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Characteristics of Patients Referred to an Insomnia Clinic

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ABSTRACT

Aim: To study the socio-demographic profile, symptomatology, prior treatment and treatment response of patients seen in an Insomnia Clinic.

Method: Information was gathered by case-note review from eighty-five consecutive cases referred to the clinic.

Findings: There were almost equal numbers of males and females and they were predominantly Chinese, married and almost equally distributed in the 31 to 60 years age range.

More than half (54.2%) had sleep problems for more than a year and almost three quarters (74.1%) had prior treatment for sleep problems. The main presenting complaints were of difficulty initiating sleep (92.9%). About 60.7% reported that their sleep problems were transient episodes and 39.3% reported it as persistent.

92.9% of the cases received pharmacotherapy. All patients received psychological treatment. For those treated with pharmacotherapy, 44.7% received benzodiazepines and 37.6% received non-benzodiazepine hypnotics. The majority, 77.5% were on treatment for less than six months. 48.2% improved and ended treatment themselves.

Conclusions: The patients in this sample sought treatment or were referred for treatment much earlier compared to other samples studied. Importantly, 29.5% of the patients referred had an undiagnosed psychiatric condition.

Keywords: Patient Characteristics, Insomnia Clinic, Psychiatry Setting

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INTRODUCTION

Surveys performed in countries like the United States, Europe and Australia reveal a prevalence range of 10% to 49% for insomnia[1,2]. The wide differences reflect differing definitions and survey methodology but nonetheless indicate that insomnia is a common public health problem with morbidity in the individual.

In Singapore only a general practice survey has been done and it was found that 8% to 10% of patients had complaints of insomnia. This is a review of consecutive cases seen at an Insomnia Clinic in a psychiatric hospital setting. It reflects the patients seen, the presenting problems and treatment offered.

METHOD

The Insomnia Clinic is a specialist clinic in a psychiatric hospital and accepts referrals from various sources such as general practitioners, polyclinics, other specialists and even self-referrals.

Permission was sought from the Medical Director of the hospital to review the case notes of patients referred to the Insomnia Clinic. The study was approved by the hospital's Research Committee and Ethics Committee. Information was gathered by scrutiny of the case notes and data on socio-demographic factors, referral source, prior treatment, diagnosis and treatment provided in the clinic were noted. Eighty-five consecutive cases were reported upon.

FINDINGS

Demography

There were an almost equal number of males and females (52.9% males, 47.1% females). They were predominantly Chinese (83.5%) but this fairly closely reflected the population distribution in the country. Slightly more than half the cases were married (56.5%). They were almost equally distributed in the 31 to 60 years age range. Almost all the patients had some education (96.5%). The demographic details are given in Table I.

Referral Pattern

About half, 50.6% were referred from a government polyclinic, 17.6% were referred by a general practitioner, 14.1% by other specialists; and 12.9% were self-referrals. No significance was noted in the referral pattern for sex or age (Pearson Chi-Square asymptotic significance 0.463 for sex and 0.602 for age).

More than half of the patients (52.9%) stated that they had come to the Insomnia Clinic on the insistence of the referring doctor. 27.1% sought help because of worsening insomnia and 14.1% wanted to try new medication.

More than half as well (54.2%) had sleep problems for more than a year (of which 31.8% for more than 5 years) at the time of referral, 28.2% had sleep problems for less than 3 months, 11.8% for 4 to 5 months, 4.7% for 6 to 8 months and 1.2% for 9 to 11 months.

Sleep problems faced

Most of the patients reported a reduction in sleep time with 22.4% reporting an average of 3 hours of sleep each night. 18.8% reported an average of 4 hours of sleep each night, 14.1% reported an average of 5 hours of sleep, 11.8% two hours of sleep and 9.4%, one hour of sleep.

The majority 57.6%, felt they required 8 hours of sleep, 16.5% felt they required seven hours of sleep and 5.9% felt they required six hours of sleep. None of the patients felt they could do with less than six hours of sleep. 8.2% felt they needed between 9 to 11 hours of sleep each night.

92.9% of the patients complained of difficulty initiating sleep and 48.2% of the cases also reported interrupted sleep. Only 3.5% reported early awakening. 60.7% of the patients described their insomnia as a persistent problem and the remaining 39.3% described it as occurring in transient episodes.

Diagnosis

According to the Diagnostic and Statistical Manual of Mental Disorders (IV), 55.3% were diagnosed with Primary Insomnia, 17.7% were diagnosed as suffering from Depression, 11.8% were diagnosed as suffering from Anxiety Neurosis[4]. Of the remaining sleep disorders, only 4.7% were found to have a Circadian Rhythm Disorder. In 3.5%, the insomnia was secondary to substance abuse, 1.2% had a diagnosis of Obsessive Compulsive Disorder; and in 4.7%, the insomnia was secondary to stress.

Etiological Factors

94.1% had psychosocial factors in the etiology of their insomnia. Of these 70% reported work-related problems, 67.5% reported family problems, 35% reported relationship problems with friends; and 25% reported marital problems.

Other etiological factors reviewed included the presence of medical and surgical problems, alcohol abuse and/or dependence and drug abuse and/or dependence. Only medical problems were found to play a significant etiological role in female patients (p 0.01).

Table I. Socio-demographic profile of the insomnia patients.

	N	Percentages (%)
Sex		
Male	45	52.9%
Female	40	47.1 %
Race		
Chinese	71	83.5%
Malay	5	5.9%
Indian	6	7.1%
Others	3	3.5%
Age		
Less than 20 years old	3	3.5%
21 to 30 years old	12	14.1%
31 to 40 years old	20	23.5%
41 to 50 years old	23	27.1%
51 to 60 years old	18	21.2%
Greater than 60 years old	9	10.6%
Marital status		
Single	25	29.4%
Married	48	56.5%
Divorced/separated	10	11.8%
Others	2	2.4%
Education		
Nil	3	3.5%
Primary	20	23.5%
Secondary	44	51.8%
"A" level	5	5.9%
Polytechnic	5	5.9%
University	8	9.4%
Employment		
Professional	1	1.2%
Management level	6	7.1%
Admin/personnel	22	25.9%
Sales/clerical	10	11.8%
Semi-skilled	17	20.0%
Expected wage earner currently unemployed	7	8.2%
Others (student, homemakers, retirees)	22	25.9%

Alcohol abuse and/or dependence was present in 23% of the patients and drug abuse and/or dependence was present in 18% of the patients.

Prior Treatment

74.1% of the patients had received treatment before for their insomnia. Of these, 90.5% had been prescribed hypnotics previously, only 4.8 % had been advised on sleep hygiene measures, 6.5% had tried relaxation and/or yoga; and 4.8 % had consulted a sinseh for treatment.

Treatment given in the Insomnia Clinic

92.9% of the patients were prescribed pharmacotherapy for their insomnia. Of these, 60.3% received just one type of medication and 39.7% received two types of medication. The types of medication prescribed included benzodiazepines for 44.7% of the patients, 37.6% received non-benzodiazepines, 7.1% received a selective serotonin reuptake inhibitor (SSRI); and 10.6% received a tricyclic antidepressant (TCA).

Of the patients who received two types of medication, 42% were on a Benzodiazepine – TCA combination and 16% on a Benzodiazepine – SSRI combination; 39% were on a non-Benzodiazepine – TCA combination and 3% on a non-Benzodiazepine – SSRI combination.

All patients (100%) were provided with psychological treatment in the form of sleep hygiene measures and other behaviour measures such as Sleep Restriction Therapy, Stimulus Control Instructions, Paradoxical Intention Method and Cognitive Behaviour Therapy. 4.7% needed social intervention in the form of counselling for social and marital problems and 7. 1% needed occupational intervention which included recommendations for change in work schedules and duties.

Outcome

77.5% of the patients received treatment for less than six months. At the time of the review, 48.2% had improved and ended treatment themselves. 15.3% were still on follow-up and 36.5% had defaulted treatment.

DISCUSSION

This study cohort is small and highly selected in that they were seen in a Specialist Clinic in a psychiatric setting. This to a large extent, determined the type of referrals seen. While the clinic is publicised to family physicians, polyclinic doctors and other specialists, many patients do not want to be referred to a psychiatric setting. In addition, survey data have shown that in reality only a minority of people who complain of insomnia, receive treatment for this problem; and patients who do seek treatment for insomnia at medical clinics and sleep disorders centres are a self-selected group who may not be representative of all individuals with insomnia[5]. While the findings of our study cannot be readily extrapolated to all patients with insomnia because of this, there are studies which indicate that the general psychiatry service may provide a favourable base for a sleep clinic[6].

There was no significant gender difference in the patients seen at the Insomnia Clinic in contrast to other studies which found a female preponderance in patients who sought treatment for insomnia[7,8]. This gender difference is thought to indicate a greater willingness among women to acknowledge the problem and seek treatment. Insomnia complaints have also been found to be more common among homemakers, the unemployed, separated and widowed people and those living alone[9].

Our patients also sought treatment or were referred for treatment much earlier compared to other samples. Kales et al found in two large samples of insomniac patients that their sleep difficulty had generally persisted for many years, average duration fourteen years, before treatment[10].

Jacobs et al showed that patients who spontaneously seek treatment for insomnia derived significant benefit[11]. In their study sample (N=102), 58% reported significant improvement. In our study sample, 48.2% had improved and ended treatment themselves. This reflected well in view of the fact that more than half of the patients had come to the Insomnia Clinic on the insistence of the referrer. This latter point is also the most likely reason for the high default rate of a third of the patients (36.5%). However it must be noted that Hauri found that even once-only insomnia consultations were effective. He found in a survey that insomniac patients who received one-time consultations and were given individual sleep hygiene suggestions reported its usefulness to be 70%. Two-thirds who tried relaxation or behaviour therapy and suggestions for various medication changes reported them as being helpful[12].

Another significant finding in our study was that cognitive and behavioural approaches were rarely used in general practice and polyclinics here despite the fact that these approaches are very effective non-pharmacological treatments for insomnia[13].

The finding of greatest concern in this study is that almost 30% of the patients seen were found to have a psychiatric disorder (17.7% Depression, 11.8% Anxiety Neurosis) indicating that they had not been properly diagnosed or adequately treated. Given the morbidity associated with these disorders and the impact on quality of life, it indicates the detailed assessment and vigilance needed in dealing with complaints of insomnia. In fact, among a sample of outpatients consulting their general practitioners for insomnia, 53% presented with psychiatric symptoms and 24% suffered from depression[14,15].

Insomnia is a common complaint and a very real clinical problem that can diminish the quality of life and causes considerable distress. But with early treatment, prognosis is good and chronicity avoided.

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