ISSN (E): 2708-2601 ISSN (P): 2708-2598

Medical Journal of South Punjab Article DOI:10.61581/MJSP.VOL06/03/10

Volume 6, Issue 3, 2025

Print ISSN: 2708-2598 Online ISSN: 2708-2605







Medical Journal of South Punjab







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Publication History

Received: Feb 02, 2025 Revised: Jun 23, 2025 Accepted: Aug 10, 2025 Published: Sep 30, 2025

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Conflict of Interest:

Author(s) declared no conflict of interest.

Acknowledgment:

No Funding received.

Citation: Kiran Q, Liaquat H, Qaisar M, Khan K, Fatima M, Ehsan M. Association of Varicose Veins with Quality of Sleep among Traffic Police. Medical Journal of South Punjab. 2025 Sep 30; 6(3):1-5

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An official publication of

Medteach Private Limited, Multan, Pakistan.

Email: farman@mjsp.com.pk, Website: https://mjsp.com.pk/index.php/mjsp



Medical Journal of South Punjab Volume 6, Issue 3, 2025; pp: 1-5 **Original Article**



Association of Varicose Veins with Quality of Sleep among Traffic Police

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ABSTRACT

Objective: to assess the relationship between the presence of varicose veins and the quality of sleep among traffic police, recognizing the potential impact of occupational factors on venous health and sleep patterns.

Methods: A cross-sectional study design involved 377 diagnosed traffic police officers aged 30 to 55. Data was collected using convenient sampling methods from traffic police in Lahore, Pakistan. Variables, including varicose vein presence, sleep quality, age, gender, occupation, and working hours, were analyzed. Sleep quality was evaluated using a standardized sleep quality scale questionnaire. The Schwartz test was used to diagnose varicose veins.

Results: The study shows that participants had a high prevalence of varicose veins, with significant associations discovered between prolonged standing and varicose vein development. Furthermore, a considerable proportion reported pain and sleep disturbances, emphasizing varicose veins' impact on sleep quality.

Conclusion: The study finds a positive association between sleep quality and varicose veins among traffic cops, with prolonged standing identified as a critical contributing factor that might affect vascular health and sleep quality.

Keywords: Prolong Standing, Sleep Quality, Traffic Police, Varicose Vein

1. INTRODUCTION

Millions worldwide suffer from varicose veins, characterized by twisted, enlarged veins, typically in the legs, causing pain and discomfort. Chronic venous insufficiency (CVI) includes venous disorders like telangiectasia, reticular veins, and varicose veins (VV), leading to complications such as venous ulcers or thrombosis. VV frequently manifests in the lower limbs and less often in the scrotum and anus, affecting veins like the great saphenous, small, and perforating veins¹.

The incidence of VV varies from 10% to 40%. The National Venous Screening Program in the US found VV prevalence over 30%. VV is more common in women and increases with age, with a prevalence estimated at 5%. Venous insufficiency, characterized by weak leg veins failing to return blood to the heart, leads to blood buildup in the legs. Risk factors include aging, obesity, smoking, sedentary lifestyle, family history, multiple pregnancies, and menopause, all of which affect vein elasticity².

Understanding the stages of varicose veins is crucial for effective treatment. Stages range from spider veins to skin changes and ulcers, each requiring different treatments. Studies show a strong link between prolonged standing at work and varicose veins, affecting 20-60% of adults globally, with Asians having a lower incidence of 19%. Varicose veins, often seen as cosmetic, can lead to severe complications like pain, discomfort, ulceration, leg cramps, poor quality of life, absenteeism, and even death³.

Varicose veins have four stages: visible blood vessels in stage 1, varicose veins at least 3 millimeters wide in stage 2, edema without skin changes in stage 3, and skin color and texture changes in stage 4⁴. Traffic police, due to their demanding work and extended standing, are particularly susceptible to varicose veins, with studies indicating that 25-50% suffer from lower extremity varicosity⁵. Symptoms can lead to missed work, affecting quality of life and sleep. Symptoms often worsen at night due to blood pooling from prolonged standing, causing leg cramps, aches, and itching, disrupting sleep⁶

Studies link venous insufficiency (VV) with occupational factors like prolonged standing and heavy lifting. The risk of VV increases with long hours of standing or walking, and specific work conditions can also elevate this

risk⁷. The study examines the correlation between varicose veins and the well-being of traffic control personnel. Traffic police often endure prolonged stationary periods, increasing their susceptibility to varicose veins, leading to discomfort, pain, and disrupted sleep cycles⁸.

Understanding the impact of varicose veins on traffic police officers' well-being is crucial due to their role in public safety. The research aims to identify therapies to reduce varicose vein discomfort and improve sleep hygiene, enhancing the health, well-being, and performance of traffic police officers^{9,10}.

2. METHODOLOGY

A cross-sectional study design was used. The data was collected from All over Lahore traffic police. We were taking three hundred and seventy-seven diagnosed and undiagnosed patients of varicose veins. This was conducted four months after the approval of the synopsis¹¹. A Convenient sampling method technique was used we were taking male patients aged 30- to 55-year-old traffic cops stood for 8 hours per day¹². we were taking those traffic wardens or traffic police who exhibited symptoms and indications of varicose veins¹³.

We used the Schwartz test to diagnose the varicose vein We employed a sleep quality scale to assess the quality of sleep, and we conducted a comprehensive sleep quality survey to inquire about the patient's sleep pattern¹⁴. The PSQI was designed to evaluate overall sleep quality in these traffic police patients Each of the questionnaire's 19 self-reported items belongs to one of seven subcategories: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbance PSQI reliability is 85% sensitivity is 89% and specificity is 86.5% ¹⁵.

3. RESULTS

The age range among 377 individuals is 30 to 55, with a mean age of 42 and a standard deviation of 7.31 years (fig1). In terms of working hours, 10.1% work 6 hours, 14.3% work 8 hours, and 75.6% work 10 hours (fig2). The table 1 highlights a clear link between prolonged standing and varicose veins. Notably, 276 individuals standing 8-10 hours reported varicose veins, while none reported otherwise. Overall, among 377 surveyed, 301 had varicose veins. The chi-square

test confirms a significant association (X2 = 0.001). Sleep disturbance is reported by 81.4% of the respondents, while 18.6% do not experience sleep disturbance. The sleep disturbance ratings reveal that 24.9% rate it as terrible, 58.1% as fair, 10.6% as good, and 6.4% as excellent. The fig 3 shows a significant correlation between traffic police officers' varicose veins and their sleep quality, highlighting prolonged standing as a significant factor in moderate sleep disorder.

Figure 1: Age of Traffic Police

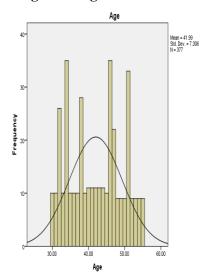


Figure 2: working hours

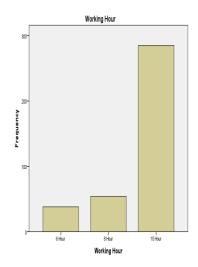


Figure 3: Total Sleep Quality Scale

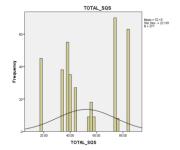


Table 1: Cross Tabulation of Prolonged Standing Duration and Varicose Vein

Prolonged	Varicose Vein		p
Standing Duration	Yes	No	
1-2 Hour	0	16	0.001
3-4 Hour	0	24	
5-7 Hour	0	36	
8-10 Hour	276	0	
More Than 10	25	0	
Hour			

Table 2: Cross Tabulation of Sleep Quality
Duration and Varicose Vein

Sleep Quality	Varicose Vein		p
	Yes	No	
Mild Sleep Disorder	35	10	0.97
Moderate Sleep	123	32	0
Disorder			
Severe Sleep	92	22	
Disorder			
Worst Sleep	51	12	
Disorder			

4. DISCUSSION

This study assesses the prevalence of varicose veins among male traffic officers aged 30 to 55 in Lahore. Data was collected from 377 individuals who met the criteria: male, aged 30-55, employed as traffic police officers, exposed to prolonged standing for 8 hours, and diagnosed with varicose veins at Stages 1 and 2¹⁶. Exclusion criteria included diabetes, hypertension, mental impairments, sleep problems, lower limb fractures, and cancer. The Rest Quality Scale (SQS) and a pain numerical scale were used¹⁷.

Tara Gaire et al. highlighted that most of the workforce, with an average age above 50, were male. Their survey found that 81.1% of officers worked long shifts, often over 10 hours. This study shows a broader age range, with an average age of 42±7.31, and all 377 participants were male. The lack of female representation is likely due to the job's demanding nature. Despite differences, both studies highlight issues with prolonged work shifts. A recent study noted that 75.6% of officers worked long hours, often standing for extended periods¹⁸.

Sridhar S. et al. focused on obesity prevalence, noting that 77.7% of 139 individuals had abnormal waist circumferences. This study found a lower obesity prevalence based on

BMI, with 26.8% of 377 participants being overweight. This discrepancy may result from lifestyle factors such as fast-food consumption, sedentary work, and alcohol use. Promoting physical activity and healthy eating is crucial for this population¹⁹.

In this study, 79.8% of traffic police reported varicose veins, significantly higher than the 2.91% ²⁰. The current study found that 81.4% of traffic officers experience sleep disturbances, highlighting the need for interventions like sleep hygiene education, mental health support, and regulated work hours²¹. The study shows a clear correlation between prolonged standing and varicose veins²².

Overweight or obese individuals are more likely to develop varicose veins²³. Further research is needed to determine if obesity directly causes varicose veins or exacerbates existing conditions²⁴.

A literature review revealed that exercise reduces pain and muscle cramps and improves sleep quality in individuals²⁵.

Sleep disturbance is reported by 81.4% of the respondents, while 18.6% do not experience sleep disturbance. The sleep disturbance ratings reveal that

In this study, sleep quality was not statistically significant (p=0.970) in varicose veins²⁶.

5. CONCLUSION

The study shows a significant association of prolong standing with varicose vein, which in tern link with moderate sleep disturbance among traffic police officers. The prolong standing is a risk factor among traffic police officers.

6. REFERENCES

- Wang M, Sharma AK. Varicose veins. Journal of Radiology Nursing. 2019;38(3):150-4.
- 2. DePopas E, Brown M, editors. Varicose veins and lower extremity venous insufficiency. Seminars in

- interventional radiology; 2018: Thieme Medical Publishers.
- 3. Davies AH. The seriousness of chronic venous disease: a review of real-world evidence. Advances in therapy. 2019;36(Suppl 1):5-12.
- Kim Y, Png CM, Sumpio BJ, DeCarlo CS, Dua A, editors. Defining the human and health care costs of chronic venous insufficiency. Seminars in Vascular Surgery; 2021: Elsevier.
- 5. Elamrawy S, Darwish I, Moustafa S, Elshaer N, Ahmed N. Epidemiological, lifestyle, and occupational factors associated with lower limb varicose veins: a casecontrol study. Journal of the Egyptian Public Health Association. 2021;96:1-11.
- 6. Modarai B, Patel A. The arteries, veins, and lymphatics. Browse's Introduction to the Symptoms & Signs of Surgical Disease: CRC Press; 2021. p. 329-72.
- 7. Ortega MA, Fraile-Martínez O, García-Montero C, Álvarez-Mon MA, Chaowen C, Ruiz-Grande F, et al. Understanding chronic venous disease: a critical overview of its pathophysiology and medical management. Journal of Clinical Medicine. 2021;10(15):3239.
- 8. Youn YJ, Lee J. Chronic venous insufficiency and varicose veins of the lower extremities. The Korean journal of internal medicine. 2019;34(2):269.
- 9. Brittenden J, Cooper D, Dimitrova M, Scotland G, Cotton SC, Elders A, et al. Five-year outcomes of a randomized trial of treatments for varicose veins. New England Journal of Medicine. 2019;381(10):912-22.
- 10. Mansilha A. Early stages of chronic venous disease: medical treatment alone or in addition to endovenous treatments. Advances in Therapy. 2020;37(Suppl 1):13-8.

- 11. Labropoulos N. How does chronic venous disease progress from the first symptoms to the advanced stages? A review. Advances in therapy. 2019;36:13-9.
- 12. Bilal S, Mehmood F, Fazil M, Nasim S, Qureshi M, Ashraf M. Assessment of occupational hazards among the traffic police of Rawalpindi & Islamabad. Pakistan Armed Forces Medical Journal. 2019;69(5):1024-28.
- 13. Yetkin E, Kutlu Karadag M, Ileri M, Atak R, Erdil N, Tekin G, et al. Venous leg symptoms, ecchymosis, and coldness in patients with peripheral varicose vein: A multicenter assessment and validation study (VEIN-VIOLET study). Vascular. 2021;29(5):767-75.
- 14. Lattimer C, Kalodiki E, Azzam M, Geroulakos G. Varicose veins and severity of chronic venous disorder. Acta Phlebologica. 2012;13(2):93-9.
- 15. Łastowiecka-Moras E. Standing and sitting postures at work and symptoms of venous insufficiency–results from questionnaires and a Doppler ultrasound study. International Journal of Occupational Safety and Ergonomics. 2021;27(4):963-9.
- Timilsina R, Prasad M, Angolkar M, Patil N. Risk assessment for varicose veins among city police crosssectional study. Clinical Epidemiology and Global Health. 2021;12:100886.
- 17. Raetz J, Wilson M, Collins K. Varicose veins: diagnosis and treatment. American family physician. 2019;99(11):682-8.
- 18. Aslam MR, Muhammad Asif H, Ahmad K, Jabbar S, Hayee A, Sagheer MS, et al. Global impact and contributing factors in varicose vein disease development. SAGE Open Medicine. 2022;10:20503121221118992.
- 19. Ilyas I, Ashfaq HB, ul Ain Q. Prevalence of Varicose Veins Among

- Teachers in Lahore, Pakistan. Pakistan Journal of Physical Therapy (PJPT). 2021.
- 20. Gaire T, Pathak KP. Knowledge regarding prevention of varicose veins among traffic police working in Kathmandu. Acta Scientific Medical Sciences. 2020;4(8).
- 21. Kiran Q, Riaz S, Hashmi Z, Khan RR, Athar ZR, Aamir T. A Cross-Sectional Survey on Musculoskeletal Pain Among Postmenopausal Women with Overall and Central Obesity. Pakistan Journal of Medical and Health Sciences[Internet]. 2021;15(5):1369-71.
- 22. Butt MT, Manzoor I, Ahmad M, Shah MA. Assessment of health status of traffic constables: An occupationally exposed group in Pakistan. Journal of Fatima Jinnah Medical University. 2020;14(1):19-24.
- 23. Ashraf S, Kiran Q, Malik A, Mubashar H, Subhani AH, Ahmed S, et al. Effects of Different Testing Postures on Hand Grip Strength among Healthy Individuals. Pakistan BioMedical Journal. 2022:164-7.
- 24. Agarwal V, Agarwal S, Singh A, Nathwani P, Goyal P, Goel S. Prevalence and risk factors of varicose veins, skin trophic changes, and venous symptoms among northern Indian population. Int J Res Med Sci. 2016;4(5):1678-82.
- 25. Tan M, Campbell B, Parsi K, Davies AH, UIP. Management of bleeding varicose veins. Phlebology. 2024;39(4):273-5.
- 26. Shahzad A, Kiran Q, Imtiaz S, Ali A, Subhani AH, Ahmed S, Masood R. Effectiveness of soft tissue release of paracervical muscles on the cantholimbal distance among young adults. Pakistan BioMedical Journal. 2022:128-31.