

## Insomnia: a key symptom to diagnose depression

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### ABSTRACT

Sleep plays a vital role in good health and well-being throughout our life. It is as essential for survival as food and water. Insomnia is the feeling of inadequate or poor sleep. It is often accompanied by depression, cognitive changes, anxiety and other mental conditions. A depressive disorder is an illness that involves the feeling; thinking and behavior-all of them are on a low key. **Aim:** The aim was to study the relationship between sleep disturbances and major depressive disorder. **Methodology:** Within the study period of 30 months, 630 patients were admitted, of which, all complained about physical ailments. Patients has symptoms of insomnia and one more of these symptoms from the aforementioned symptoms checklist were sent for private consultation with the psychiatrist. **Findings:** It was found that out of the 630 patients, 96 were diagnosed with depression. Out of 96 patients, only 11 patients had no history of only sleep disturbance. Among 85 Patients who had insomnia. **Discussion:** In this study, It was noted that majority of patients who complained of sleep related symptoms were actually suffering from depression. **Conclusion:** This study points that sleep disturbance can be one of the chief indications of Depressive Disorder.

**Keywords:** *Insomnia, Depression*

Sleep plays a vital role in good health and well-being throughout human life. Getting enough quality sleep at the right times can help protect us in mental and physical health, and improve our quality of life. We spend about one-third of our life time in sleep. Sleeping is as essential for survival as food and water. In laymen word sleep is simply a time when the body and brain “shut off” for a few hours each night to rest in preparation for the next day. But as per many researches they found that during the sleep neither the body nor the brain “shut down”. Many physiological activities are reduced during that time like, kidney function, temperature and blood pressure. But certain physiological change like cell repair and growth hormone are often utmost during sleep.

Insomnia is the feeling of inadequate or poor sleep because of one or more of the following 1) trouble falling asleep;2) trouble remaining asleep;3) awakening too early;4) non-restorative sleep. All of above the symptoms can lead to daytime drowsiness, poor concentration, irritability, and the inability to feel refreshed and rested upon awakening.

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Insomnia is often accompanied by depression, cognitive changes, anxiety and other mental conditions.

A depressive disorder is an illness that involves the feeling; thinking and behavior-all of them are on a low key. It interferes in daily life, normal day to days function, and also causes pain for the person with the disorder and those who care about him or her. It is not a sign of individual weakness or a condition that can be willed or wished away. It comes in different forms, just as is the case with other illnesses such as heart disease.

### ***Symptoms of depression (As per DSM-5 -<sup>1</sup>)***

The following symptoms have been present during the-same 2-week period, most of the day, nearly every day and a symptom must either be newly present or must have clearly worsened compared with the person's pre-episode status.

The symptoms at least one of the symptoms is either 1) Depressed mood or (2) loss of interest or pleasure. And at least four additional symptoms drawn from a list 1) Changes in appetite or weight, 2) Insomnia or Hypersomnia , 3) Psychomotor agitation or retardation, 4) Decreased energy, 5) Feelings of worthlessness or guilt, 6) Difficulty thinking, concentrating, or making decisions, 7) Recurrent thoughts of death or suicidal ideation or suicide plans or attempts.

### ***Fact about depression***

Depression is very common illness affecting people of all ages, genders, different socioeconomic groups and religions in India and all over the world. Globally, an estimated 300 million people were affected by depression in 2015, equivalent to 4.4% of the world's population<sup>2</sup> Depression contributes to significant disease burden at national and global levels. It is the top cause of illness and disability among young and middle-aged populations, while suicide ranks second among causes of death for the same age groups<sup>3</sup>. Depression is also associated with poverty in a vicious cycle. Depression often results in impaired functioning, which has an impact on all aspects of an individual's life and family, affecting multiple areas of education, marriage, work and social life.

As per National Mental Health Survey (2015-16) In India, one in twenty (5.25%) people over eighteen years of age have ever suffered (at least once in their lifetime) from depression amounting to a total of over 45 million persons with depression in 2015, And more than 80% had not received any treatment. Because of depression person feel disability, 67.3% in work life, 68.6% in social life, and 70.20% in family life.<sup>4</sup> Depression is 50% higher for females than males. Approximate one million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life<sup>5</sup>. Many, people with depression are not aware that they are suffering from depression and that it is a treatable disease. People often deny their illness and develop a reluctance to seek for help. In some cases, individuals knowing they need help, they are unaware of where to proceed for treatment or are ashamed to visit a mental health professional due to the stigma of being labeled as a psychiatric patient.

### ***Depression in primary health care settings***

Common mental health disorders (CMD) are widely prevalent in primary care settings in Lower and middle incomes countries (LMICs.) Several studies conducted in India have documented that 17–46% of patients attending primary health centers suffer from CMDs.<sup>6-7</sup> Among the patients of primary care facilities who suffer from CMDs, depression was the

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commonest disorder (63.6%).<sup>8</sup> A recent study reported a prevalence of 30.3% for depression among outpatient attendees in a secondary hospital in Delhi.<sup>9</sup>

### ***What is treatment Gap?***

Treatment gap is a useful indicator for accessibility, utilization and quality of health care.<sup>10</sup> A treatment gap of more than 90% has been documented for depression in lower- and middle-income countries.<sup>11</sup> In India, a treatment gap of 87.2–95.7% was reported for depression from community-based studies.<sup>12</sup>

### ***Reason of gap or missed diagnosis of depression***

Physical symptoms are often the main complaint of patients with depression, particularly in a primary care centre. Simon et al.<sup>13</sup> showed that 69% of patients with depression reported only somatic symptoms. When patients focus on physical symptoms, psychiatric disorders are more difficult for physicians to recognize than when patients report psychological symptoms. Professionals are often inadequately trained, and unable to detect, diagnose, or manage common mental disorders in primary health care<sup>14</sup>, False beliefs and negative attitudes about depression, lack of awareness, self-stigma, stigma from health care providers and Somatic pains in depression.<sup>15</sup> (which is not included in classical symptoms of depression) because of these reason even if patient him/her self, family member and professionals find any depression symptom first they try to co- relate that symptoms with stress or outside event and justify them this is particular so when severity of depression is mild. In mild depression the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.<sup>16</sup>

### ***Why insomnia?***

As per DSM -5 Insomnia is a clinically useful indicator of medical and neurological conditions that often co-exist with depression and other common mental disorders.<sup>17</sup> In depression when insomnia is present, it typically takes the form of mid night insomnia (waking up during the night and then having difficulty returning to sleep) or late night insomnia (i.e., waking too early and being unable to return to sleep). Continuous two-week mid night insomnia or late-night insomnia does not occur because of outside event. Initial insomnia (difficulty in falling asleep) may also occur. Sometimes the reason that the individual seeks treatment is for the disturbed sleep.<sup>16</sup> Insomnia is frequently associated with psychiatric disorders or early sign of a psychiatric problem<sup>18</sup>. Rest legs syndromes is neurological condition which causes discomfort in the legs and sleep problems, is also some time associated with depression. In many cases, because symptoms of depression overlap with symptoms of sleep disorders, there is a risk of misdiagnosis<sup>19</sup>.

### ***Aims and objectives***

The present study was undertaken in patients who were admitted at nature cure centre for the purpose of the treatment of their sleep disturbance. The aim was to study the relationship between sleep disturbances and major depression disorder.

## **METHODOLOGY**

Within the study period of 30 months, 630 patients were admitted, of which, all complained about physical ailments. All of these patients were assessed according to the symptom check list, which was explained and discussed in detail in a personal interview. The checklist is given in appendix-1. These who showed symptoms of insomnia and one more of these symptoms from the aforementioned symptoms checklist were sent for private consultation

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with the psychiatrist. Based on the Psychiatrist's consultation, the patients were diagnosed with depression.

### RESULT AND FINDINGS

The patients complained to be suffering from their respective problems and insomnia for a long time and it was confirmed by their visit to several doctors and specialists over those years. However, every time some of the symptoms reappeared, after treatment. The patients had also conducted several laboratory tests, but most of the reports turned out to be normal or borderline abnormal. The patients often believed that the physical symptoms and sleep disturbance were temporary and a result of their unhealthy and sedentary life style, food habits, lack of exercise, stress etc. Along with the physical symptoms and insomnia they also exhibited some psychological symptoms like sadness, morning dullness, irritation, lack of motivation etc. Reasons for their insomnia and other mental symptoms were believed to be a fast and stressful life, interpersonal conflicts etc.

On the basis of the study conducted, it was found that out of the 630 patients, 96 were diagnosed with depression. Moreover, out of those 96 patients, 12 had a history of depression. Out of 96 patients, only 11 patients had no history of only sleep disturbance. Among 85 Patients who had sleep problem. (71 patients had midnight, 5 patients have early night, 9 patients had late night insomnia,)

*Tabel-1 Depression Study*

Total Case of depression	Depression without insomnia	Depression with early night insomnia	Depression with mid night insomnia	Depression with late night insomnia	Total insomnia
96	11	5	71	9	00

### DISCUSSION

In this study, It was noted that majority of patients who complained of sleep related symptoms were actually suffering from depression. As the presenting symptoms were physical, and sleep related in nature they often visit physicians rather than psychologist or psychiatrists. The pointer to diagnosis of depression was insomnia. In these cases, a physical examination, and investigations will not confirm any organic diseases which explain the sleep disturb

### CONCLUSION

This study points that sleep disturbance can be one of the chief indications of Depressive Disorder. When this persists, a professional help should be sought for which will restore health to many undiagnosed patients who actually require not the hypothesis to explain their disturbed sleep but an appropriate treatment for their underlying mental disorder.

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### **Conflict of Interest**

The author declared no conflict of interest.

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