REVIEW

Insomnia and depression in primary psychiatric care

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ABSTRACT

Background: Insomnia is most often just a symptom of depression. However, a growing body of evidence suggests that insomnia is not just a symptom of depression, but that it may actually precede depression.

Aim: The aim of the present study was to explore relation between insomnia and depression.

Material and method: Research was carried out within the Greek and international bibliography. We used the Web data base including –medline/pubmed, wikipedia, medscape- with key-words: insomnia, relationship, depression, primary care.

Results: Insomnia is an extremely common condition with major social and economic consequences worldwide. In spite of its prevalence and significant negative impact on the quality of life, insomnia receives inadequate attention from health authorities and physicians.

Conclusion: The new findings are especially significant because they suggest that targeted treatment for insomnia will increase the likelihood and speed of recovery from depression.

Key words: Insomnia, relationship, depression, primary care.

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INTRODUCTION

Insomnia (sleep disorder) is linked to and is often a prodromal symptom of depression. Both insomnia- as a symptom of many disorders, and depression- as a disorder itself, have an estimated high economic cost. The costs are either direct or indirect, i.e. reduced daily functioning, absence from work, high costs of medication, and frequent visits to the doctors as well as frequent use of health care services.[1,2] Studies indicate that depression and insomnia are medical conditions, which often coexist. Sleep disturbances require early treatment since they are a risk factor and often precede psychiatric disorders.[3, 4]

Sleep Disorders

Sleep is of vital significance for the body and constitutes a normal condition. For example, a 12 year old child sleeps around 8 hours, a person 25-40 years old sleeps around 7.5 hours, while an older person sleeps around 6.5 hours. Insomnia is the most common sleep disorder. It is estimated that 30% of adults exhibit symptoms of insomnia. It is more prevalent in women and the elderly. The need to sleep may be reduced or increased, depending on the individuals daily activities. However, one in four adults experiences some type of insomnia, particularly difficulty falling asleep or going to sleep again after waking up.

Sleep disorders exhibit an adverse effect on health and are a common symptom in adults and especially in the elderly. Emotional distress and everyday problems are usually factors that contribute to insomnia. Most often, the causes of insomnia are associated with the use of coffee, tobacco, alcohol, large dinners, medication, etc. Asthma, rheumatic pains etc are also contributing factors of insomnia.[4,5]

The prevalence of insomnia in the population is high. The main features are reduced sleep or poor sleep quality.[6] Patients usually find it difficult to sleep or their sleep is interrupted.[7] Sleep disturbances usually cause reduced cognitive functioning, reduced attention and concentration,[8] fatigue, reduced performance at work, accidents while driving, and increasing use of health services.[9]

According to the Diagnostic Statistical Manual-IV (DSM-IV) insomnia is "acute" when the symptoms persist one to three days, while it is considered “chronic” when the symptoms persist three days a week and for four weeks or more.[8]

Insomnia is a common disorder with significant socio-economic consequences. Usually it is difficult to diagnose insomnia early since it co-exists with other pathological conditions.[10] In a random survey in the USA, about 33% of adults reported sleep disturbances. In Europe it appears in 4-22% of the general population and lasts approximately 2-6 years. Despite these findings, only a small percentage of people seek assistance.[11] Rumble et al.,[12] studied patients with breast cancer with and without insomnia. They found that patients who suffered from insomnia presented more frequently fatigue, severe pain, anxiety, depressed mood and low quality of life. They concluded that clinicians in these cases should not

E-ISSN: 1791-809X

only treat pain but sleep disturbances as well.

Depression

The rate of depression, worldwide, is quite high and usually both depression and depressive symptoms are not diagnosed in some situations, especially in the elderly. The diagnostic criteria for depression in the elderly have certain characteristics such as: the depressive mood is not the major symptom manifested by the elderly, and the severe reduction in functioning caused by insomnia is sometimes misinterpreted as a result of old age. Depressive symptomatology is attributed to aging by both physicians and family, but also by the patient himself. Usually depression may be manifested predominantly with somatic symptoms and treatment is focused on alleviating these symptoms. The physical conditions appear to play a catalytic role in the emergence of depression in old age.

Depression is also very common in neurological problems such as Parkinson's disease and in patients with stroke. Diagnosis is difficult since the symptoms of depression are veiled by the neurological symptoms.[13] The diagnostic criteria of depression, include mood disturbances, anhedonia, insomnia or hyperinsomnia, loss of energy, anorexia or bulimia, increased or decreased body weight, impaired concentration and psychomotor slowing, psychological and somatic distress, and negative affect (ideas / thoughts of guilt, worthlessness, death wishes). [14]

Insomnia and depression

The relationship between insomnia and depression has troubled doctors for years. It was previously thought that insomnia was often a symptom of depression. However, it is suggested that insomnia is not just another symptom of depression. Studies conclude that insomnia is a risk factor for initiating depressive episodes or repeating episodes. It appears that insomnia occurs prior to the manifestation of depression in patients. In other words, people with insomnia but without depression are more likely to develop depression later on.[15]

Depression occurs in a growing number of people in modern society. What constitutes though a reasonable concern is that sleep deprivation for many young adults may not only be a result of a sleep disorder, but it may be that they limit the time available for sleep. Sleep deprivation developed across time in young adults caused by their lifestyle can bring depressed mood and depression. It is evident that insomnia is not just a risk

factor for depression, but can perpetuate the disorder in the long run.

Jules Angsts[16] studied a sample of 591 patients with psychiatric, somatic symptoms as well as sleep disorders. The study was conducted within 20 years during which the patients were evaluated in a series of 6 interviews. The results showed that insomnia is a common symptom of depression, most often manifested before depression and is a risk factor even after a long period of time. Another epidemiological study reported that people with insomnia are at a high risk for a depressive episode within 3.5 years, even if they don't have a psychiatric history.[17]

Between 2000 and 2003 in Italy two observational studies on insomnia were conducted, the Morfeo I and Morfeo II. The results showed a high incidence of insomnia, as well as a high impact in health and public resources and consequently excessive use of health services.[18, 19]

Other studies report that patients from non-Western cultures and developing countries express somatic complaints and deny any psychological problems, more often than patients from Western cultures. This can be explained by the fact that they are not willing to expose their psychiatric problem, or they cannot externalize their emotional distress.[20]

Researchers report that although insomnia and depression coexist, however, it is important to understand the reason for this coexistence. Until recently it was considered that depression causes insomnia. However, studies showed that in cases where patients manifested depression and insomnia when they were given pharmacological treatment although their depressive symptoms were ameliorated this was not the case for their insomnia. Michael Perlis, director of the Sleep Research Laboratory of the University of Rochester, reported that the focus should be in treating insomnia which will increase the treatment outcome of depression. Ongoing investigation of the connection between insomnia and depression through clinical trials and research can help improve sleep disorders.[21]

Sleep disturbances are common in bipolar disorder. Eleven studies (sample: 631 patients, diagnosis: bipolar disorder) showed that insomnia was the most common symptom precursor of mania (77% of patients) and the sixth most common symptom of bipolar disorder (24% of patients).[22] Moreover, induced sleep deprivation can trigger manic or

E-ISSN: 1791-809X

hippomanic symptoms in a large number of patients.[23] In addition to the fact that it is a risk factor for a depressive episode, when insomnia is not treated early, it can perpetuate depression in elderly patients, especially those who have been treated only for depression.[24]

Insomnia is associated with reduced quality of life and depression. In a study, by the American Society of Sleep (1991), 1000 individuals were examined for the effects and quality of sleep. Classification was based on three categories, namely chronic insomnia, occasional insomnia, or absence of insomnia. The results showed that those who suffered from insomnia reported decreased concentration and memory, increased irritability, impaired daily activities and reduced pleasure in family and social relationships. The study concluded that chronic insomnia tends to be associated with quality of life and depression. [25]

Conclusion

Many of adults suffer from insomnia, although most of the patients do not mention it during their visit to the doctor. Therapy can improve quality of life for many patients. Sleep disturbances are a precursor to mental and physical illness or both. In some patients, improving the quantity and quality of sleep leads to improved quality of life.

In the community, health care services treat insomnia, with proper attention, as a public health problem. The issue that must be addressed is the diagnosis which leads to the immediate attention and treatment of insomnia as well as the consequences of prognosis. Nowadays we know that insomnia can cause psychiatric disorders. In primary health care, there is concern about the ability of physicians to detect insomnia early either as a disorder or as a precursor symptom of depression. However a study conducted by the World Health Organization showed that more than half of people suffering from insomnia were diagnosed early in the Primary Health Care.

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