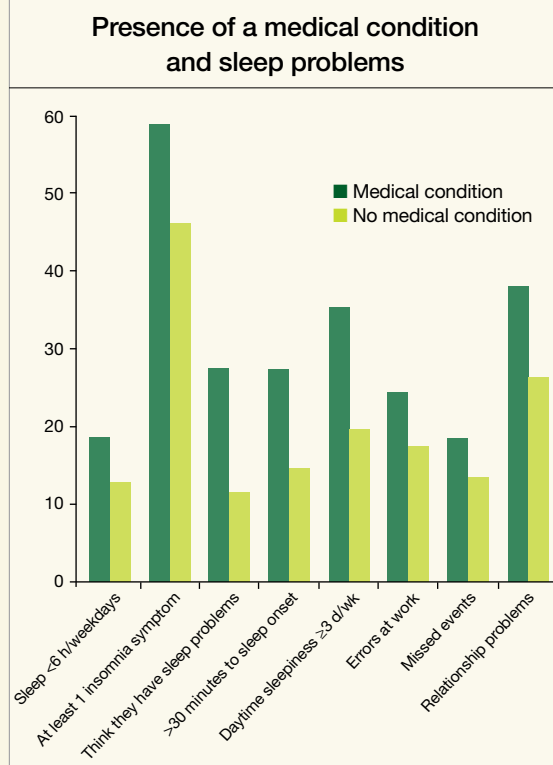


Insomnia and Comorbid Conditions

FIGURE



National Sleep Foundation. Summary of Findings: 2005 Sleep in America Poll. March 2005. <http://www.sleepfoundation.org>. Accessed Jan 31, 2008.

Most insomnia is comorbid with other medical or psychiatric problems; in fact, it is likely that your patient will seek help for the comorbid condition rather than the sleep problem.¹ When insomnia occurs in the context of chronic illness, it tends to be more severe than other forms of insomnia and usually involves sleep maintenance difficulties.²

Almost two-thirds of the Sleep in America survey respondents reported the presence of at least 1 medical condition, most of which are commonly managed in the primary care setting.¹ These include hypertension (29%), arthritis (28%), heartburn or gastroesophageal reflux disease (19%), depression (18%), anxiety disorder (12%), diabetes (11%); heart

disease (10%), and lung disease (5%). Obesity also was associated with a greater number of sleep-related problems. People who reported a medical diagnosis were more likely than people without a diagnosis to sleep less than 6 hours per night on weekdays, experience symptoms of insomnia, think that they have a sleep problem, and have relationship problems due to their or their partner's sleep disorder (FIGURE). An analysis of 34,163 patients in nursing homes found that insomnia also predicted a greater likelihood of falls.³

Less than 50% of cases of chronic insomnia can be attributed to psychiatric conditions such as mood and anxiety disorders.⁴ Depression is the most studied psychiatric comorbidity; schizophrenia, eating disorders, and alcoholism may also be contributing factors. When self-reported insomnia is comorbid with psychiatric disorders, the associated impairment in work quality and quantity cannot be explained by the mental condition alone.⁵ The effects of other sleep disorders or circadian rhythm disorders due to jet lag or shift work should not be overlooked. Medications commonly used in primary care such as bronchodilators, steroids, diuretics, antihypertensives, and activating antidepressants, along with caffeine, may also produce insomnia.⁶

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