Study sample characteristics in chronobiology and sleep research

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Many aspects of sleep and circadian physiology appear to be sensitive to participant-level characteristics. While recent research robustly highlights the importance of considering participant-level demographic information, it is not clear to what extent this information is available in the large body of already published literature. Here, we investigated study sample characteristics in the published sleep and chronobiology research over the past 40 years. 6,777 articles were identified and a random sample of 20% was included. The reporting of sample size, age, sex, gender, ethnicity, level of education, socio-economic status, and profession of the study population was scored, and any reported aggregate summary statistics for these variables were recorded. We found that while >90% of studies reported age or sex, all other variables were reported in <10% of cases. Sex balance greatly changed over the years, from a ~3:1 male to female ratio in the 1990s to a near-equal representation in the 2010s. We found that the majority of studies report at least sex or age, while other variables are typically not reported. Reporting quality is highly variable, indicating an opportunity to standardize reporting guidelines for participant-level characteristics to facilitate meta analyses.

Keywords: demographics, ethnicity, sex, research participants, reporting, publishing,

meta-science Word count: X

Introduction

Many aspects of sleep and circadian physiology appear to 14 be sensitive to characteristics of the studied population, most 15 notably sex (Anderson & FitzGerald, 2020; Cain et al., 2010; 16 Mong et al., 2011; Redline et al., 2004; Santhi et al., 2016), 17 age (Benloucif et al., 2006; Bliwise, 1993; Desforges, Prinz, 18 Vitiello, Raskind, & Thorpy, 1990; Duffy, Zitting, & Chinoy, 2015; Espiritu, 2008; Li, Vitiello, & Gooneratne, 2018; 19 Mander, Winer, & Walker, 2017; Redline et al., 2004) and 20 ethnicity (Ahn et al., 2021; Eastman, Molina, Dziepak, & 21 Smith, 2012; Eastman, Tomaka, & Crowley, 2016; Goldstein, 22

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The authors made the following contributions. Selma Tir: Data ³⁰ curation, Investigation, Software, Visualization, Writing – origi-³¹ nal draft, Writing – review & editing; Rhiannon White: Investiga-³² tion, Writing – original draft, Writing – review & editing; Manuel ³³ Spitschan: Conceptualization, Data curation, Funding acquisition, ³⁴ Investigation, Methodology, Project administration, Software, Writ-³⁵ ing – original draft, Writing – review & editing.

Gaston, McGrath, & Jackson, 2020). More generally, there is a large literature on individual differences on sleep and circadian physiology (Baehr, Revelle, & Eastman, 2000; Burgess & Fogg, 2008; Chellappa, 2021; Dongen, Vitellaro, & Dinges, 2005; Horne & Östberg, 1977; Kerkhof, 1985; Santhi et al., 2012; Tankova, Adan, & Buela-Casal, 1994), demonstrating the need to consider participant-level data.

The extent to which a scientific field's findings are generalisable depend very much on the representativeness of a given study sample. As an example, a recent study reviewed the reporting and analysis of sex in biological sciences research (Woitowich, Beery, & Woodruff, 2020). The authors found that while sex inclusion has significantly increased over the past 10 years (Beery & Zucker, 2011), sex-based analysis has not improved, despite recent policies and funder mandates (Clayton & Collins, 2014).

While research findings converge on participant-level demographic characteristics affecting outcomes, it is not clear to what extent this information is available in the large body of already published literature, nor to what extent it is even reported. Here, we address the question of participant-level demographic characteristics (age, sex, gender, ethnicity, level of education, socio-economic status, and profession of the study population) and reporting thereof in chronobiology and sleep research. Here, we extracted the study sample character-

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istics in a total of 1356 randomly sampled publications across 87 the 8 top (ranked by the Journal Impact Factor) chronobiology 88 and sleep research and subjected them to a comprehensive 89 analysis.

Methods

Procedure. Journal articles published between 1979 and 2019 93 (odd years) in the top eight sleep and chronobiology journals 94 were considered. The listing of possible of target journals 95 was based on a previously established list of journals imple-96 menting a hybrid strategy by consulting the Web of Science 97 Master Journal List, domain-relevant expertise in sleep and 98 chronobiology and consulting with a senior researcher with 99 >25 years of experience in the field (Spitschan, Schmidt, & 100 Blume, 2020). From this previously derived list, we selected 101 eight journals were selected based on their five-year Impact 102 Factor, and included Journal of Pineal Research (ISSN: 0742-103 3098 / 1600-079X; 2018 5-year IF: 12.197), Sleep (0161-8105¹⁰⁴ / 1550-9109; 5.588), Journal of Sleep Research (0962-1105 / 005 1365-2869; 3.951), Sleep Medicine (1389-9457 / 1878-5506; 3.934), Journal of Clinical Sleep Medicine (1550-9389 / 1550-9397; 3.855), Journal of Biological Rhythms (0748-7304 /107 1552-4531; 3.349), Behavioral Sleep Medicine (1540-2002 /108 1540-2010; 3.162), and Chronobiology International (0742-0528 / 1525-6073; 2.998). While Sleep Medicine Reviews also features in the list of journals, we did not include it as it primarily publishes reviews.

Article inclusion. 6,777 articles were identified through a MEDLINE search by the journal and including odd years. A random sample of 20% was initially selected for screening. Inclusion requirements included conducting original research in the English language, reporting human data, and recruiting volunteers. As such, animal studies, bibliographies, case reports, comments, conference proceedings, editorials, guidelines, letters, retracted publications, reviews, errata and corrigenda were excluded.

Review and article extraction. All included articles were reviewed for eligibility and coded by RW. The reporting of sample size, age, sex, gender, ethnicity, level of education, socioeconomic status, and profession of the study population was scored binarily (0 = not reported, 1 = reported), and any reported aggregate summary statistics for these variables were recorded. Funding source, geographical location and clinical focus of the article were examined, as well as whether data were analyzed by including any of the demographic variables as covariates.

Data were coded in an Excel Spreadsheet and analyzed in R₁₁₅ Studio (version 4.0.5). Reporting of funding, geographical₁₁₆ location, and number of sub-studies for each article were in₇₁₇ vestigated for the sample of articles that passed all eligibility₁₁₈ criteria. *Pre-registration*. We pre-registered our protocol (specified using the PRISMA-P template (PRISMA-P Group et al., 2015; Shamseer et al., 2015)) on the Open Science Framework (https://osf.io/cu3we/).

Materials, data and code availability. All data underlying this manuscript are available on a public GitHub repository (https: //github.com/hcvnl/sleep_circadian_demographics_data). The article was written in R (R Core Team, 2021) using RMarkdown and papaja (Aust & Barth, 2020), employing a series of additional R packages (Arnold, 2021; Attali & Baker, 2019; Auguie, 2017; Bates & Maechler, 2021; Borchers, 2021; Edwards, 2020; Henry, Wickham, & Chang, 2020; Kaplan & Pruim, 2021; Morey & Rouder, 2018; Müller & Wickham, 2021; Pruim, Kaplan, & Horton, 2021; Pruim, Kaplan, & Horton, 2017; Sarkar, 2008; Sarkar & Andrews, 2019; Wei & Simko, 2017; Wickham, 2007, 2016, 2019, 2021; Wickham & Bryan, 2019; Wickham, François, Henry, & Müller, 2021; Wickham & Hester, 2020; Wilke, 2021; Xiao, 2018; Xie, 2015) and is fully reproducible.

Results

Inclusion & Exclusion. 85% of the sampled articles met eligibility criteria during the review.

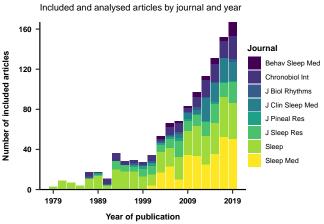


Figure 1. Funding sources and geographical location of the studies. A. Reporting of funding across the years. B. Distribution of articles by study location. The eight most represented countries are individually shown.

Funding. Funding sources were reported by 62% of studies, while funding number was also reported in 69% of these cases. Overall, funding by the United States' National Institutes of Health (NIH) represented 19% of the reported funding agencies. 92% of the studies funded by the NIH also reported funding number. The second most represented funding agencies were the Australian National Health and Medical Research Council (NHMRC) and the Canadian Institutes of Health Research (CIHR).

Geographical location. 93% of articles were conducted in a single country. The geographical location of the study was

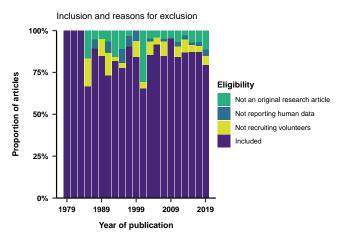


Figure 2. Funding sources and geographical location of the studies. A. Reporting of funding across the years. B. Distribution of articles by study location. The eight most represented countries are individually shown.

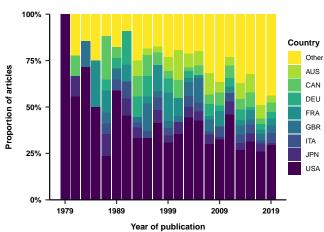


Figure 4. Funding sources and geographical location of the studies. A. Reporting of funding across the years. B. Distribution of articles by study location. The eight most represented countries are individually shown.

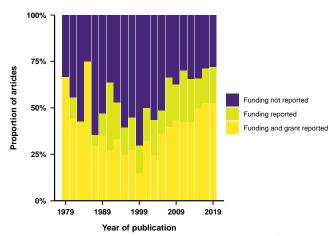


Figure 3. Funding sources and geographical location of the studies. A. Reporting of funding across the years. B. Distribution of articles by study location. The eight most represented countries are individually shown.

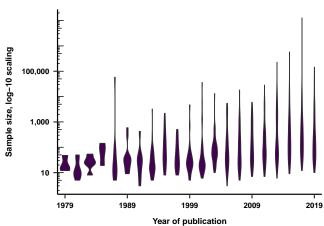


Figure 5. Sample size of the recruited volunteers. Numbers are computed with a log-10 scale.

explicitly reported in 57% of studies. The country of study was inferred for the rest of the sampled articles. Inference was primarily based on the first author's affiliation. Overall, 53 countries were represented. 77% of articles reported multiple countries of study. Figure 2B shows the distribution of study location across time with the eight most represented countries.

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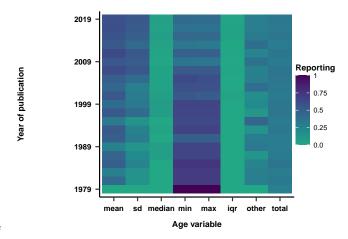
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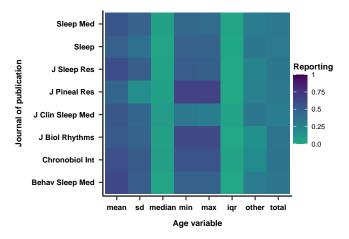
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Sample size. Sample size was reported in 92% of studies, while 98% investigated a single sampled population.

Age. 93% of articles reported a variable describing age. Figure 4A and 4B show the use of various age variables by year and journal of publication. Overall, the mean age of the study populations was 39 years old.





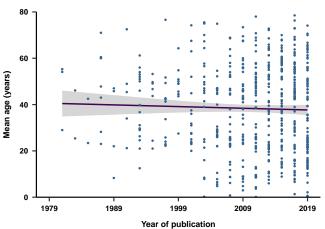


Figure 6. Reporting of age variables. Correlation between the reporting of the mean, standrad deviation of the mean, median, minimum, maximum, interquartile range and other age variables by A. year of publication and B. journal of publication. C. Mean age by year of publication.

Sex. Sex was reported in 89% of the studies. Figure 5 displays the proportion of studies that recruited male subjects, female subjects, both sexes or did not specify the sex of the participants. 13% of the studies reporting sex only recruited male participants, while 10% only employed females. Out of the studies focusing on a single gender, 1% of the male studies focused on a sex dependent feature, while 2% of the female studies did. 4% of studies reported age by sex.

Ethnicity, education, profession and socio-economic status. Other demographics variables were reported in 12% of studies for education, 15% for ethnicity, 2% for profession, and 4% for socio-economic status. Figure 6 shows the distribution of this reporting across the years. Figures 7 show the number of categories reported for each variable.

Study focus. 3% of articles focused on a sex dependent feature, while 50% investigated a clinical feature. 1% of studies focused on twins, 1% on pregnant women, 2% on shift workers and 4% on university students.

Analysis disaggregation. A

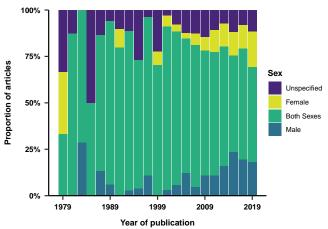


Figure 7. Sex inclusion. Proportion of studies that recruited male subjects, female subjects, both sexes, or did not specify the sex of the participants.

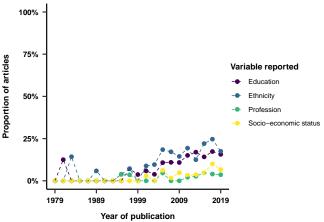


Figure 8. Reporting of education, ethinicity, profession and socio-economic status.

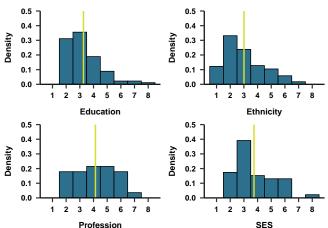


Figure 9. Number of categories reported for education, ethnicity, profession and socio-economic status.

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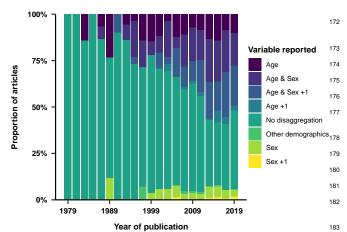


Figure 10. Use of study population characteristics as variables₁₈₄ in the analysis. $_{185}$

Discussion

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In the clinical domain, the need to time therapy based on ¹⁸⁹ a patient's individual circadian rhythm has more recently ¹⁹⁰ become the focus of the emerging field of chronotherapy or chronotherapeutics (Adam, 2019; Dijk & Duffy, 2020; Greco ¹⁹¹ & Sassone-Corsi, 2020; Hill, Innominato, Lévi, & Ballesta, ¹⁹² 2020).

The ability to generalise findings from the scientific literature to wide and diverse populations of people hinges upon the representativeness of the study sample with respect to demographic categories. The question to what extent the composition of a given study sample can make the generalisability of findings difficult or impossible has received attention in the field of psychology, where many articles published in prominent journals reflected participants from WEIRD (Western, Educated, Industrialized, Rich, and Democratic) contexts (Henrich, Heine, & Norenzayan, 2010; Muthukrishna et al., 202

Conclusion

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