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## Predicting Sleep Quality Based on Migraine Headaches and Rumination in Women with Panic Attacks

Arezoo. Sarem<sup>1\*</sup>, Simin. Valie<sup>2</sup>, Mahvash. Sorkhabi abdolmaleki<sup>3</sup>, Shahrzad. Pazoki<sup>1</sup>, Soroush. Alimardani<sup>4</sup>

<sup>1</sup> M.A in General Psychology, North Tehran Branch, Islamic Azad University, Tehran, Iran

<sup>2</sup> M.A in Educational Psychology, Azad University, Faculty of Medical Sciences, Tehran

<sup>3</sup> M.A of Clinical Psychology, Bandar Gaz Branch, Islamic Azad University, Bandar Gaz, Iran

<sup>4</sup> M.A, Department of Psychology, Neka Branch, Islamic Azad University, Neka, Iran

\* Corresponding author email address: arezoo.sarem222@gmail.com

### Editor

Eman Tadros  
Family Department, Governors  
State University, University Park,  
Illinois, USA  
emantadros@gmail.com

### Reviewers

**Reviewer 1:** Sara Nejatifar  
Department of Psychology and Education of People with Special Needs, Faculty of  
Educational Sciences and Psychology, University of Isfahan, Isfahan, Iran.  
Email: s.nejatifar@edu.ui.ac.ir  
**Reviewer 2:** Kamdin. Parsakia  
Department of Psychology and Counseling, KMAN Research Institute, Richmond  
Hill, Ontario, Canada. Email: kamdinarsakia@kmanresce.ca

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The statement, "panic disorder is one of the anxiety disorders characterized by recurrent panic attacks involving intense anxiety," would benefit from citing specific diagnostic criteria from the DSM-5 or ICD-10 to strengthen the definition.

The reliability of the Pittsburgh Sleep Quality Index is reported as Cronbach's alpha of 0.70 in this study. Please elaborate on why this value, which is lower than the generally accepted threshold of 0.80, is deemed acceptable and discuss its implications for the study's findings.

The text mentions that the "validity of this questionnaire was established through correlation with the Anxiety and Depression scale." However, it would be beneficial to include the correlation coefficients and discuss their significance to provide more context.

The sentence "in the study by Ghorbani Watson and Hargis (2008), good psychometric properties were demonstrated for this instrument" could be strengthened by specifying the type of psychometric properties (e.g., validity, reliability) and providing the exact values.

The results of the Durbin-Watson test are mentioned as 1.70. It is important to note the acceptable range (1.5 to 2.5) and discuss what this result implies about the independence of residuals in your regression model.

The correlation between sleep quality and rumination is reported as 0.215. This is a relatively low correlation; please discuss the practical significance of this finding, especially in the context of predicting sleep quality.

Response: Revised and uploaded the manuscript.

### 1.2. Reviewer 2

Reviewer:

The claim that "rumination and stress may exacerbate migraine symptoms" (Kokonyei et al., 2016) would be more robust if accompanied by a brief explanation of the mechanisms through which rumination might contribute to the physiological manifestation of migraines.

The sentence "Ultimately, this study aims to answer the question of whether migraine headaches and rumination can predict sleep quality in patients with panic attacks" could be expanded to specify the research hypothesis or hypotheses. This will clarify the study's direction and objectives.

The study employs "convenience sampling," which can introduce sampling bias. It is recommended to discuss the potential limitations this may have on the generalizability of the findings and consider suggesting alternative sampling methods for future studies.

The adjusted  $R^2$  value is presented as 0.298. While this indicates that the model explains approximately 30% of the variance in sleep quality, it would be valuable to discuss the remaining unexplained variance and suggest other potential variables that could be explored in future research.

The statement "rumination experienced by the patient may exacerbate panic attack symptoms and lead to decreased sleep quality" would benefit from a discussion on the possible bidirectional nature of this relationship, as rumination could both influence and be influenced by sleep quality.

The phrase "migraine headaches may affect sleep quality" is somewhat vague. It would be useful to detail how specific migraine symptoms, such as pain intensity or frequency, might differentially impact various aspects of sleep quality.

The idea that "rumination is a thought pattern in which an individual continuously focuses on and analyzes negative or problem-focused thoughts" could be expanded by distinguishing between different types of rumination (e.g., brooding vs. reflective pondering) and their respective impacts on sleep quality.

The recommendation for therapists to "focus more on sleep problems and the factors affecting sleep quality" is broad. It would be beneficial to propose specific interventions or therapeutic techniques that could be explored in clinical settings.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.