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PUBLIC AWARENESS ABOUT INSOMNIA, A LEADING MODERN HEALTH ISSUE

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Abstract

Insomnia is one of the most prevalent health concerns in the population and in clinical practice. Clinicians may be reluctant to address insomnia because of its many potential causes, unfamiliarity with behavioural treatments, and concerns about pharmacologic treatments [1]. Insomnia is common in all age groups and impairs quality of life. Untreated insomnia can lead to, or cause worsening of, other health problems [2]. Insomnia-the unwelcome experience of difficulty sleeping-is common and can be acute, intermittent, or chronic. Insomnia can be the presenting symptom for several common sleep disorders, but it also often occurs comorbidly with mental and physical health conditions [3].

Keywords

Insomnia, pharmacologic treatment, behavioural treatment, population, clinical practice, mental and physical health condition

Introduction

Insomnia is defined as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment [4]. There are patients who fall asleep easily, but wake up too early; others have troubles in falling asleep and a third category has troubles with both falling and staying asleep. Independent of the type of insomnia, the final result is a poor-quality sleep, responsible for depressive or irritable mood, loss in concentration, learning and memory capacities [5]. Insomnia is a common clinical condition characterized by difficulty initiating or maintaining sleep, accompanied by symptoms such as irritability or fatigue during wakefulness. The prevalence of insomnia disorder is approximately 10% to 20%, with approximately 50% having a

chronic course. Sleep is essential to emotional and physical health [1]. Inadequate sleep over a period of time is increasing the risks for obesity, diabetes, heart disease and depression. People suffering of chronic insomnia show an increased predisposition for psychiatric problems [5]. The ethology and pathophysiology of insomnia involve genetic, environmental, behavioural, and physiological factors culminating in hyperarousal. The diagnosis of insomnia is established by a thorough history of sleep behaviours, medical and psychiatric problems, and medications, supplemented by a prospective record of sleep patterns (sleep diary) [1]. New studies show that insomnia might be a result of the decrease of gamma-aminobutyric acid (GABA), a neurochemical responsible for the decrease of activity in many brain areas. Lower brain GABA levels were also found in people with major depressive disorder and anxiety disorders [5]. The condition can be short-term (acute) or can last a long time (chronic). It may also come and go. People who show predisposition to sleep troubles have a hyperactive sympathetic nervous system, they are usually suffering from hyperarousal and they have a more intense response to stressful events [5].

Types of Insomnia

There are two types of insomnia: primary and secondary [6].

Primary insomnia: This means your sleep problems aren't linked to any other health condition or problem.

Secondary insomnia: This means you have trouble sleeping because of a health condition (like asthma, depression, arthritis, cancer, or heartburn); pain; medication; or substance use (like alcohol).

Acute insomnia lasts from 1 night to a few weeks. Insomnia is chronic when it happens at least 3 nights a week for 3 months or more. There is more classification of insomnia based on what a patient is experiencing [6].

- Sleep-onset insomnia: This means you have trouble getting to sleep.
- Sleep-maintenance insomnia: This happens when you have trouble staying asleep through the night or wake up too early.
- Mixed insomnia: With this type of insomnia, you have trouble both falling asleep and staying asleep through the night.
- Paradoxical insomnia: When you have paradoxical insomnia, you underestimate the time you're asleep. It feels like you sleep a lot less than you really do.

Insomnia affects more in women and older people rather than men. It includes various risk factor such as long-term illness, mental illness, working night shift [6]. It also affects people who drink alcohol, light sleepers, people with sleep issue like nightmare disorder and nocturnal panic attack. There are many factors that

contribute to the insomnia. Such as family history, different brain activities or brain chemistry, medical condition whether physical or chronic condition, condition that affects the person circadian rhythm, mental health condition like anxiety or depression, difficult life circumstances, lifestyle changes. Insomnia also has several daytime effects which includes [7].

- Feeling tired, unwell or sleepy
- Delayed reflexes
- Trouble remembering things
- Mood disruptions, especially irritability
- Disruption in work or social routines
- Trouble concentrating

Primary sleep troubles (insomnia) have no apparent causes, is lasting more than one month, and is affecting approximately a quarter of the adult population. Secondary insomnia is associated with chronic heart and/or lung diseases, medication which interfere with onset or duration of sleep, constant change of the sleep habits, restless leg syndrome, etc [5].

Cognitive behavioural therapy for insomnia is the preferred treatment approach because of its efficacy, safety, and durability of benefit, but pharmaceutical treatments are widely used for insomnia symptoms [3]. A number of medicines are effective for insomnia, but providers need to be cautious with their use because they are expensive, have a number of adverse side effects, and their long-term use has not been studied [2]. Insomnia treatments include benzodiazepines, benzodiazepine-receptor agonists, and cognitive behavioural therapy. Treatments currently under investigation include transcranial magnetic or electrical brain stimulation, and novel methods to deliver psychological interventions [7]. Longer use is responsible for severe side effects--dependency and withdrawal syndrome, daytime drowsiness and dizziness, low blood pressure, memory troubles and change in the melatonin secretion during night-time period. For these reasons were created non-benzodiazepines hypnotics--zolpidem, zaleplon, which are as effective as benzodiazepines, but have fewer side effects. Nevertheless, the use of these hypnotics is also restricted to 7-10 days. Zopiclone (Imovane) another short-acting non-benzodiazepine hypnotic has a different chemical structure, but a pharmacologic profile similar to that of the benzodiazepines; the treatment should be of maximum four weeks [5].

Materials and methods

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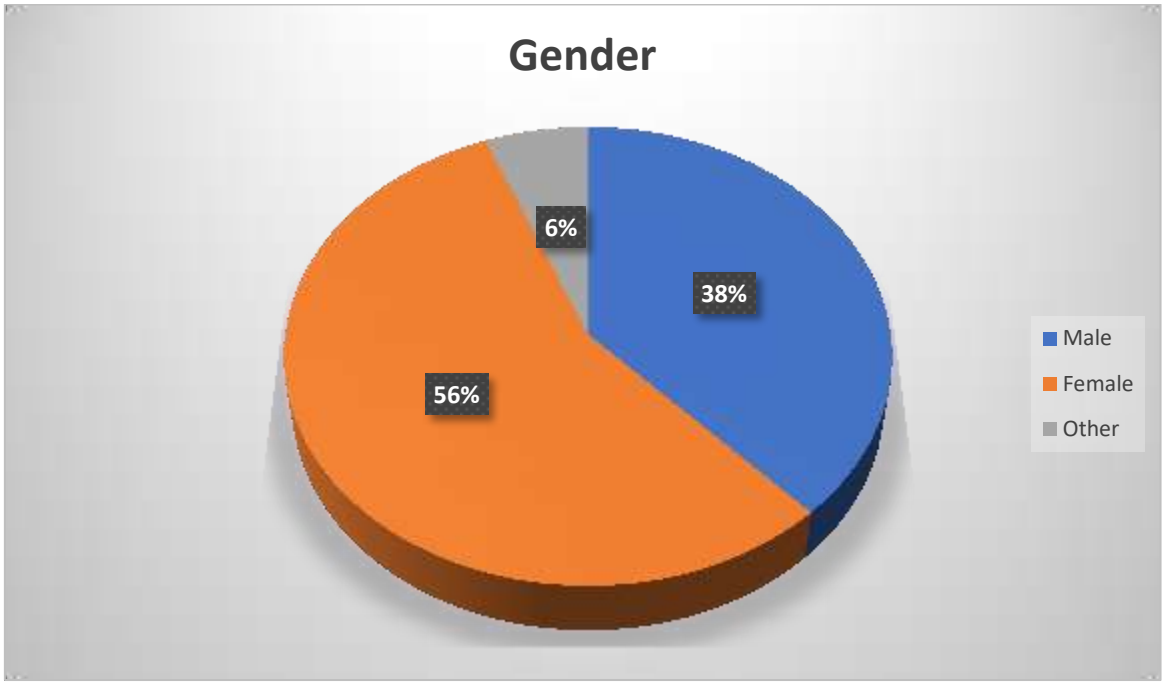
For this article, the survey was conducted through Google Forms in a Questionnaire pattern. The public was invited to this survey vi link through various popular social media platforms. Through online, approaching public is way easier than other form. The public who did this respective survey was the participant of countries: Tashkent, Uzbekistan, and India and Other countries. The target for this were the people of the respective countries and the public of all age. This questionnaire was built to check public awareness about insomnia. Among the set of 50 responses, 3 set of response was incomplete. The survey was done as insomnia as it is one of the factors for other secondary diseases. The search for literary sources was carried out using the bibliographic databases Web of Science, Scopus, DBLP, and PubMed. When selecting sources, they paid attention to experimental articles, literary reviews, and the number of their citations over the past year.

Results

The seminars were conducted using information and communication technologies, booklets, brochures, presentations, etc. The public was asked to do survey that was built on insomnia.



The participation of male in our survey was 38% while 56% participation were female. 6% of the population were other or those who prefer not to say.

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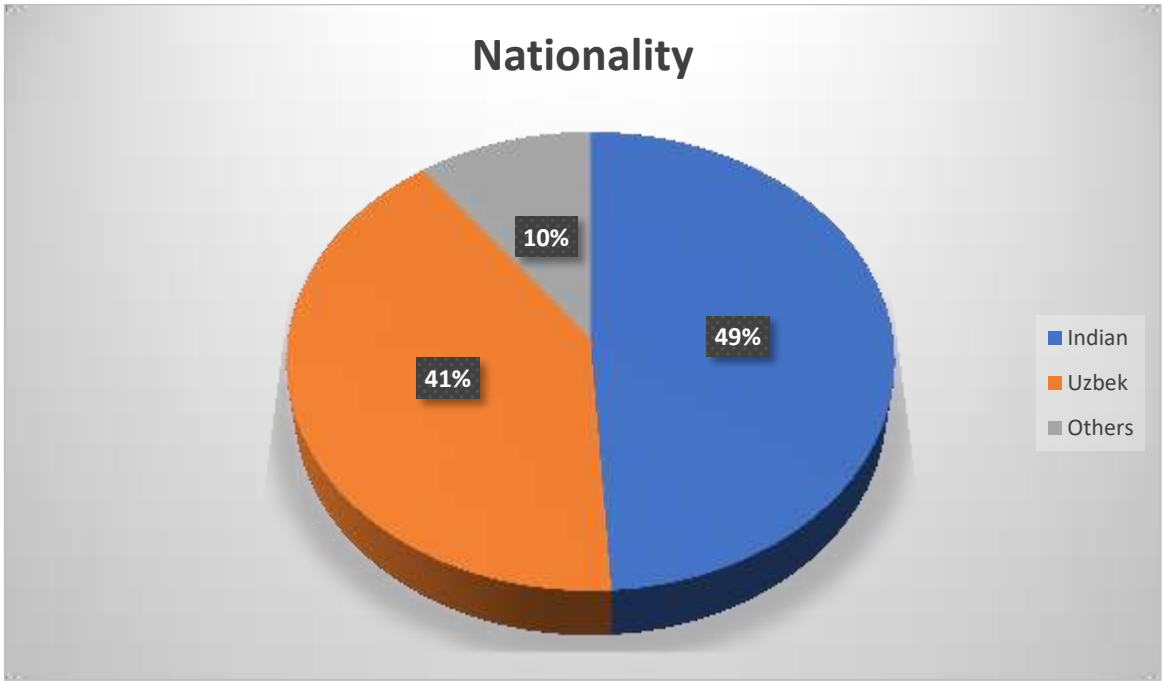
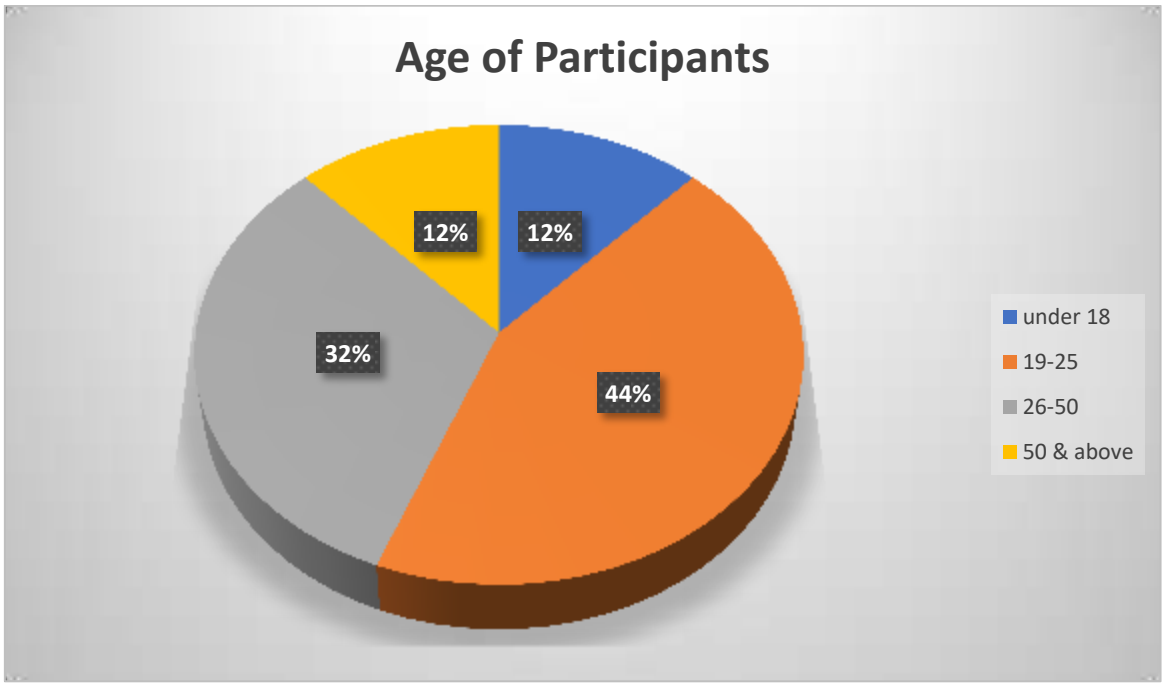


Participants came from both India (49%) and the Republic of Uzbekistan (41%). 10% of the population were foreigners.



12% of participants are under the age of 18, while 44% of the general population is between the ages of 19 and 25. 32% of the population is between the ages of 26 and 50, and 12% is over 50.

No.	Question	Yes	No	Sometimes
1.	Do you experience trouble in ing?	50%	18%	32%

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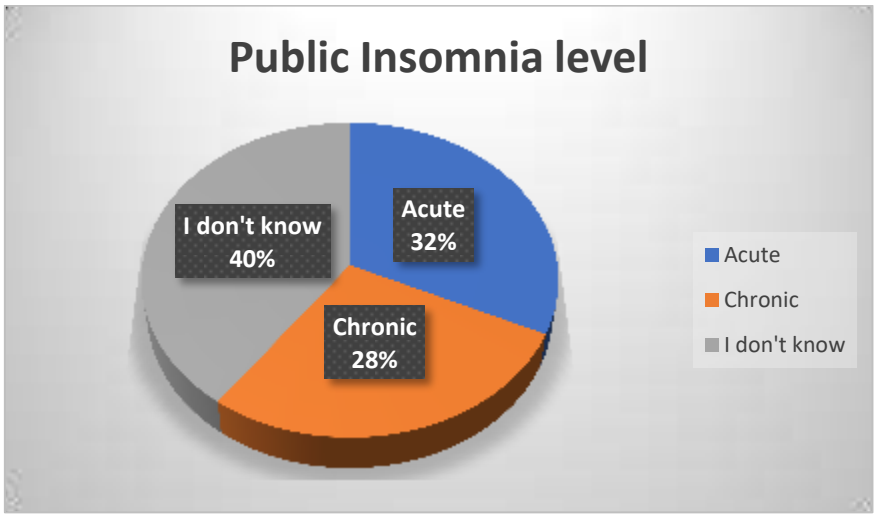
2.	Do you feel tired after you up?	44%	18%	38%

50% of the public troubled sleeping, while only 18% of participants never have any problems and 32% occasionally do. 44% of participants report feeling tired right after waking up, compared to 18% who reveal feeling normal and 38% who indicate occasionally feeling tired.



32% of people have acute insomnia whereas 28% have chronic insomnia level. About 40% of public don't know about their level of severity.

In our survey, I questioned the general public to find out why they have trouble falling asleep. Stress or anxiety is the primary cause of sleep problems for 30.6% of people, while depression is the primary cause for 22.5%. Poor sleeping conditions affect 22.4% of people, while disturbing lifestyle factors affect 24.5%.

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No.	Question	Yes	No
1.	Have you ever consulted a doctor for insomnia?	36.8%	63.2%
2.	Have you ever consulted a doctor for insomnia?	16%	84%

In our survey, about 36.8% of the population may have chronic insomnia, which led to a doctor visit, compared to 63.2% of those who didn't. According to our survey, 16% of respondents take medication for their level of insomnia, compared to 84% who don't, which makes me suspect that some respondents may be receiving behavioural therapy.

Discussion

The response rate is close what was expected from the survey even though there were many points of arguments. Even though people are familiar with the term insomnia, they don't acknowledge that it is also contribute as a secondary factor. The reason for the incomplete set of survey might be because of poor internet connection or the hesitation to some question on which they are not familiar with. In our following survey related to insomnia, the participation of women was more than men. Moreover, as we take in all the reason mentioned above, we can assume that the result might not be the accurate what we wanted to obtain from this article.

Conclusion

The main reason to conduct a survey on insomnia was to raise it awareness and let the people know about it risk factor. From the result we can conclude that the women are facing more problem related to insomnia rather than men. We can also say, that not many people think the level of seriousness that insomnia can cause many other dangerous diseases and hence they don't consult it to the doctor. From the result, we can also determine that behavioural therapy is a key to solve the insomnia rather than switching to drugs that have adverse effect. Many people face insomnia because of the poor lifestyle factor and poor sleeping environment. The leading cause of insomnia is because of being ignorant about importance of sleep and healthy lifestyle changes. Identifying the cause of insomnia can improve the community health to a great extent. It is necessary to raise awareness and taking an effective preventive approach towards the same.

Acknowledgement

We can improve insomnia by the following listed methods:

- To have a discipline sleep routine
- Avoiding phone at least 1 hour before sleep
- Exercising regularly

- To avoid heavy and junk food in night and before sleeping
- Avoiding caffeine, nicotine and alcohol
- To make room dark and avoid bright lightings

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