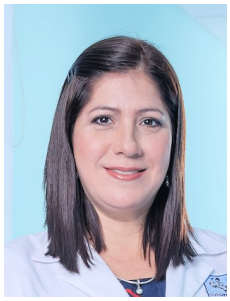

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43 – Sleep Disorders and Family Function

Introduction

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There is a difference between a riot or disturbance of sleep and sleep disorder. This difference lies in the fact that a sleep disturbance may be a transient process in a patient, due to medical or pharmacological side effects, as well as setting times of psychological and emotional adjustment. In these cases the time when the stressor or the underlying cause is resolved, sleep disturbance will tend to diminish.
However in some cases there is a disorder or sleep disorder which has a pathophysiological mechanism, signs, symptoms and polysomnographic findings that unlike sleep disturbances persist if untreated.

Changes in social Roles and its Relationship with Sleep Disorders

Since the early 70s, people are sleeping less hours, 8.5 hours on average to 7.3 hours, depriving themselves more and more hours of sleep which are necessary for the proper energy and hormonal equilibrium, to balance the apoptotic and new cells formation processes due to protein synthesis that occurs during the sleep period, besides the fact that during sleep our basal metabolism slows down, as well as the heart rate, blood pressure and cardiac output.

On the other hand, many functions such as memory consolidation, that occur during the sleep, have been related to increased risk in the growth of tumoural processes as well as viral conditions among others, as a result of sleep disorders.
For many years, the male figure in the family, represented in most cases by the father, was the one who worked outside the house maintaining an important role as a provider, while the mother was responsible for the house chores and taking care of the children.
These roles have been constantly changing and evolving. The presence of single-parent families constituted by single mothers with children, abandoned by one parent, the requirements to meet the economic needs of all family members, has forced parents to have extenuating labour days and in many cases they have been had the need to have two or more jobs. Women also have left their roles in the house, to look for a full-time or part-time job that allows them to increase the family income. In some other cases, women just prefer to change their role at home and take an active position as career women in society. All these situations are very valid and respectable, but these long working hours and evolution of roles have been detrimental to communication, quality relationship among the family members, and

worst of all, they have contributed to increase sleep disorders.

People who are always tired, start being dysfunctional in their concentration, intolerant to other people, and there is a notorious reduction in the work efficiency. As a side effect, long labour hours and the increased stress of daily life will eventually damage the personal and family relationships, and also reduce the time to rest producing sleep deprivation.

Our Patients and Insomnia

As for sleep disorders such as insomnia, generally it has been preceded by a situation of acute or persistent stress that may be the result of a conscious or subconscious process in the patient.

If the internal mechanisms of adjustment mechanisms are sufficient, then insomnia will tend to be transient; in some cases if the personality and the adjustment are not enough insomnia will tend to be chronic and the patient may show a negative behaviour and thoughts related to the sleep process that may affect sleep hygiene and increase the intake of drugs that produce tolerance and dependence. As a result, the architecture and normal structure of sleep could be affected.

Furthermore, some psychiatric disorders or affective processes such as anxiety and depression are associated with levels of utilization or production of neurotransmitters such as serotonin, norepinephrine and dopamine. For this reason, the patient who presents any of these disorders, observes an increased time to initiate sleep, or feels an affectation in sleep continuity presenting multiple awakenings during the night with difficulty in restarting sleep. These types of disorders that include affection of the patient and the quality and quantity of sleep are generating a lot of anxiety and despair in the patient and therefore, this situation involves and affects all family members.

It is very common to have patients attending a medical appointment with their family doctor or a specialist in sleep disorders, accompanied by a family member worried about the situation, or others who look for help for a family member's sleep disorder.

In these patients there may be a number of characteristics in terms of personality traits: anxious, dependent, melancholic, obsessive and borderline personalities tend to show more risk. Furthermore, it is important to consider that in most cases there are strong triggering situations regarding the family dynamics in which they grew or current family dynamics. Some aspects to consider regarding these cases are: history of abandonment by one or both parents, victims of sexual abuse, physical and psychological abuse, drug and substance abuse, children of addicts, as well as unemployment, grieving process, unresolved separations or divorces.

Insomnia used to be more prevalent among women and people of low education, however this behaviour has changed. Actually, 35% of the population suffers from insomnia, and 90% of the world population has suffered or will suffer from it at some point.

On the other hand, this is not a problem related to social or economic status. It is observed in people with higher education and successful businessmen and managers, as well as the humble mother who suffers from not having the money to send their children to school or feed them.

The lack of psychological, emotional and physical well-being are the major causes of this disorder, and there are patients whose relatives are very supportive, and others who are alone to deal with their problem.

Risk of Family Instability Caused by Sleep Disorders

There is another large entity within sleep disorders: sleep apnoea. It is characterized by the tendency of the upper airway to collapse during sleep periods. This disease may be considered secondary to many causes, including the pandemic of obesity, even though not all patients suffering from apnoea are obese, and sedentary lifestyle. Some other causes may be the increased volume of the abdominal girth and neck, and of the pharyngeal soft tissues such as the base of the tongue, tonsils, uvula, ptosis of the soft palate, persistent adenoids, septal deviation and turbinate hypertrophy, and the increased resistance to airflow in the upper airway due to an unbalanced intraluminal pressure and closure of the pharynx inspiratory pressure.

Patients with sleep apnoea begin to experience a widespread and gradual deterioration with symptoms that affect the

daily routines because apneas produce periods of hypoxia, and arousals in the electroencephalogram fragmenting sleep, decreasing its efficiency and increasing the risk of hypertension, a tendency of hypercoagulation, increased insulin resistance as well as ghrelin and leptin (appetite regulators hormones).

Patients with apnoea experience different levels of daytime sleepiness that affect its alert level . This sleepiness that can be from mild to severe, increases the risk of occupational accidents and transit, besides inefficient working capabilities. Cognitive level becomes slow and the patient may seem confused or uncaring when falling asleep in the work site. These persons experience a decreased libido and appear uninterested and irritable in their interpersonal relationships.

Snoring is present in 70% of patients with this disease, and this fact can greatly affect the relationships because it makes impossible for the other person to have an adequate rest. Some couples end up sleeping in different bedrooms interfering with the proper family dynamics, increasing the risk of separation and divorce provoked by a simple and common medical condition. Patients with sleep apnoea do not correspond to a single specialty, requiring multidisciplinary management that has to deal with nutrition, family doctor, internist, cardiologist, endocrinologist, otolaryngologist among others achieving an overall improvement in the patient.

Doctors should make the patient, as well as the patient's members of the family aware of the symptoms and causes of sleep disorders, and the importance of an early diagnosis to begin its treatment. As family doctors, with regard to the fact that sleep disorders are brought, made or diagnosis is delayed to the detriment of the overall health of the patient.

As family doctors we cannot underestimate the symptoms of patients with sleep disorders because of good and efficient sleep depends the lifetime and quality of life of our patients.

Take Home Message

- The human being sleeps approximately 23 years of his life, so we cannot allow to undervalue sleep disorders in our patients.
- When we have to talk with a patient who consults for sleep disorders, we must be willing to listen and to count with containment processes because we open a Pandora's box and we must explore deep feelings in the patient.
- 30% of the population suffers from a sleep disorder ranging from difficulty in falling asleep, to sleep pathologies that increase cardiovascular risk.
- Sleep disorders are a major public health problem that we should not overlook.
- Sleep disorders affect the individual and the social environment in which it operates causing serious consequences for the patient and the family life.

Original Abstract

http://www.woncaeurope.org/content/pp-166-sleep-disorders-and-family-function

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