and consumption are believed to have an impact on changes in the metabolic control of hormone release, which affects the characteristics and quality of sleep.<sup>[7]</sup> Additionally, it has been suggested that sleep length and quality influence the risk of obesity, diabetes, hypertension, and cardiovascular disease.<sup>[8]</sup> It is complicated to comprehend how nutrition affects sleep regulation. and can be explained in several ways. First, the components of diet can directly influence

sleep. For example, caffeine in coffee and tea has components that work antagonists against sleep-inducing adenosine receptors (A2AR) so that they can play a direct role in causing a decrease in sleep time and quality and increasing sleep induction time.<sup>[9]</sup> Second, numerous dietary metabolites can become bioactive and affect sleep regulation directly or indirectly by influencing other variables that are connected to sleep. Be aware that nutrition has a substantial impact on the commensal microbiota, which may have an impact on how metabolites are formed and are metabolized.<sup>[10]</sup> Third, nutritional factors over a long period of time can change the inflammatory condition, which is closely associated to sleeplessness. However, there are still many unanswered, difficult concerns about the processes of inflammation in sleep.<sup>[11]</sup>

It is important to know the types of food and dietary patterns that can that relate to sleep and the quality of sleep. This article will discuss the type of foods that have potential to affect sleep, their mechanisms, and dietary recommendation in selecting types of food for nutritional counseling as non-pharmacological therapy of sleep disorders.

### **DIET AND SLEEP QUALITY**

In contrast with sleep duration which can be clearly defined, sleep quality has a broader meaning. During a polysomnography exam, the amount of slow wave sleep (SWS) and rapid eye movement (REM) can be measured to determine the quality of the sleep. Sleep efficiency (SE), which is the time spent in bed sleeping, and sleep-onset latency (SOL), which is the length of time it takes for a person to fall asleep, can both be used to measure the quality of a person's sleep during polysomnography and actigraphy tests. A lackluster night's sleep is often characterized by low SE (85%) and a long SOL (>20–30 minutes). A subjective sleep quality test, such as the Pittsburgh Sleep Quality Index, can be used to measure sleep quality (PSQI).<sup>[7]</sup>

Several epidemiological studies have reported a relationship between sleep

quality and dietary patterns. A cross-sectional study with a sample of working women in Japan reported that consumption of sweets and noodles was associated with poor sleep quality, as evidenced by the PSQI questionnaire. Meanwhile, high consumption of fish and vegetables is associated with good sleep quality. The quality of the carbohydrates consumed is also more important than the quantity. Samples with poor sleep quality tended to consume high carbohydrates from sweets and noodles rather than rice compared to samples with good sleep quality, even with the same high carbohydrate intake. Consumption of energy drinks or sugar-sweetened drinks more than once per month is also reported to be associated with poor sleep quality.<sup>[12]</sup> In contrast to high protein consumption (>19% of energy from protein), which is linked to trouble maintaining sleep, some research have found that low protein consumption (16% of energy from protein) is linked to both poor sleep quality and difficulty keeping sleep. Sleep quality is negatively correlated with low carbohydrate intake (50% of energy from carbs). After excluding the effects of gender, this association was substantial for men but not for women.<sup>[13]</sup> This finding is also supported by other studies reporting low protein consumption associated with sleep disturbances (Obstructive sleep apnea, insomnia, or a combination of the two) where individuals with these sleep disorders reported lower protein consumption and higher fat consumption compared to individuals without sleep disorders.<sup>[14]</sup>

Studies on the epidemiology have shown a connection between dietary habits and sound sleep. These studies demonstrate that high-fat consumption is connected with poorer sleep quality. Carbohydrate consumption can also affect sleep quality where low carbohydrate consumption is associated with insomnia symptoms but high consumption of high-sugar carbohydrates is also associated with insomnia. It is predicted that the type and quality of carbohydrates are important in the

relationship between sleep quality and diet. The role of nutrition, not only carbohydrates, protein, and fat, but also other nutrients in sleep disorders is important to know and discuss further.

## **NUTRITION AND SLEEP DISORDERS**

### **Carbohydrate**

The dietary glycemic index, which is based on the impact of postprandial blood sugar, has been increasingly frequently employed as an indication in studies analyzing sleep disruptions caused by carbs. It has been suggested that a high glycemic index is linked to cancer, stroke, and other chronic disorders. Consuming foods with a high glycemic index causes blood sugar to rise quickly, which triggers an increase in insulin as a form of compensation as well as various humoral effects.<sup>[15]</sup>

Contradictory findings emerged from studies on the contribution of carbs on sleep disorders. When healthy people consume carbs with a high glycemic index four hours before bed, their SOL is significantly reduced (by 48.6%), as opposed to those who consume foods with a low glycemic index.<sup>[16]</sup> However, a high glycemic index diet was found to increase the risk of sleeplessness in another study. In three years, an increased prevalence of sleeplessness has been linked to a high glycemic index diet, according to research. Additionally, it has been shown that dietary patterns with a high intake of sugar, starch, and unprocessed grains are linked to a higher prevalence of insomnia. This study also revealed that non-processed fruit and foods with greater fiber contents were linked to lower prevalence and incidence of insomnia.<sup>[12]</sup> Supporting these findings, a study evaluating a 48-hour very low-carbohydrate diet compared with a controlled mixed diet reported increased SWS and decreased REM presentation.<sup>[17]</sup>

The ratio of tryptophan to other important Large Neutral Amino Acids (LNAAs), such as tyrosine, phenylalanine, leucine, isoleucine, valine, and methionine in circulation, can be impacted by foods

having a high glycemic index. A greater ratio of tryptophan to LNAA is the result of insulin increasing the muscle's ability to selectively absorb LNAs. Changes in this ratio can lead to an increase in tryptophan in the brain because tryptophan and LNAA compete for delivery to the brain. Sleep is induced by the serotonin precursor tryptophan. Serotonin levels in the brain can rise after consuming carbs.<sup>[15]</sup> The creation of melatonin, which is controlled by darkness, is not always connected to the rise in serotonin. Instead, they propose that a high glycemic index diet's induction of hyperglycemia and the compensatory hyperinsulinemia that results from this can cause the release of autonomic counterregulatory hormones such as adrenaline, cortisol, glucagon, and growth hormone that cause sleeplessness.<sup>[18]</sup> High glycemic index meals have also been demonstrated to trigger an inflammatory immunological response and to cause the turnover of the gut flora, both of which may influence the quality of sleep.<sup>[10]</sup>

The role of carbohydrates in sleep quality was still reported to have variety results. The form and quality of carbohydrates, as well as the time of consumption are thought to be important factors affecting sleep quality. Studies conducted in different populations with different sample sizes and study designs can play a role in this variation. However, more studies are needed to explain the relationship between high carbohydrate diets and insomnia from a mechanism perspective.

### **Fatty Acids**

Fatty acids are one of the main nutritional components, including saturated and unsaturated fats. Low Density Lipoprotein cholesterol (LDL-C) levels can rise as a result of high saturated fat intake, which is also linked to a higher risk of diabetes and cardiovascular disease. Numerous studies have been conducted on the effects of unsaturated fats on health, particularly those involving the omega-3 polyunsaturated fatty acids (PUFA), eicosapentaenoic acid (EPA),

and docosahexaenoic acid (DHA).<sup>[15]</sup> Consuming omega-3 PUFA is said to reduce the risk of cardiovascular disease and stroke, in contrast to saturated fat.

Studies of saturated fatty acid role in sleep quality were still limited. According to a study done on healthy-weight people, eating a lot of saturated fat causes SWS to last less time and cause more overnight awakenings.<sup>[19]</sup> Another study found a negative connection between the ingestion of saturated fat and total sleep time as determined by actigraphy.<sup>[20]</sup> From this limited study, it can be estimated that consumption of saturated fat can worsen sleep quality and health.

Omega-3 PUFA is a type of unsaturated fat that is known to have benefit for health because it is reported to be an anti-inflammatory agent and prevent cardiovascular disease and stroke. This nutrient can be found in fish and vegetables. Studies show diets deficient in omega-3 PUFAs disrupt night's sleep by affecting the rhythm of melatonin production and circadian rhythm function.<sup>[21]</sup> Other findings shown that the composition of omega-3 in gluteal adipose tissue is positively correlated with sleep health including SWS and REM among obese patients with obstructive sleep apnea (OSA).<sup>[22]</sup> Another study found that eating salmon three times per week improved EPA+DHA levels, resting heart rate variability, and general sleep quality.<sup>[23]</sup>

### Amino Acids

Amino acids are essential nutrients that function as a building block for protein. There are many types of natural amino acids that can be found in the human diet. The amino acids that have been studied for their role in sleep are tryptophan, gamma-aminobutyric acid (GABA) and tyrosine. Serotonin substrate tryptophan has been evaluated for its involvement in sleep. Although its role is still under debate, serotonin is known to be a major sleep mediator and promotes wakefulness and Non-REM sleep.<sup>[24]</sup> A study in Japan

reported the consumption of tryptophan at breakfast is needed to maintain morning diurnal rhythm and good sleep quality. This study assessed tryptophan levels from food by calculating the tryptophan index in the consumed foods.<sup>[25]</sup>

GABA is a bioactive amino acid that does not form a protein. Glutamate decarboxylase catalyzes the decarboxylation of L-glutamate, which produces GABA. Foods that have undergone fermentation by lactic acid bacteria or yeast typically have higher GABA concentrations. Several studies report the role of GABA as a sleep promoter. A study on 40 insomnia patients reported reduced sleep latency and improved sleep quality after receiving GABA supplements (300 mg/day).<sup>[26]</sup>

Tyrosine is a non-essential amino acid, with norepinephrine metabolites. Norepinephrine is known as a neurotransmitter that plays a role in the fight-or-flight response and awareness. Norepinephrine levels are lowest during sleep and increase when awake. The precursor to norepinephrine dopamine also inhibits adrenergic receptor signaling and blocks melatonin synthesis via  $\alpha 1B$ -D4 and  $\beta 1$ -D4 receptor heteromers.<sup>[27]</sup> However, although in theory tyrosine may play a role in sleep, research on this topic has not been extensively conducted.

### Vitamin

Some vitamins are thought to play a role in sleep, including vitamin D, vitamin C and vitamin B. The most important forms of vitamin D are vitamins D3 and D2 which the body synthesizes from sunlight and can be obtained from food. One of the main sources of this vitamin is fish fat. According to a meta-analysis, vitamin D insufficiency has been linked to an increase in sleep disruptions such as poor sleep quality, short sleep duration, and daytime drowsiness.<sup>[28]</sup> The correlation between serum vitamin D levels and the prevalence of OSA was revealed in a different investigation. This is believed to be connected to oxidative stress and inflammation.<sup>[29]</sup>

Vitamin C, which is found in citrus fruits and vegetables, is reported to have protective properties in the brain to fight memory problems and sleep difficulties. One study reported that people with short sleep duration consumed less vitamin C than people who had normal sleep duration.<sup>[30]</sup> However, the connection between vitamin C and sleep problems has not yet been properly analyzed in the literature.

Vitamin B is thought to substantially affect the quality of sleep. Vitamin B12 is reported to be able to increase plasma melatonin concentrations that are related to improving sleep quality. Additionally, vitamin B-6 performs a cofactor role in the production of serotonin from 5-hydroxytryptophan, which indirectly influences the production of melatonin. However, 100 mg of vitamin B-6 supplementation had no impact on melatonin secretion or the length or quality of sleep.<sup>[7]</sup>

### **Electrolyte**

Several electrolytes are reported to play a role in the quality of sleep. The CARDIA (Coronary Artery Risk Development in Young Adults) study reported that magnesium supplementation was associated with improved sleep duration and quality (OR= 1.23; 95% CI= 0.999).<sup>[31]</sup> Another study on primary insomnia in the elderly found that supplementing with 500 mg of magnesium for 8 weeks resulted in statistically significant increases in sleep duration and efficiency, as well as a decrease in the Insomnia Severity Index (ISI) scale, sleep onset latency, and serum cortisol levels. This is corroborated by a meta-analysis of research on the use of magnesium supplements in elderly people, which had comparable outcomes.<sup>[32,33]</sup>

The influence of calcium on sleep has also been investigated. A study conducted on shift workers found a link between low calcium levels and daytime dysfunction, sleep latency, and total sleep time.<sup>[34]</sup> According to recent studies, calcium is essential for producing slow oscillations during NREM sleep.<sup>[35]</sup> Low calcium levels

may make it difficult for slow wave activity to be produced, necessitating longer sleep cycles to relieve the pressure associated with them during the wake phase. It is possible to assume that a low calcium level decreases slow-wave activity and lengthens total sleep time in order to preserve the homeostasis of slow-wave energy, which is the cumulative sum of slow-wave activity across total sleep duration.<sup>[34]</sup> The consumption of dairy products, which are high in tryptophan and calcium, has also been linked to reported improvements in sleep quality. Calcium facilitates the brain's use of tryptophan in the production of melatonin, enhancing sleep quality.<sup>[36]</sup>

### **FOOD AND DIET RECOMMENDATIONS**

Several food choices can be recommended to improve sleep quality and are called sleep-promoting foods. Some foods, such as milk, fatty fish, and fruits such as cherries and kiwis, have been studied for their potential benefits for improving sleep quality without major dietary changes.

#### **Milk**

Consuming milk before bedtime is thought to improve sleep quality. A study on middle-aged adults with insomnia found that melatonin-rich milk improved sleep quality and decreased the number of awakenings.<sup>[7]</sup> Milk, which is high in tryptophan and melatonin, has a sedative effect and speeds up the onset and duration of sleep in mice. Mice under study had balance and motor coordination impairments equal to those caused by nighttime milk feeding.<sup>[37]</sup>

Malted milk and sleep-related nutrients have only been the subject of brief interventions and small population investigations in clinical trial trials. Malted milk may improve the quality of sleep, according to recent findings, albeit the mechanism remains unknown. Malted milk drinking before night may or may not enhance the quality of your sleep depending on the time of day you consume it. This needs further

confirmation. Malted milk has many important ingredients such as wheat, malt, sugar, milk, vitamins and minerals such as vitamins D and B. These nutrients are thought to improve sleep quality through the mechanisms previously described. Milk also has high levels of tryptophan and melatonin which are beneficial for sleep.<sup>[7]</sup>

### **Fish and Fish oil**

Fatty fish with a fat content over 5% is an excellent source of omega-3 fatty acids and vitamin D. These nutrients have a crucial role in controlling serotonin, which in turn controls sleep. A study examining the impact of consuming fatty fish on sleep was reported by Hensen et al. In comparison to the control group, which received the same quantity of protein, the group that had 300g of Atlantic salmon three times a week for six months showed greater levels of vitamin D and fatty acids (EPA and DHA) (chicken, pork or beef). According to reports, the control group's sleep onset latency and wake times were longer than those of the intervention group.<sup>[23]</sup> Vitamin D was also discovered to have a positive correlation with both sleep efficiency and sleep quality, supporting these findings.<sup>[38]</sup>

### **Fruits and Vegetables**

Kiwi and cherries are two fruits that have been suggested to affect sleep. For four weeks, eating two kiwis an hour before bedtime dramatically increased the amount of time spent sleeping and the quality of that sleep, as determined by actigraphy. Additionally, compared to baseline, the sleep diary revealed a reduction in wake after sleep onset (WASO).<sup>[39]</sup> Another study evaluated consumption of 200g cherries with 7 different cultivars (Jerte Valley Cherry) at lunch and dinner during a 3 day and 1 week washout period between different types of cherries. Following consumption of each variety of cherry cultivar, there was an increase in urine melatonin, antioxidant capacity, and overall sleep duration. Although there are variations in the results for each cherry consumed.

This finding is in line with high levels of melatonin and tryptophan in types of cherries.<sup>[40]</sup> Even so, this report still needs further research, especially whether other types of cherries can also have high melatonin and tryptophan levels and can play a role in sleep quality. Apart from that, according to reports that magnesium deficiency can interfere with the time and quality of sleep eating vegetables, particularly leafy greens like kale and spinach, which are high in magnesium, need to be added to the variety of daily foods.<sup>[33]</sup> Date palm fruits were also reported to have high antioxidants and melatonin. In dates, melatonin concentrations ranged from 2 to 16 ng/100 g fresh weight, however the melatonin isomer was discovered to have concentrations up to 1,000 times higher.<sup>[41]</sup> This findings could lead to potential role of date palm fruits in sleep. However, this potential correlation needs to be studied further.

### **THINGS AND FOODS TO AVOID**

Apart from the recommended foods, there are other foods and things that need attention to avoid, including consumption of coffee and cigarettes. Caffeine promotes alertness by acting as an antagonist of adenosine receptors. Thus, coffee consumption can also lead to a reduced desire to sleep. In addition, consuming modest amounts of caffeine each day might affect the duration, onset and quality of sleep and increase daytime sleepiness.<sup>[8]</sup> Regular usage of caffeinated energy drinks reduced sleep duration, sleep quality, and increased likelihood of dozing off during guard duty and briefings, as reported in a 2010 CDC report on military troops in combat environments.<sup>[42]</sup> Poor sleep duration and quality are also linked to active and passive smoking. According to a study conducted on preschool-aged children in Hong Kong, breathing in secondhand smoke at home increases the likelihood of snoring.<sup>[43]</sup> Smoking is linked to decreased sleep duration, higher sleep latency, fragmented

sleep (several awakenings throughout a sleep session), and disrupted sleep architecture in adults.<sup>[44]</sup>

## CONCLUSION

Nutrition and dietary patterns play a role in sleep quality. Selection of food ingredients with carbohydrates, low in sugar and rich in fiber, protein, fatty acids and sufficient vitamins can help improve sleep quality. Food choices such as fruit and vegetables, whole grains, and fish oil or vegetable oil (low in saturated fat) can be an option.

### Declaration by Authors

**Ethical Approval:** Not Applicable

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

## REFERENCES

1. Mantantzis K, Campos V, Darimont C, Martin FP. Effects of Dietary Carbohydrate Profile on Nocturnal Metabolism, Sleep, and Wellbeing: A Review. *Front Public Heal.* 2022;10(July):1–6.
2. Medic G, Wille M, Hemels MEH. Short- and long-term health consequences of sleep disruption. *Nat Sci Sleep.* 2017;9:151–61.
3. Walker MP. The role of sleep in cognition and emotion. *Ann N Y Acad Sci.* 2009;1156:168–97.
4. Palmer CA, Alfano CA. Sleep and emotion regulation: An organizing, integrative review. *Sleep Med Rev [Internet].* 2017;31:6–16. Available from: <http://dx.doi.org/10.1016/j.smr.2015.12.006>
5. Jewett ME, Dijk DJ, Kronauer RE, Dinges DF. Dose-response relationship between sleep duration and human psychomotor vigilance and subjective alertness. *Sleep.* 1999;22(2):171–9.
6. Yoo, S.-S., Gujar, N., Hu, P., Jolesz, F. A., & Walker MP. The human emotional brain without sleep — a prefrontal amygdala disconnect. *Curr Biol [Internet].* 2007;17(20):R877–R878. Available from: [doi:10.1016/j.cub.2007.08.007](https://doi.org/10.1016/j.cub.2007.08.007) (<https://doi.org/10.1016/j.cub.2007.08.007>)
7. St-Onge MP, Mikic A, Pietrolungo CE. Effects of diet on sleep quality. *Adv Nutr.* 2016;7(5):938–49.
8. Golem DL, Martin-Biggers JT, Koenings MM, Davis KF, Byrd-Bredbenner C. An integrative review of sleep for nutrition professionals. *Adv Nutr.* 2014;5(6):742–59.
9. Shilo L, Sabbah H, Hadari R, Kovatz S, Weinberg U, Dolev S, et al. The effects of coffee consumption on sleep and melatonin secretion. *Sleep Med.* 2002;3(3):271–3.
10. Gérard C, Vidal H. Impact of gut microbiota on host glycemic control. *Front Endocrinol (Lausanne).* 2019;10(JAN).
11. Irwin MR, Olmstead R, Carroll JE. Sleep disturbance, sleep duration, and inflammation: A systematic review and meta-analysis of cohort studies and experimental sleep deprivation. *Biol Psychiatry [Internet].* 2016;80(1):40–52. Available from: <http://dx.doi.org/10.1016/j.biopsych.2015.05.014>
12. Katagiri R, Asakura K, Kobayashi S, Suga H, Sasaki S. Low intake of vegetables, high intake of confectionary, and unhealthy eating habits are associated with poor sleep quality among middle-aged female Japanese workers. *J Occup Health.* 2014;56(5):359–68.
13. Tanaka E, Yatsuya H, Uemura M, Murata C, Otsuka R, Toyoshima H, et al. Associations of protein, fat, and carbohydrate intakes with insomnia symptoms among middle-aged Japanese workers. *J Epidemiol.* 2013;23(2):132–8.
14. Tan X, Alén M, Cheng SM, Mikkola TM, Tenhunen J, Lyytikäinen A, et al. Associations of disordered sleep with body fat distribution, physical activity and diet among overweight middle-aged men. *J Sleep Res.* 2015;24(4):414–24.
15. Zhao M, Tuo H, Wang S, Zhao L. The Effects of Dietary Nutrition on Sleep and Sleep Disorders. *Mediators Inflamm.* 2020;2020.
16. Afaghi A, O'Connor H, Chow CM. High-glycemic-index carbohydrate meals shorten sleep onset. *Am J Clin Nutr.* 2007;85(2):426–30.
17. Afaghi A, Connor HO, Chow CM. Acute effects of the very low carbohydrate diet on sleep indices. 2008;11(4):146–55.
18. Gangwisch JE, Hale L, St-Onge MP, Choi L, Leblanc ES, Malaspina D, et al. High

- glycemic index and glycemic load diets as risk factors for insomnia: Analyses from the Women's Health Initiative. *Am J Clin Nutr.* 2020;111(2):429–39.
19. St-Onge MP, Roberts A, Shechter A, Choudhury AR. Fiber and saturated fat are associated with sleep arousals and slow wave sleep. *J Clin Sleep Med.* 2016;12(1):19–24.
  20. Grandner MA, Kripke DF, Naidoo N, Langer RD. Relationships among dietary nutrients and subjective sleep, objective sleep, and napping in women. *Sleep Med [Internet].* 2010;11(2):180–4. Available from: <http://dx.doi.org/10.1016/j.sleep.2009.07.014>
  21. Lavielle M, Champeil-Potokar G, Alessandri JM, Balasse L, Guesnet P, Papillon C, et al. An (n-3) polyunsaturated fatty acid-deficient diet disturbs daily locomotor activity, melatonin rhythm, and striatal dopamine in syrian hamsters. *J Nutr.* 2008;138(9):1719–24.
  22. Papandreou C. Independent associations between fatty acids and sleep quality among obese patients with obstructive sleep apnoea syndrome. *J Sleep Res.* 2013;22(5):569–72.
  23. Hansen AL, Dahl L, Olson G, Thornton D, Graff IE, Frøyland L, et al. Fish consumption, sleep, daily functioning, and heart rate variability. *J Clin Sleep Med.* 2014;10(5):567–75.
  24. Imeri L, Opp MR. How (and why) the immune system makes us sleep. *Nat Rev Neurosci.* 2009;10(3):199–210.
  25. Harada T, Hirotani M, Maeda M, Nomura H, Takeuchi H. Correlation between breakfast tryptophan content and morningness - eveningness in Japanese infants and students aged 0-15 yrs. *J Physiol Anthropol.* 2007;26(2):201–7.
  26. Byun JI, Shin YY, Chung SE, Shin WC. Safety and efficacy of gamma-aminobutyric acid from fermented rice germ in patients with insomnia symptoms: A randomized, double-blind trial. *J Clin Neurol.* 2018;14(3):291–5.
  27. González S, Moreno-Delgado D, Moreno E, Pérez-Capote K, Franco R, Mallol J, et al. Circadian-related heteromerization of adrenergic and dopamine d4 receptors modulates melatonin synthesis and release in the pineal gland. *PLoS Biol.* 2012;10(6).
  28. Gao Q, Kou T, Zhuang B, Ren Y, Dong X, Wang Q. The association between vitamin D deficiency and sleep disorders: A systematic review and meta-analysis. *Nutrients.* 2018;10(10).
  29. Archontogeorgis K, Nena E, Papanas N, Steiropoulos P. The role of vitamin D in obstructive sleep apnoea syndrome. *Breathe.* 2018;14(3):206–15.
  30. Grandner MA, Jackson N, Gerstner JR, Knutson KL. Dietary nutrients associated with short and long sleep duration. Data from a nationally representative sample. *Appetite [Internet].* 2013;64:71–80. Available from: <http://dx.doi.org/10.1016/j.appet.2013.01.004>
  31. Zhang Y, Chen C, Lu L, Knutson KL, Carnethon MR, Fly AD, et al. Association of magnesium intake with sleep duration and sleep quality: findings from the CARDIA study. *Sleep.* 2022;45(4):1–8.
  32. Abbasi B, Kimiagar M, Sadeghniaat K, Shirazi MM, Hedayati M, Rashidkhani B. The effect of magnesium supplementation on primary insomnia in elderly : A double - blind placebo - controlled clinical trial. 2012;(46).
  33. Mah J, Pitre T. Oral magnesium supplementation for insomnia in older adults: a Systematic Review & Meta-Analysis. *BMC Complement Med Ther.* 2021;21(1):1–11.
  34. Jeon YS, Yu S, Kim C, Lee HJ, Yoon IY, Kim T. Lower Serum Calcium Levels Associated with Disrupted Sleep and Rest-Activity Rhythm in Shift Workers. *Nutrients.* 2022;14(15):1–14.
  35. Tatsuki F, Sunagawa GAA, Shi S, Susaki EAA, Yukinaga H, Perrin D, et al. Involvement of Ca<sup>2+</sup>-Dependent Hyperpolarization in Sleep Duration in Mammals. *Neuron [Internet].* 2016;90(1):70–85. Available from: <http://dx.doi.org/10.1016/j.neuron.2016.02.032>
  36. Alkhatatbeh MJ, Abdul-Razzak KK, Khwaileh HN. Poor sleep quality among young adults: The role of anxiety, depression, musculoskeletal pain, and low dietary calcium intake. *Perspect Psychiatr Care.* 2021;57(1):117–28.
  37. Dela Peña IJI, Hong E, De La Peña JB, Kim HJ, Botanas CJ, Hong YS, et al. Milk Collected at Night Induces Sedative and



- Anxiolytic-Like Effects and Augments Pentobarbital-Induced Sleeping Behavior in Mice. *J Med Food*. 2015;18(11):1255–61.
38. Massa J, Stone KL, Wei EK, Harrison SL, Barrett-Connor E, Lane NE, et al. Vitamin D and actigraphic sleep outcomes in older community-dwelling men: The MrOS sleep study. *Sleep*. 2015;38(2):251–7.
39. Hsiao-Han L, Pei-Shan T, Su-Chen F, Jen-Fang L. Effect of Kiwifruit Consumption on Sleep Quality in Adults with Sleep Problems | Asia Pacific Journal of Clinical Nutrition. *Asia Pac J Clin Nutr* [Internet]. 2011;20(February):169–74. Available from: <https://search.informit.org/doi/abs/10.3316/ielapa.120513353521924>
40. Garrido M, Paredes SD, Cubero J, Lozano M, Toribio-Delgado AF, Muñoz JL, et al. Jerte valley cherry-enriched diets improve nocturnal rest and increase 6-sulfatoxymelatonin and total antioxidant capacity in the urine of middle-aged and elderly humans. *Journals Gerontol - Ser A Biol Sci Med Sci*. 2010;65 A(9):909–14.
41. Verde A, Míguez JM, Gallardo M. Melatonin and related bioactive compounds in commercialized date palm fruits (*Phoenix dactylifera* L.): correlation with some antioxidant parameters. *Eur Food Res Technol* [Internet]. 2019;245(1):51–9. Available from: <http://dx.doi.org/10.1007/s00217-018-3139-8>
42. Centers for Disease Control. Great American Smokeout Quitting Smoking Among Adults — United States , 2001 – 2010. *Mmwr*. 2011;60(44):1513–9.
43. Zhu Y, Au CT, Leung TF, Wing YK, Lam CWK, Li AM. Effects of passive smoking on snoring in preschool children. *J Pediatr* [Internet]. 2013;163(4):1158-1162.e4. Available from: <http://dx.doi.org/10.1016/j.jpeds.2013.05.032>
44. Mcnamara JPH, Wang J, Holiday DB, Warren JY, Paradoa M, Balkhi AM, et al. Sleep disturbances associated with cigarette smoking. *Psychol Heal Med*. 2014;19(4):410–9.
- How to cite this article: Desak Ketut Indrasari Utami, Anak Agung Ayu Suryapraba Indradewi Karang, IGM Ardika Aryasa. Effect of food intake on sleep: mechanisms and recommendations. *International Journal of Research and Review*. 2023; 10(2): 444-452. DOI: <https://doi.org/10.52403/ijrr.20230253>

\*\*\*\*\*