Insomnia

The prevalence of insomnia is greater among women than men

WHAT IS IT?
● Insomnia is an inability to gain adequate sleep (WHO, 1993). This is subjective, however, as 'adequate' sleep varies from person to person.

CLASSIFICATION
● Insomnia can be classified by its duration, as transient (lasting two to three days); short-term (less than three weeks); and chronic (most nights for three weeks or more).
● It can be subdivided into sleep-onset insomnia (difficulty in falling asleep); frequent nocturnal awakening (difficulty in maintaining sleep); and early morning awakening.
● It can also be classified by underlying cause.

INCIDENCE
● Between 9 and 31 per cent of all people have sleep problems in any given year (WHO, 1993).
● Prevalence seems to be greater in women, older people, and those who are socio-economically disadvantaged (WHO, 1993).
● Insomnia typically develops at times of increased life stress (WHO, 1993).

COMMON CAUSES
● Lifestyle factors such as alcohol or caffeine consumption.
● Environmental factors such as noise or an uncomfortable bed.
● Physical health problems such as sleep apnoea or pain.
● Psychological factors such as stress or grief.
● Mental health problems such as depression or anxiety.
● Medication side-effects.
● Primary insomnia if no other cause is apparent.

MANAGEMENT
● Assessment should be made of the underlying cause of insomnia and appropriate action taken as this is more likely to be successful as a long-term cure, though it is more time-consuming than giving a prescription for a hypnotic.
● Non-drug strategies include behavioural therapy, anxiety management, self-monitoring and counselling.
● Problem-solving approaches can enable the person to manage the problem, and take control of the condition.
● Treatment with hypnotics is only indicated in anticipated transient or short-term insomnia (Mehta, D.K. et al, 2005).

COMPLICATIONS
● Chronic insomnia may lead to psychiatric problems or abuse of alcohol and/or other drugs.
● Misdiagnosis of insomnia can lead to a failure to treat potentially curable conditions such as depression.
● The use of hypnotics to treat insomnia can lead to drug tolerance and dependence and/or adverse effects from drug withdrawal following dependence, including acute rebound insomnia.
● The irritability that results from insomnia can have an effect on relationships with partners, families and work colleagues.
● Accident statistics have shown that daytime sleepiness can double the risk of having an accident while operating machinery or driving a car.

PATIENT TEACHING
● Health education should include lifestyle advice such as reducing caffeine and how to promote a healthy sleep pattern.
● Teaching relaxation techniques can be useful for some patients.
● Sleep diaries can be useful for assessment and monitoring.
● In more difficult cases patients may benefit from referral to a clinical psychologist or trained counsellor.

REFERENCES