

Overview

Importance of Recognizing and Treating 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 survey¹ 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 adults² in the United States have suffered from insomnia at some time. Of the 1000 adults interviewed in the 1991 National Sleep Foundation Survey,² 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 the 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,³ 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.

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IMPORTANCE OF TREATMENT

Why is it important to treat insomnia? Patients report that insomnia is distressing and they do not like how they feel when they have insomnia. More importantly, insomnia impairs cognitive and physical functioning and compromises quality of life. Patients are unable to function well at work,⁴ and data support the notion that increased accident rates are associated with inadequate sleep. In a survey⁵ of individuals with and without sleep problems, 9% of those with chronic insomnia (adjusted for age and sex) reported having had a serious accident in the past year compared with 2% of those without insomnia.

If left untreated, insomnia becomes chronic. The more chronic the insomnia becomes, the more difficult it is to treat. In addition, patients with undertreated insomnia utilize health care more often than patients without insomnia, and so insomnia is associated with higher health care costs.⁶

Finally, insomnia should be treated because effective treatments are available. Physicians treat insomnia to help patients feel and function better, which reduces the probability of their developing other health conditions in the future. See the other articles in this Supplement for more information on the treatment of insomnia.

ASSOCIATION BETWEEN INSOMNIA AND COMORBID DISORDERS

Sleep disorders are associated with psychiatric and medical disorders. Several studies⁷⁻⁹ 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).⁷

Pain clearly can cause sleep problems, but pain tolerance is also diminished in patients who are sleeping poorly. Studies^{10,11} 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

Table 1. Lifetime Prevalence of Psychiatric Disorders With or Without Insomnia^a

Disorder	Insomnia, % (N = 167)	No Sleep Disorder, % (N = 676)
Any disorder	70.7	40.8
Any anxiety	35.9	19.1
Major depression	31.1	2.7
Nicotine dependence	31.1	13.8
Alcohol abuse or dependence	30.0	16.7
Phobia	25.2	17.8
Multiple (≥ 3) disorders	24.6	4.4
Drug abuse or dependence	14.4	7.7
Generalized anxiety disorder	7.8	1.2
Panic disorder	6.0	1.2
Obsessive-compulsive disorder	5.4	1.0

^aAdapted with permission from Breslau et al.⁷

syndrome, dementia, and Parkinson's disease, and organ system failure, such as angina, congestive heart failure, asthma, gastroesophageal reflux, and incontinence.¹² The more medical conditions one has, the greater the likelihood of having difficulties with sleep.¹² Insomnia has been linked to a hypersecretion of stress hormones,¹³ and an inverse association has been found between obesity and sleep duration.¹⁴⁻¹⁶

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.

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