

Abstract:

Introduction: Insomnia could be either a symptom or risk factor of psychiatric disorders. This scenario was further complicated by the fact that 10-30% of insomniac subjects did not have a concomitant psychiatric disorder. To determine the nosological status of primary insomnia, an outcome study was carried out to investigate its diagnostic stability and relationship to subsequent psychiatric disorders.

Methodology: Patients of age 18-65 diagnosed primary insomnia without other psychiatric disorders, and with their first consultation in a psychiatric outpatient clinic from 1995 to 2000 were investigated. The symptoms, background history and any development of subsequent psychiatric disorders after the first consultation were assessed by case notes review, followed by the Structured Clinical Interview for DSM-IV and a battery of assessment including a detailed sleep symptoms questionnaire, 20-item Self-Reported Questionnaire, the Hong Kong version of WHO-Quality of Life Measure, Clinical Global Impressions Scale, and Global Assessment of Functioning. The subjects were further followed up for another 6 months after the first interview.

Results: 1.1% (n=88) of the clinic patients were found having primary insomnia and 53 consented for the study with a follow up period of 43.4 ± 21.0 months. 83.0% (n=44) of them remained with a diagnosis of primary insomnia without developing subsequent psychiatric disorders, and 38.6% (17 of 44) of them improved with less frequent symptoms at the time they were last interviewed. 17% (n = 9) developed subsequent psychiatric disorders after the first consultation, resulting in an annual incidence rate of 5.2%. Aggravation in the severity of insomnia along the course of the illness was related to the subsequent development of psychiatric disorders. Together with a shorter duration of symptom at the first consultation, it was found to cause an earlier development of subsequent psychiatric disorders. In other words, those patients at risk would develop subsequent psychiatric disorders early in the time course.

Conclusion: The diagnostic stability of primary insomnia and its role as a risk factor for future psychiatric disorders was confirmed. Patients who developed subsequent psychiatric disorder tended to have a different clinical course of illness compared to those did not.