

The Effect of Warm Foot Bath on Sleep Quality and Comfort Level of the Elderly: Randomized Controlled Study

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Dear Editor,

I read with great interest the “Effect of Warm Foot Bath on Sleep Quality and Comfort Level of the Elderly: Randomized Controlled Study” by Durgun and Kaya.¹ This study uses validated scales with a randomized controlled design to assess the effect of warm foot baths (WFB) on comfort and sleep quality in the geriatric population. The intervention has shown significant improvements in physical comfort, subjective quality of sleep, latency to sleep, and total sleep duration. The findings support WFB as a practical, cost-effective, non-pharmacological method to help with sleep in elderly people.

While the study addresses a subject of great interest, there are a few methodological and interpretive concerns that warrant discussion. First, the study did not consider the restless legs syndrome (RLS), which is a common and significant cause of sleep disturbances in older adults.² RLS may manifest as an irresistible urge to move the legs, which generally worsens at night, and is commonly relieved by interventions such as warm foot baths or massage.^{3,4} Not screening for RLS may confound the observed effects. Future studies should assess RLS to clarify which persons are most likely to benefit and ensure that improvements are attributable to the intervention itself.

Furthermore, additional baseline health and psychological variables, such as comorbidities, cognitive status, mood, or prior use of non-pharmacological sleep interventions, were not provided. Such variables may affect sleep patterns and the outcome of intervention, and their omission limits the interpretation. Finally, the study sample consisted of relatively independent, literate nursing home residents; individuals with cognitive impairment or substantial comorbidities were excluded, which limited the generalizability of the findings.

In conclusion, this study provides important preliminary evidence that warm foot baths are a practical, cost-effective, non-invasive, and non-pharmacological way to improve sleep quality and physical comfort in elderly individuals. However, the lack of RLS evaluation, the short follow-up period, and the sample’s limited generalizability suggest potential for improvement. Addressing these limitations in future studies will help to clarify the intervention’s overall clinical utility in geriatric care.

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