

The Burden of Sleep/Wake Disorders: Excessive Daytime Sleepiness and Insomnia

Seidel¹ S.; Kallweit² U.; Beghi³ E.; Vignatelli⁴ L.; Lolich⁵ M.; Sander⁵ A.; Bruni⁶ O.; Randerath⁷ W.; Jaarsma⁸ J.; Fiorillo⁹ A.; Holmerová¹⁰ I.; Pevernagie¹¹ D. and Bassetti¹² C.L.A.

1. Medical University of Vienna, Department of Neurology, Vienna, Austria; 2. University Witten/Herdecke, Center for Biomedical Education and Research (ZBAF), Witten, Germany; 3. Department of Neuroscience, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy; 4. IRCCS Institute of Neurological Sciences of Bologna (ISNB), Bologna, Italy; 5. European Academy of Neurology, Vienna, Austria; 6. Department of Developmental and Social Psychology, Sapienza University, Rome, Italy; 7. Scientific Institute for Pneumology, University of Cologne, Faculty of Medicine, Cologne, Germany; 8. European Federation of Neurological Associations

(EFNA), Brussels, Belgium; 9. Department of Psychiatry, University of Naples, Naples, Italy; 10. Center of Gerontology, Prague, Czech Republic; 11. Department of Internal Medicine and Pediatrics, Ghent University, Ghent, Belgium; 12. Department of Neurology, University of Bern, Inselspital, Bern, Switzerland. Conflict of interest: Authors declare no conflict of interest.

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Introduction.

This project intends to explore the socio-economic consequences of insomnia (IN) and daytime sleepiness taking into consideration a patient's centered perspective.

Methods.

On a first instance, a systematic literature research will be performed with focus on the quality of life and economic burden of IN and daytime sleepiness disorders. Secondly, a quantitative survey research design will be implemented in different representative samples of patients attending the praxis of family general practitioners (GPs/pediatricians). On a third stage, a cost of illness design analysis will be implemented. Last, through a comprehensive theoretical and clinical synthesis of the results achieved in the previous phases, the fifth general aim will be fulfilled.

Systematic Literature Search on IN.

Review strategy and search methods for the identification of studies.

Published studies will be identified from the National Library of Medicine's MEDLINE database, Elsevier's EMBASE database, PsycInfo, Social Sciences, by means of specific search strategies using a combination of exploded terms and free text, using concepts regarding insomnia and the outcomes of interest. The strategy used for MEDLINE will be translated to other databases. No language restriction will be applied.

Preliminary Results. IN PICOs.

1. Are people with insomnia [compared with people without insomnia] at higher risk of death?
2. Are people with insomnia at higher risk of clinical consequences, such as cognitive impairment?
3. Are people with insomnia at higher risk of clinical consequences, such as mental health disorders/symptoms?
4. Are people with insomnia at higher risk of clinical consequences, such as Injury outcomes?
5. Are people with insomnia at higher risk of clinical consequences, such as hospitalization?
6. Are people with insomnia at higher risk of poor personal/social functioning?
7. Are people with insomnia at higher risk of health-related quality of life impairment?
8. Are people with insomnia at higher risk of hindrance to delivery of care?
9. Are people with insomnia at higher risk of economic consequences (direct costs/indirect costs)?

Number of papers on IN:

more than 1500 papers were screened, and 300 papers were selected as eligible for inclusion.

Data extraction: in process

Conclusion.

This study will provide insights into the possibilities of involving general practitioners in the diagnosis and management of patients with insomnia and excessive daytime sleepiness and the related cost implications. This study will influence the policy towards better treatment and care for people with insomnia and EDS.