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94 – Patients' Perception of Insomnia in a General Practice Setting

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Introduction

There is a greater awareness about the problems involved in sleeping badly and the knowledge of the population is increasing in this regard. Between 30 and 50% of the world population requires medical consultations for poor quality of sleep at least once in their life, 20-30% really need a medical evaluation, 16-21% report frequent insomnia episodes and 10-28% of them consider the intensity of their symptoms to be moderate or severe. 9-15% of the patients with sleep quality complaints report daytime consequences of the problem, but only 6% of the people that are dissatisfied with the quality and / or quantity of their sleep, get diagnosed with primary insomnia. Since 2014 there exists in Spain a Scientific Sleep Society, that brings together neurophysiologists, pneumologists, paediatricians, otolaryngologists, neurologists, psychiatrists, psychologists ... The work mode of this society could set an example for the creation of a health care network in sleep medicine. However, until now the main reference for the care of the absolute majority of patients with insomnia in the most part of the European countries was and remains the family doctor.

Therefore, we intend to enhance a thorough knowledge of types, patterns, causes and mechanisms of development of insomnia for GPs, to provide correct guidelines for of the pharmacological and psychological treatment and the behavioural techniques of management of this problem.

Problems encountered

Sleep rhythm disorders turned out to be one of the most common direct or indirect reasons for medical consultations. Sleep deprivation, whether for reasons of work schedules and/or rotating shifts, or breach of basic rules of sleep hygiene (including nightlife and consumption of stimulating substances (like tobacco, drugs and alcohol)), as well as high levels of anxiety derived from social, family and labour problems (in the times of a world economic crisis), prove to be the most common problems in recent years.

Many patients have never worried about the importance of sleep hygiene and many others don't care for its simple rules despite having problems of sleep or alteration of sleep schedules.

Aim

To reveal at present the main causes of insomnia in a European general practice environment according to the patients' perceptions of their sleep problems.

Methods

A questionnaire was offered to 1500 patients over the age of 16, who attended the emergency service of the most important of Ibiza's hospitals during the summer of 2016. 364 patients with diverse pathologies have completed the survey while waiting for medical assistance.

Results

The studied population was predominantly white (96%), young and middle age (69% were less than 60 years old); male (53%) and female (47%) ratios without a relevant difference. By countries of origin: Spain (65%), American continent countries/Australia (6%) and the rest (29%) citizens of European countries, with an absolute majority from Italy and especially the UK.

Almost 66% of all the respondents claimed to have had sleep problems sometime in their life.

Of those who have admitted having had sleep problems, 43.3% were not concerned about the matter, 31.6% consulted for their problem with a doctor.

32% of the Spanish interviewed patients related chronic sleep deprivation with timetables of sleep less than six hours. The majority (27%) explains it with late working days schedules and sleep fragmentation in relation to the shift work (among them stand out: nightclub and restaurant workers, bus and taxi drivers - temporary overload in summer months, policemen and medical personnel - permanent overload during all the years of the professional career).

In comparison with statistics known from other geographical regions, we have found a low level of family problems, as main cause of insomnia, at least in people (tourists and residents of the island of different nationalities) who have answered the questionnaire. 19% of the attending patients (predominantly Spanish and Italian ones) linked their sleep problems with nervousness secondary to the situation of unemployment and economic difficulties. A component of depression and Fibromyalgia represented an important part of these clinical pictures, particularly in women over the age of 45 years.

Strikingly high rates of abuse of hypnotic drugs was revealed among older people, particularly patients from nursing homes, who had in their treatment one or more tranquillizers and inducing sleep drugs in almost 83% of cases.

In relation to treatment, among all this cases, women had higher rates of long-term insomnia conditions and presented greater tendency to pharmacological treatment of the problem. 13% say they have taken herbal products; 7.9% have tried psychological interventions, breathing techniques, relaxation, or have used cognitive techniques. Less than 1% has used some sleep restriction techniques.

Some key points for reflection

More than 30% of the Spanish interviewed population had chronic deprivation of sleep, derived from late working days schedules and sleep fragmentation in relation to shift work. Many of them confirm daily chronic fatigue, burn-out symptoms and over all, decreased cognitive function.

The relationship of the lack of sleep with cardiovascular problems such as ischaemic cardiomyopathy and cerebral infarction, as well as early dementia are scientifically well demonstrated. There are new studies showing the relation of insufficient sleep with broken eating schedule, hormone and metabolic fluctuations and obesity.

Take Home Message

- Sleeping few hours or changing sleep rhythms is a biological suicide.
- Apart of the cardiovascular problems, sleep deprivation leads to early dementia, broken feeding schedule, hormone and metabolic fluctuations and obesity.
- Police officers and medical staff are a particularly high-risk population groups to suffer these consequences.
- Abundance of sleep problems in a general practice environment should motivate physicians to ask sleep-related questions during a general consultation, even in young patients.
- The sleeping pill should never be an emergency measure.

Original Abstract

<http://www.woncaeurope.org/content/ab910-%C2%A0-%C2%A0-%C2%A0-%C2%A0-patients%E2%80%99-perceptions-sleep-general-practice-setting>

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