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SLEEP DISORDERS

Evaluation and Treatment of Insomnia

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Abstract

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Insomnia, the most prevalent sleep complaint, is u symptom of a wide spectrum of psychiatric and medical conditions.1·2 Transient sleep difficulty commonly develops in response to stressful events, life changes, or health problems. Chronic insomnia is often the consequence when life-stress factors exist in individuals who are vulnerable because of pre-existing emotional problems and inadequate coping mechanisms.5 When disturbed sleep is longstanding and severe, often it is perceived by the patient to be the chief source of distress and is viewed as a distinct disorder rather than only a symptom.1,2 When this occurs, the underlying psychiatric or medical conditions are minimized or denied and the patient becomes preoccupied with the condition of insominia.

Physicians report that insomnia is a problem for nearly 20% of their adult patients.4 Among the various medical specialists, psychiatrists report the highest percentage of patients (34%) who complain of insomnia. Large-scale surveys of the general population indicate that about one third of those surveyed complain of difficulty sleeping (see Lugaresi L.. Zucconi M.. Bixler

E.O. pp 446-4 5 3).5,6 For women and elderly individuals, insomnia is a more frequent problem; one study found that close to 40% of people over 50 years of age had a current problem with insomnia.4

CLINICAL CHARACTERISTICS AND COURSE

The term insomnia literally means sleeplessness. An individual with chronic insomnia, however, does obtain varying amounts oï sleep, although it is generally inadequate in quantity or quality.7 The most frequent problem among patients with chronic insomnia is difficulty falling asleep, either as a single complaint or in combination with difficulty staying asleep, or early final awakening. In most patients with chronic insomnia, sleep difficulty begins before the age of 40. Generally, those whose primary complaint is difficulty falling asleep begin having this problem earlier in life than insomniacs whose problem is interrupted sleep or early awakening.

Insomniac patients exhibit many similarities in behavior. Characteristically, at bedtime they are tense and anxious and ruminate about unresolved issues of the day, personal problems, work, health, death, and getting enough sleep.7 Physiologically, they show activation as manifested by increased heart rate, muscle tension, rectal temperature, and peripheral vasoconstriction.1,8

When compared with good sleepers, patients with chronic insomnia feel considerably worse when they arise. Much higher proportions of the patients feel sleepy, groggy, physically and mentally tired, depressed, worried, tense, anxious, and irritable.7 Most of these characteristics persist during the day with the patients indicating they feel worried, anxious, nervous, tense, lonely, depressed, hopeless, lacking in selfconfidence, and fear they may lose control of their emotions.

ETIOLOGIC FACTORS

When insomnia is transient or short term in nature it usually is in response to temporary stresses, which may be work-related or stem from financial problems, or major life changes such as marriage, birth of a child, or death of a

loved one.g Also, transient sleep difficulty may be due to "jet-lag." or some other situation that results in an irregular schedule of activity and rest.10

Table

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