

Medical Insomnia

by

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Medical Insomnia

- Medicines
- Neurological
- Cardiovascular
- Respiratory
- Metabolic / Hormonal

Medicines / Chemicals

- Theophyllines , pseudoephedrine , oral B₂ Ag
- Corticosteroids
- L thyroxine excess
- Caffeine , theobromine (coffee , tea)

Alcohol

- Fragments sleep – multiple awakenings- tired next day
- Aldehyde Suppresses REM sleep (dreams)
- In chronic alcoholism dreams start intruding into wakefulness (hallucinations)

Obstructive Sleep Apnoea

- A frequent cause of insomnia because of multiple microawakenings secondary to apnoeas
- Must always be considered especially in our population- obese, hypertensive, diabetic

Central Sleep Apnoea

- Neurological cause rare (Ondine's curse)
- **Cheyne Stokes** (cyclical breathing) common in heart failure
- Patient awakens during hyperventilation phase

Insomnia - neurological

- Restless Legs Syndrome
- Irresistible urge to move legs often accompanied by an unpleasant sensation in lower limbs
- Occurs **AT REST** , relieved by walking / stretching
- Often associated with insomnia, daytime fatigue and jerky limb movements
- 85 % also have Periodic Limb Movement Disorder
- Check Fe, B₁₂, Folate, diabetes, urea, thyroid

Periodic Limb Movement Disorder

- Involuntary forceful dorsiflexion of foot during sleep
- Up to 10 % adults
- Every 20-40 s, lasts up to 5 secs
- Associated with microawakenings on PSG and disturbed sleep and daytime fatigue
- In elderly men associated with Non Sustained Ventricular Tachycardia

Circadian Rhythm Sleep disorders

- Delayed Sleep Phase Syndrome
- Advanced sleep phase syndrome
- Shift work

Narcolepsy

- Paradoxically associated with insomnia

Conclusion

- Insomnia associated with many medical illnesses
- Thorough history and examination
- Simple blood tests
- Sleep studies if indicated