

Insomnia May Be More of a Breathing Disorder Than Previously Thought

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Introduction

Insomnia is the most common sleep disorder in the general population and difficulty staying asleep is the most common presentation, yet research in the area of “complex insomnia” (comorbidity between insomnia and sleep disordered breathing (SDB)) has not been well developed. This comorbidity may be more than an existence of two diagnoses in that if one is properly treated, the other might disappear. In this study we evaluated the patients that received a diagnostic polysomnogram (PSG) that also had complaints or characteristics of insomnia.

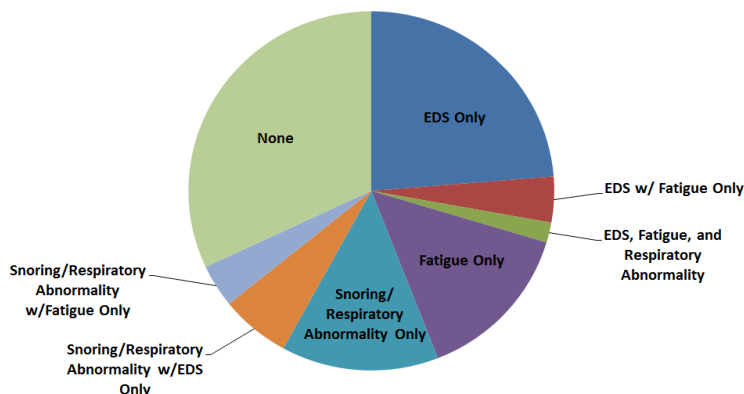
Methods:

Records of patients presenting to a neurology institute in the Midwest between November 1, 2011 and November 1, 2012 with sleep complaints including chronic insomnia were retrospectively reviewed.

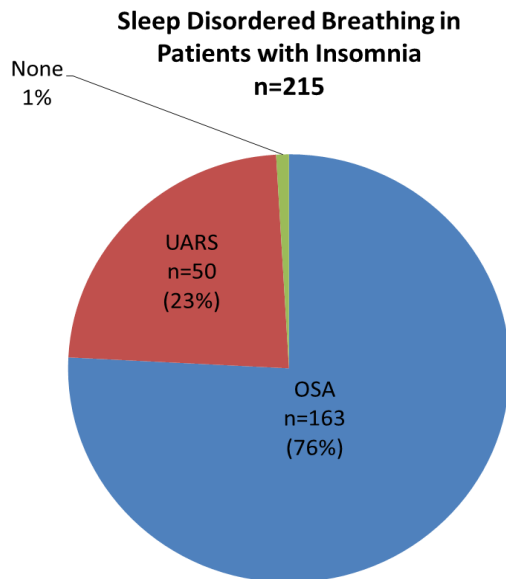
Results:

Of 388 records reviewed; 32% had no other sleep complaints besides chronic insomnia; 14% had complaints of fatigue; 24% had complaints of Excessive Daytime Sleepiness (EDS); 4% had complaints of EDS with fatigue; 2% had complaints of EDS, fatigue and Respiratory Abnormality; 6% had complaints of Snoring/Respiratory Abnormality with EDS; 14% had complaints of Snoring/Respiratory Abnormality; 4% had complaints of Snoring/Respiratory Abnormality with Fatigue.

Concomitant Sleep Complaints in Patients Indicating Insomnia
n=388



Two Hundred and fifteen (215) or 55% of these patients completed PSG and of these, 213 or 99% received a SDB Diagnosis. Seventy-six percent (76%) of these patients with SDB had Obstructive Sleep Apnea (OSA) and 23% had Upper Airway Resistance Syndrome (UARS) (defined as AHI <5 and RERA index ≥ 15).



Conclusion:

This study shows a correlation between the complaint of insomnia and the presence of SDB. This raises concern that patients with chronic insomnia may be treated with medications and may not be evaluated for an underlying cause such as SDB. Further study in the relationship between insomnia and SDB is warranted for optimal patient care.

Financial Interest or Other Relationship:

There were no financial interest(s) or other relationship(s) to disclose for any of the authors.

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