Overview

Importance of Recognizing andTreating Insomnia

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In medical school and afterward, psychiatrists and primary care physicians alike receive very little information about sleep disorders and sleep-related problems. Physicians themselves say that they need more information on sleep disorders. A Medscape primary care survey asked physicians, “In your experience, which of the following is the largest barrier to the optimal and timely management of sleep disturbances?” The majority chose “A poor understanding of insomnia causes and treatments.” Information on insomnia needs to be spread to physicians so that patients with insomnia can be identified and adequately treated.

PREVALENCE

Insomnia is prevalent in the general population. Approximately one third of adults in the United States have suffered from insomnia at some time. Of the 1000 adults interviewed in the 1991 National Sleep Foundation Survey, 36% of those who responded reported that they experienced a sleep problem, 27% reported occasional insomnia, and 9% reported chronic insomnia. The sleep problems that were reported most frequently by survey respondents were waking up feeling unrefreshed (72%), waking up in the middle of the night (67%), and difficulty getting back to sleep after waking up (57%). In the 2003 Sleep in America Poll, in which 1506 adults between the ages of 55 and 84 were interviewed, 48% had one or more symptoms of insomnia more than 1 night a week. Reported symptoms of insomnia included frequently waking during the night (33%), waking too early and not being able to get back to sleep (23%), and difficulty falling asleep (18%). Although age in itself does not cause insomnia, changes in sleep patterns with age precipitate sleep complaints in older adults.

ASSOCIATION BETWEEN INSOMNIA AND COMORBID DISORDERS

Sleep disorders are associated with psychiatric and medical disorders. Several studies have confirmed the relationship between sleep and psychiatric illnesses, especially the increased risk of depression and anxiety that occurs with insomnia. Not only does depression contribute to insomnia, but the reverse is true. The persistence of insomnia is also clearly associated with increased risks of other psychiatric disorders and medical conditions (Table 1).

Pain clearly can cause sleep problems, but pain tolerance is also diminished in patients who are sleeping poorly. Studies have found that insomnia is associated with increased pain in rheumatic diseases and that a patient’s degree of insomnia on a given day may be a predictor of pain intensity the following day.

Insomnia is associated with other medical conditions as well, including neurologic disorders, such as restless legs.

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syndrome, dementia, and Parkinson’s disease, and organ system failure, such as angina, congestive heart failure, asthma, gastroesophageal reflux, and incontinence. The more medical conditions one has, the greater the likelihood of having difficulties with sleep. Insomnia has been linked to a hypersecretion of stress hormones, and an inverse association has been found between obesity and sleep duration.

**CONCLUSION**

Although insomnia is a common disorder in the general population and among those with comorbid disorders, physicians have difficulty recognizing and treating it. Insomnia, which decreases patient functioning and is associated with a number of psychiatric and medical disorders, is important to treat.

**Disclosure of off-label usage:** The author has determined that, to the best of his knowledge, no investigational information about pharmaceutical agents that is outside U.S. Food and Drug Administration–approved labeling has been presented in this article.