



COMORBID SLEEP DISORDERS AMONG PATIENTS PRESENTING WITH INSOMNIA WHO UNDERWENT POLYSOMNOGRAPHY

APRIL FATIMA HERNANDEZ MD, FPPA, FPSSM
ROLAND DELA EVA MD, FPPS, FPAPP, FPSSM

ABSTRACT

OBJECTIVE: The aim of this study was to determine the comorbid sleep disorders on Polysomnography (PSG) of patients complaining of insomnia symptoms.

METHODOLOGY: This is a retrospective study among patients who underwent diagnostic and split-night polysomnography from April 2014 to February 2019. Those who had at least one of the following insomnia symptoms of difficulty initiating sleep, difficulty maintaining sleep and early morning awakening with or without a history of sleep aide use were identified as patients with insomnia. Polysomnography sleep parameters and outcome were tabulated and statistical analysis was done using SPSS v 20.0.

RESULTS: Out of the 302 patients who were included in the study, 34.4% of subjects had a family history of sleep disorder and 70.4% had a history of sleep aide use. Among the medical comorbidities, 47.7% of the subjects were diagnosed with hypertension while 10.65% were diagnosed with psychiatric disorder. Most of the patients complained of both difficulty initiating sleep and early morning awakening. PSG sleep parameters showed that patients did not experience excessive daytime sleepiness or delayed sleep latency. On the other hand, poor sleep efficiency could be due to increased arousal index. Half of the patients turned out to have severe obstructive sleep apnea (52%) while 2.3% of the patients had periodic limb movement disorder. Among those diagnosed with severe OSA, 53.3% had a history of sleep aide use.

CONCLUSION: The study showed the importance of screening patients with insomnia for underlying comorbid sleep disorders. The American Academy of Sleep Medicine (AASM) treatment guidelines for chronic insomnia emphasized the need to have a high index of suspicion for this population in order to recommend diagnostic procedures such as polysomnography. Diagnosing a patient with insomnia to have an underlying sleep apnea and/or periodic limb movement disorder would change the course of management among patients with chronic insomnia and eventually avoid prescribing medications that could actually worsen the patient's condition.

KEYWORDS: *Insomnia, Sleep Disorders, Comorbidity in Sleep Problems, Polysomnography*