

VARIATIONS IN THE SEVERITY OF INSOMNIA IN SLEEP CLINIC PATIENTS AT FUNDACION SANTA FE DE BOGOTÁ

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INTRODUCTION

Sleep-wake disorders are prevalent in the adult population, with insomnia being the most frequent. These disorders are determined by various factors, which may be behavioral, environmental, related to women's reproductive cycle, medication usage or diseases. When insomnia tends to be persistent or recurrent, it increases the risk of developing neurological, psychiatric, or cardiovascular problems, and may significantly impact the lifestyle, social functioning, and occupational performance. Despite this, it is often underdiagnosed and untreated, so early identification and intervention imply significant challenges and costs for healthcare.

This project aimed to assess the variation in the intensity of insomnia symptoms at 3 months after treatment onset, among patients undergoing outpatient follow-up at Fundación Santa Fe de Bogotá, to understand the impact of treatment and the clinical performance of specialist physicians in the comprehensive management. The latter included sleep hygiene education, pharmacological treatment, referral to cognitive behavioral therapy, psychological or psychiatric intervention, control of other medical comorbidities, and cessation of psychoactive agents that stimulate neural activity such as caffeine, alcohol, among others. Additionally, we sought to identify whether treatment optimization or further outpatient follow-up was necessary.

METHODS

This retrospective observational descriptive study was designed to report health outcomes related to the treatment of patients admitted to the sleep disorders outpatient clinic at the Neurology Service of Fundación Santa Fe de Bogotá during the years 2022 and 2023.

- Patients over 18 years diagnosed with the following International Classification of Diseases (CIE-10) diagnoses: F51.0-(Nonorganic insomnia), F51.2-(Nonorganic disorder of the sleep-wake cycle), and G47.0-(Disorders of initiating and maintaining sleep [organic insomnia]) were included.
- The Insomnia Severity Index (ISI) questionnaire from Penn State Health Sleep Research and Treatment Center, adapted into Spanish was used.
- Baseline measurements were taken during in-person visits to the doctor's office, while follow-up measurements were conducted either in the doctor's office (31%) or by telephone (69%).
- The analysis compared baseline and follow up measurements to evaluate changes in the intensity of insomnia symptoms over time.

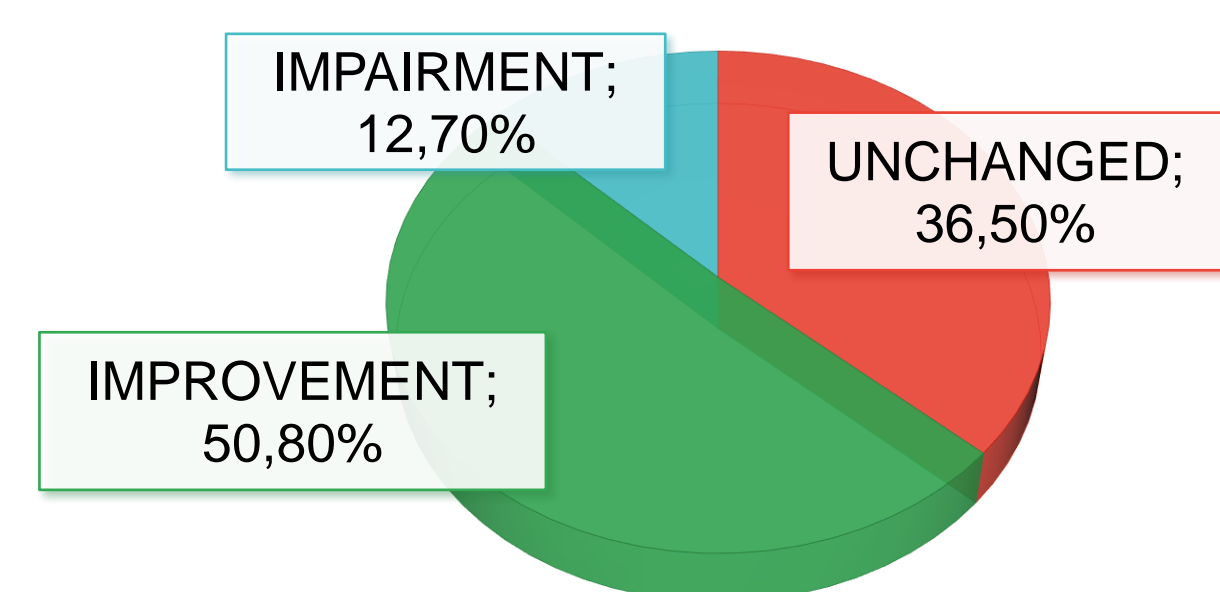
RESULTS

A total of 126 patients completed both time measurements. From the entire cohort, 65 (51.6%) were female, the average age was 55.6 and 26 (20.6%) reported history of some mental health disorder.

The first measurement revealed that 54 patients (42.9%) had mild intensity insomnia, 57 (45.2%) moderate, and 15 (11.9%) severe. The severe group showed the highest rate of category variation after 3 months, with 12 out of 15 patients (80.0%) experiencing improvement up to moderate or no insomnia, compared to 36 out of 57 (63.2%) in the moderate group that changed to mild or no insomnia and 16 out of 54 (29.6%) in the mild group which changed to no insomnia. 33 patients (26.2%) no longer qualified as having insomnia. At 3 months follow up of all initial categories, 64 patients (50.8%) showed improvement, while 46 (36.5%) remained unchanged, and 16 (12.7%) showed worsening (*Figure 1*).

Figure 1. Distribution of clinical course of the patients by their insomnia outcomes 3 months after treatment onset.

BASELINE INSOMNIA	Unchanged		Improvement		Impairment		Total patients	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
MILD	22	40,7%	16	29,6%	16	29,6%	54	42,9%
MODERATE	21	36,8%	36	63,2%	0	0,0%	57	45,2%
SEVERE	3	20,0%	12	80,0%	0	0,0%	15	11,9%
Total patients	46	36,5%	64	50,8%	16	12,7%	126	100%



CONCLUSIONS

Insomnia symptoms vary over time with health interventions, which underscores the importance of assessing health outcomes to inform clinical decision-making and refine care models.

Considering that insomnia has a highly variable clinical course, potentially becoming recurrent or persistent in 62.5-86% of cases at 5 years, with a remission rate of 14-37.5% at 1 year as demonstrated by the study of Morin CM et al (2020); our results show important opportunities. This, keeping in mind that 49.2% of our patients showed persistence (no change or deterioration) at 3-month follow-up while 50.8% experienced some degree of improvement, reaching remission in 26.2% of patients.

However, it is crucial to continue the study beyond 3-month period and further analysis to explore associations with differential factors presenting at the beginning of treatment, such as obesity, depression, hypertension, diabetes, substance abuse, and others, to develop more targeted interventions for outcome improvement.