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Study of Sleep Disorders in Patients Attending Psychiatry OPD at Tertiary Care Centre of Maharashtra

Jeevan Atmaram Pawar

Associate Professor, Department of Psychiatry, Shri Bhausaheb Hire Government Medical College, and Hospital, Dhule. Maharashtra

ABSTRACT

Total 95 psychiatric patients with sleep disorder were selected for the study, Among these patients 45(47.3%) had Insomnia, 10(10.5%) had hypersomnia, 25(26.3%) had parasomnia, 9(9.4%) had circadian rhythm sleep disorder, 6(6.3%) had periodic limb movement disorder, Clinical features of sleep disorder patients 26(27.3%) had depressed mood, 12(12.6%) had loss of interest or pleasure in daily activities, 7(7.3%) had change in appetite, 6(6.3%) had fatigue, 14(14.7%) had feeling of guilt or worthlessness, 13(13.6%) had poor concentration or difficulty in making decision, 17(17.8%) had suicidal ideation. Diagnosis associated with sleep disorder patients were 17(17.8%) major depressive disorder, 10(10.5%) had generalized anxiety disorder, 11(11.5) had mixed anxiety depression, 7(7.3%) had paranoia, 9(9.4%) had hallucinations, 12(12.6%) had delusions, 4(4.2%) had post traumatic stress disorder, 13(13.6%) had mood disorder, 12(12.6%) were addicted to alcohol. This study of sleep disorder will be certainly helpful to psychiatrist to consider the prognosis and severity of psychiatric and neurotic problems, as in today's competitive hurry and worry lifestyle majority of people are suffering with sleep disorders who ultimately succumb into some or the other psychiatric disorders.

Keywords- *insomnia, depression, anxiety, mood disorder, Periodic Limb Movement Disorder (PLMD)*

INTRODUCTION

Sleep disorders are frequently associated with a wide range of psychiatric illness and are regarded as a characteristic feature of depressive disorders, Depressed patients often report inadequate or non-restorative sleep, as well as difficulty in falling asleep, frequent nocturnal and early morning awakening decreased total sleep and disturbing dreams[1][2] Although sleep-related complaints and electroencephalography (EEG) changes are generally encountered in psychiatric disorders, sleep complaints are usually insomnia, hypersomnia, and nightmares.[3] Rapid Eye movement (REM) sleep is associated with sleep disturbances in psychiatric patients like major depressive disorder, bipolar mood disorder, generalized anxiety disorder, post-traumatic stress disorder, schizophrenia and alcoholism.[4] Hence attempt is made to evaluate the psychiatric problems associated with sleep disorders because severe sleep disorders may end into suicidal ideation and complete suicide.

Corresponding author:
Dr Jeevan Atmaram Pawar
Associate Professor, S.B.H. Govt. Medical College & Hospital, Chakkarbardi Parisar, Malegaon Road
Dhule Maharashtra PIN 424001
E-Mail: jeevanpsy96@gmail.com

MATERIAL AND METHOD

Total 95 adult psychiatric patients (65 males and 30 females) having sleep disorder who were regularly visiting Shri.B.H.Govt. Medical College and Hospital Dhule Maharashtra were selected for study, their psychiatric evaluation was done to know the cause of the sleep disorder. They were broadly classified into

Insomnia b)Hypersomnia c)Parasomnias or episodic disturbances in sleep (night terrors, nightmares, somnambulism, sleep talking, bruxism etc)

Medical illnesses like Hypertension, Diabetes Mellitus, Asthma Hyperthyroidism, Hypothyroidism and HIV positive patients were excluded from study. The ratio of male and female patient was 2:1

The duration of study was about three years

OBSERVATION AND RESULTS

Table-1: Types of sleep disorder attending psychiatric OPD (N =95)

Sr. No	Particulars	No of patients	Percentage
1	Insomnia	45	47.3
2	Hypersomnia	10	10.5
3	Parasomnia	25	26.3
	a-night terrors	5	
	b-nightmares	7	
	c-somnambulism	6	
	d-sleep talking	4	
	e-bruxism	3	
4	Circadian Rhythm Sleep Disorder	9	9.4
5	PLMD Periodic limb movement disorder	6	6.3

Table-1 Types of sleep disorders in psychiatric patients attending psychiaty OPD – 45(47.3%) were of insomnia, 10(10.5%) were hypersomnia, 25(26.3%) parasomnia (these patients included 5 night terror, 7 nightmares, 6 somnambulism, 4 sleep talking, 3 bruxism), 9(9.4%) were having circadian rhythm sleep order, and 6(6.3%) had periodic limb movement disorder (PMLD)

Table-2: Clinical features of sleep disorder patients (N=95)

Sr. No	Clinical features	No of patients	Percentage
1	Depressed mood	26	27.3
2	Loss of interest or pleasure in daily activities	12	12.6
3	Change in appetite	7	7.3
4	Fatigue	6	6.3
5	Feeling of guilt or worthlessness	14	14.7
6	Poor concentration or difficulty in making decision	13	13.6
7	Suicidal ideation	17	17.8

Table-2 Clinical features of sleep disorders- 26(27.3%) had Depressive mood, 12(12.6%) had loss of interest or pleasure in daily activities, 7(7.3%) had change in appetite, 6(6.3%) had fatigue, 14(14.7%) had feeling of guilty or worthlessness, 13(13.6%) had poor concentration or difficulty in making decision, 17(17.8%) had suicidal ideation

Table-3: Diagnosis associated with sleep disorders (N=95)

Sr. no	Diagnosis	No of patients	Percentage
1	Major Depressive Disorder	17	17.8
2	Generalized Anxiety Disorder	10	10.5
3	Mixed Anxiety Depression	11	11.5
4	Post Traumatic Stress Disorder	4	4.2
5	Mood Disorder	13	13.6
6	Psychosis a)Paranoia	7	7.3
	b)Delusion	12	12.6
	c)Hallucinations	9	9.4
7	Alcoholism	12	12.6

Table-3 Diagnosis associated with sleep disorders were 17(17.8%) had major depressive disorder, 10(10.5%) generalized anxiety disorder, 11(11.5) had mixed anxiety depression, 7(7.3%) had paranoia, 9(9.4%) had hallucinations, 12(12.4%) had delusions, 4(4.2%) had posttraumatic disorder, 13(13.6%) had mood disorders, 12(12.6%) were addicted or dependent on alcohol.

DISCUSSION

In the present study of sleep disorders in psychiatric patients of tertiary centre in Maharashtra, The types of sleep disorders were as 45(47.5%) had insomnia, 10(10.5%) had hypersonia, 25(26.3%) were parasomnia (which includes 5-night terror, 7-nightmares, 6-somnambulism, 4-sleep talking, 3-bruxism), 9(9.4%) had circadian rhythm sleep disorders, 6(6.3%) had PMLD (Table-1).

Clinical features of sleep disorders were as 26(27.3%) had depressive mood, 12(12.6%) had loss of interest or pleasure in daily activities, 7(7.3%) had change in appetite, 6(6.3%) had feeling of fatigue, 14(14.7%) had feeling of guilt or worthlessness, 13(13.6%) had poor concentration or difficulty in making decision, 17(17.8%) had suicidal ideation. (Table-2)

Diagnosis associated with sleep disorders were as 17(17.8%) had major depressive disorder, 10(10.5%) had generalized anxiety disorder, 11(11.5) had mixed anxiety depression, 4(4.2) had post traumatic stress disorder, 13(13.6) had mood disorder, 7(7.3%) had paranoia, 12(12.6%) had delusions, 9(9.4) had hallucinations and 12(12.6%) had addiction or dependence of alcohol (Table-3)

These findings were more or less in agreement with previous studies. Insomnia (47.5%) in the present study was one of the most common sleep disorder characterized by difficulty falling asleep, difficulty maintaining sleep, walking up too early in the morning, and non-refreshing sleep Insomnia may lead to daytime symptoms including feeling fatigue lacking interest difficulty concentrating and irritability Hypersomnia (10.5%) excessive daytime sleepiness, defined as sleepiness that interferes with day time activities productivity, or enjoyment is usually abnormal and may reflect insufficient sleep or a primary sleep disorder such as narcolepsies. Parasomnia (26.3%) a undesirable non deliberate motor or subjective phenomenon that takes place during transition from wakefulness to sleep. or during arousal from sleep. PMLD (6.3%) is one of the commonest neurological disorder and causes significant disability if left untreated PMLD includes restless leg syndrome, polyneuropathy.[8] sleep disorders cause major depression, most suffer from insomnia however obstructive apnea is also common and major depressive disorder patients more likely to think about suicide and may commit it.[9] mood disorder includes bipolar disorder due to lack of sleep while others have hypersomnia (excessive sleep) but insomnia may worsen during manic episodes. Anxiety is due to improper or inadequate sleep, Anxiety in post traumatic stress disorder, panic disorder, phobias also leads to sleep problems. Sleep disorders have been also documented in other psychiatric disorders like schizophrenia, OCD, Dementia, and Alcoholism. Prolonged sleep latency, decreased total sleep time, reduced slow wave sleep, decreased REM (Rapid Eye movement) latency.[10] Sleep disorders may be of the value in predicting suicide. Suicide attempters have longer sleep latency, and longer

REM time.

SUMMARY AND CONCLUSION

The present study of sleep disorders in psychiatric patients attending tertiary care hospital of Maharashtra population is quite useful to psychiatrist to predict the risk and consequences of sleep disorders. This study demands further neuro-physiological, neurotransmitters, genetic, biochemical study because little is known about the cause and mechanism of the sleep

This research paper is approved by ethical committee of Shri Bhausaheb Hire Government Medical College and Hospital Dhule.

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