

covariate, participants were excluded if they had sleep studies with less than 4 h of usable polysomnography, or if they were receiving treatment for SDB.

Table 4), there was a significant decreasing trend in ghrelin with total sleep time ($p = 0.008$). When evaluated at the average values and sex distribution of our sample, a decrease from 8 to 5 h of polysomnographically defined total sleep time was associated with a predicted 14.9% increase in ghrelin. There significant correlation between dated sleep

some misclassification error may exist because of intra-person variability or limitations of polysomnographic measurement. Little is known about the stability of self-reported sleep duration and polysomnographic measures of sleep

Acknowledgments