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ASSESSMENT OF INSOMNIA IN PSYCHIATRY OUTPATIENTS

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ABSTRACT

Insomnia is being considered as one of the major sleep disorder and as separate entities that can co-occur with other disorders, including psychiatric disorders. Insomnia is defined as repeated difficulty with sleep initiation, maintenance, consolidation or quality that occurdespite adequate time and opportunity for sleep and that result in some form of day time impairment .Psychotropic drugs may have positive effect on sleep, some enhances sleep architecture, but some others have negative effects. Psychological stress is a triggering factor for insomnia and has a bidirectional association with poor sleep quality.[1] A cross-sectional study was conducted for over a period of six months in psychiatry OPD of a tertiary care hospital in Kerala, India. A total of 200 patients satisfying the inclusion criteria were analyzed to study the insomnia in psychiatry patients were assessed by interviewing the patients using Bergens Insomnia Scale.[2] The final analysis included 200 patients who met all the inclusion criteria. The greatest number of sleeping pills were prescribed to the patients with severe insomnia and least number of sleeping pills were prescribed to patients with no significant insomnia. Clonazepam, lorazepam, quetiapine, and diazepam were the frequently prescribed drugsfor insomnia. The study offers an insight into the assessment of insomnia in psychiatric patients. Analysis of 200 patients using Bergens Insomnia scale revealed clonazepam, lorazepam, quetiapine and diazepam as frequently prescribed for insomnia.

KEYWORDS: Insomnia, Psychotropic drugs, Sleep Quality, Bergens Insomnia Scale.

INTRODUCTION

Sleep can influence physical and mental health. Sleep disturbances are common and have various etiologies. The overlap between Psychiatric and sleep disorders has been well established. Insomnia is being considered as one of the major sleep disorder and as separate entities that can co-occur with other disorders, including psychiatric disorders.[3] Insomnia is defined as repeated difficulty with sleep initiation, maintenance, consolidation or quality that occur despite adequate time and opportunity for sleep and that result in some form of day time impairment. Psychotropic medication may have positive effect on sleep, some enhances sleep architecture, but some others have negative effects.[4]

Psychological stress is a triggering factor for insomnia and has a bidirectional association with poor sleep quality. A new scale for the measurement of insomnia, the Bergen Insomnia Scale, was constructed on the basis of current formal and clinical diagnostic criteria for insomnia. It is one of very few insomnia scales which provide normative data for comparisons and which has been validated against subjective as well as polysomnographic data. Improved understanding of local patterns of sedative drug use can help in the development of improved education and counselling about hazards of these drugs.[5]

Bergen Insomnia Scale (BIS)

Instructions

The questionnaire below contains **six questions** relating to **sleep** and **tiredness**. Please choose the alternative (number of days per week) that suits you best. 0 means no days during the course of a week, 7 means every day during the course of a week.

Exemple

If, on three days during the course of a week, it has taken you more than 30 minutes to fall asleep after you have switched the light off, choose alternative 3.

	Number of Days Per Week	
1 During the past month, how many days a week has it taken you more than 30 minutes to fall asleep after the light was switched off?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
2 During the past month, how many days a week have you been awake for more than 30 minutes between periods of sleep?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
3 During the past month, how many days a week have you awakened more than 30 minutes earlier than you wished without managing to fall as leep again?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
4 During the past month, how many days a week have you felt that you have not had enough rest after waking up?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
5 During the past month, how many days a week have you been so sleepy/tired that it has affected you at school/work or in your private life?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day
6 During the past month, how many days a week have you been dissatisfied with your sleep?	No days	4 days
	1 day	5 days
	2 days	6 days
	3 days	Every day

Figure 1: Bergen Insomnia Scale.

METHODS AND MATERIAL

1. Study design : Prospective Cross-sectional study
2. Study setting : SH Medical Centre, Kottayam
3. Study duration : 6 months

Study population: The study population includes all the patients satisfying the inclusion criteria. A minimum sample size of 200 patients were required to meet the objectives for our study to get a statistically significant data. Sample size was calculated by the Cochranformula.

Inclusion criteria

1. Patients of all ages and both the genders who were diagnosed with psychiatric disorder according to ICD 11 criteria.
2. Patients prescribed with at least one psychotropic drug.

Exclusion criteria

1. Patients who could not comply with the study such as severe psychiatric illness.
2. Patients who are not willing to participate in the study.

RESULT

Table 1: Assessment of insomnia using Bergens Insomnia Scale.

N = 200

Condition	Total no of Patients	No of PatientsPrescribed with Sleeping Pills	No of PatientsPrescribed with No Sleeping Pills
NO SIGNIFICANT	22	4	12
SUB THRESHOLD	56	10	46
MODERATE	64	23	41
SEVERE	58	48	10

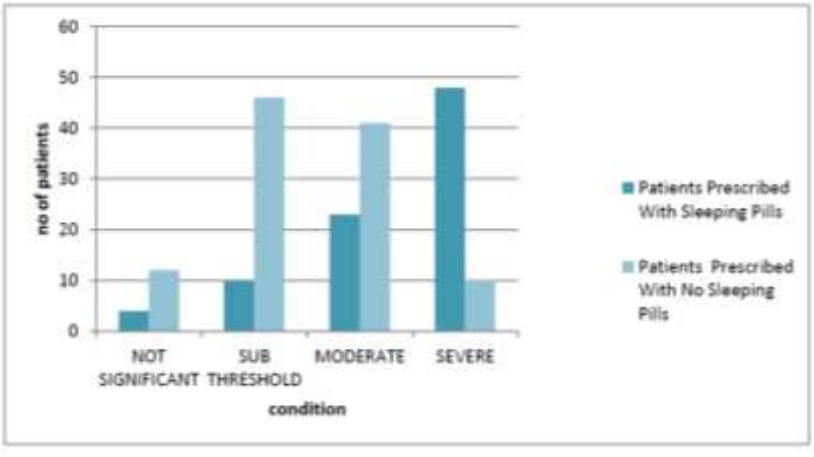

Figure 2: Showing the Assessment of Insomnia Using Bergens Insomnia Scale.

Table 2: Drug Use Pattern of Sleeping Pills In Study Population.

Sleeping pills Prescribed	Number	Percentage
Clonazepam	36	50.7%
Quetiapine	27	38.02%
Lorazepam	6	8.4%
Diazepam	2	2.81%

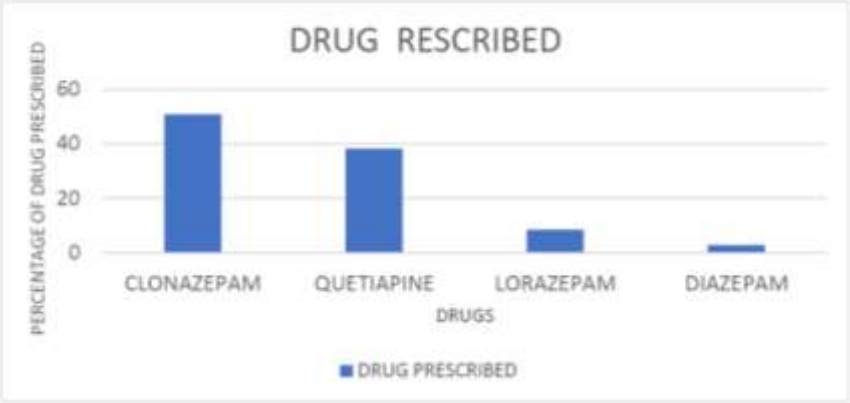

Figure 3: Showing the percentage of drugs prescribed for insomnia.

During the study it was found that, the most number of sleeping pills were prescribed to patients with severe insomnia and least number of sleeping pills was prescribed to patients with no significant insomnia. Clonazepam, Lorazepam, Quetiapine and Diazepam were the frequently prescribed drugs for insomnia. Several studies suggest that clonazepam has a longer lasting effect that is half-life of 18-15 hours. This can be helping for people who have trouble staying asleep throughout the night. While clonazepam is a benzodiazepine medication, it has a lower risk of dependence compared to other drugs in this class.

CONCLUSION

This study provides an insight into the assessment of insomnia in psychiatric patients. Insomnia in psychiatric patients were assessed and the use of sleeping pills were studied. In our study, 200 patients were analysed using Bergens Insomnia Scale. Clonazepam, lorazepam, quetiapine and diazepam as frequently prescribed for insomnia.

The clinical pharmacist can provide their services by doing clinical interventions and inspecting patient care areas and nursing stations regarding sleeping pills. To maintain a professional competence clinical pharmacists should play an active role by obtaining patients medication history and also maintaining accurate reports of using sleeping pills in patients having insomnia as a part of assessment of insomnia to reduce morbidity and mortality.

Therefore the implementation of a multidisciplinary healthcare team including a clinical pharmacist **(**Pharm D**)** will be beneficial to achieve the rational use of medicines, increase patient safety, and to contribute to a better quality of life**.**

REFERENCE

1. Morin CM, Belleville G, Bélanger L, Ivers H. The Insomnia Severity Index: psychometric indicators to detect insomnia cases and evaluate treatment response. Sleep, May 1, 2011; 34(5): 601-8. doi: 10.1093/sleep/34.5.601. PMID: 21532953; PMCID: PMC3079939.
2. Pallesen S, Bjorvatn B, Nordhus IH, Sivertsen B, Hjørnevik M, Morin CM. A new scale for measuring insomnia: The Bergen Insomnia Scale. Percept Mot Skills, Dec, 2008; 107(3): 691-706. doi: 10.2466/pms.107.3.691-706. PMID: 19235401
3. Roth T. Insomnia: definition, prevalence, etiology, and consequences. J Clin Sleep Med., Aug 15, 2007; 3(5): S7-10. PMID: 17824495; PMCID: PMC1978319.
4. Talih F, Ajaltouni J, Ghandour H, Abu-Mohammad AS, Kobeissy F. Insomnia in hospitalized psychiatric patients: prevalence and associated factors. Neuropsychiatr Dis Treat, Apr. 10, 2018; 14: 969-975. doi: 10.2147/NDT.S160742. PMID: 29695907; PMCID: PMC5903832.Talih F, Ajaltouni J, Ghandour H, Abu-Mohammad AS, Kobeissy F. Insomnia in hospitalized psychiatric patients: prevalence and associated factors. Neuropsychiatr Dis Treat., Apr 10, 2018; 14: 969-975. doi:10.2147/NDT.S160742. PMID: 29695907; PMCID: PMC5903832.
5. Pagel JF, Parnes BL. Medications for the Treatment of Sleep Disorders: An Overview. Prim Care Companion J Clin Psychiatry, Jun., 2001; 3(3): 118-125. doi: 10.4088/pcc.v03n0303. PMID: 15014609; PMCID: PMC181172.5.