

CFADAGA2004/552

Consequences of Chronic Insomnia: Effects on Performance, Psychiatric and Medical Morbidity - an overview

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Chronic insomnia afflicts approximately 5 to 10% of the adult population in Western industrialized countries. It may be triggered environmentally, for example by noise, or it may be secondary for example due to psychiatric/organic illnesses or the intake of prescribed/illicit drugs. It can also occur as primary insomnia, then due to a psychophysiological hyperarousal process. Especially for primary insomnia, the sequelae of the disorder for performance, psychiatric and medical morbidity have been investigated. Concerning aspects of performance, studies describing the effects of primary insomnia are scarce. It does not seem to lead to increased daytime sleepiness, but rather to the opposite. Neuropsychological consequences seem to be only of a minor nature. No data exist that prove definitely that primary insomnia is accompanied by general psychosocial impairments, though some studies hint to that issue. Studies dealing with the interplay between primary insomnia and psychiatric diseases, especially depression, have been published increasingly in recent years and indicate that patients with primary insomnia during the course of their disorder are at a heightened risk of developing a major depression. The picture is less clear with respect to medical morbidity: primary insomnia seems to lead to a heightened utilization of health services and an increased frequency of diagnostic and therapeutic interventions, especially the intake of hypnotic drugs. There is, however, no proof yet that primary insomnia is coupled with an increased frequency of cardiovascular diseases or a weakening of immune functions.

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