Insights into the Public Health Burden of Insomnia

Comment on: Léger D; Massuel MA; Metlaine A et al. Professional Correlates of Insomnia. SLEEP 2006; 29(2):171-178.


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THIS ISSUE OF SLEEP CONTAINS 2 TIMELY REPORTS OF PARALLEL STUDIES THAT ARE VERY RELEVANT TO THE PANEL’S RECOMMENDATIONS AND REPRESENT STRONG CONTRIBUTIONS TO THE EXISTING LITERATURE.


ALTHOUGH THERE ARE SOME METHODOLOGIC SHORTCOMINGS IN THE LÉGER ET AL STUDY, IT DOES REPRESENT AN ADVANCE OVER PRIOR STUDIES THAT IDENTIFIED INSOMNIA CASES WITH QUESTIONNAIRES,4 SOMETIMES A SINGLE QUESTIONNAIRE ITEM,5 WITHOUT ANY DIAGNOSTIC CRITERIA OR MEASURE OF INSOMNIA SEVERITY OR DURATION. FURTHER, PRIOR WORK HAS RELIED ON SELF-REPORTED ABSENCES FROM WORK, WITHOUT INDEPENDENT DOCUMENTATION, DURING VERY BRIEF PERIODS OF TIME.6 IMPORTANTLY, LÉGER ET AL HAVE MATCHED CASE CONTROLS, USED OCCUPATIONAL PHYSICIAN INTERVIEWS TO ASSESS FOR DSM-IV INSOMNIA DIAGNOSTIC CRITERIA, AND REQUIRED THE PRESENCE OF INSOMNIA SYMPTOMS FOR AT LEAST 2 YEARS, ALL OF WHICH PROVIDE BETTER CONTROL OF EXTRANEOUS VARIABILITY AND A MORE-HOMOGENEOUS INSOMNIA STUDY SAMPLE. HAVING ACCESS TO PARTICIPANTS’ MEDICAL RECORDS AND TO THEIR OCCUPATIONAL PHYSICIANS WOULD SEEM TO HAVE PROVIDED AN OPPORTUNITY TO BETTER REDUCE, OR AT LEAST EVALUATE, THE INFLUENCE OF MEDICAL AND PSYCHIATRIC COMORBIDITIES; HOWEVER, THIS INFORMATION WAS USED ONLY TO EXCLUDE THOSE SUBJECTS WITH ANXIETY AND DEPRESSIVE DISORDERS AND THOSE WITH ILLNESS SO SIGNIFICANT AS TO RESULT IN AN ABSENCE OF 3 MONTHS OR MORE. IT SEEMS THAT CASES COULD HAVE BEEN MATCHED FOR ADDITIONAL COMORBIDITIES. NEVERTHELESS, THIS STUDY REPRESENTS THE BEST EVALUATION OF THE RELATIONSHIP BETWEEN INSOMNIA AND ABSENCE.

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In a collaborative effort, Godet-Cayre and co-investigators calculated the economic burden of work absences from the same sample as in Leger et al and apportioned the costs to employers, employees, or the French national health insurance system. Overall cost of work absenteeism was approximately 1.5 times greater for insomniacs than for controls. Employers paid about 88% of these costs. Absenteeism-related costs represent just a portion of the total indirect costs associated with insomnia. Indirect costs are typically defined as those resulting from decreased economic output attributable to morbidity and mortality associated with an illness or condition. Thus, other indirect costs not evaluated in this study that logically can be related to insomnia include reduced productivity (without absenteeism), property damage, and death. Nevertheless, Godet-Cavre et al provide the most systematic examination to date of at least a portion of the indirect costs of insomnia. Because other economic investigations of insomnia have either examined only direct costs, and/or have often relied on extrapolation and speculation more than actual data, the cost of absenteeism associated with insomnia represents a new contribution to the literature.

The 2 studies published in this issue should encourage other research to clarify the public-health and economic impact of insomnia. In particular, there is a need for long-term, prospective research to determine the impact of insomnia—with and without various comorbidities—upon absenteeism, productivity, accidents, substance abuse, academic performance, and other determinants of public-health burden and indirect costs. Future research should also address the effectiveness of insomnia treatments in reducing the societal impact of insomnia, as well as in reducing symptoms. Specific to the research reported in this issue, it is quite important to determine if treatment reduces absenteeism and its indirect costs.

The frequent comorbidities of insomnia present a considerable challenge for researchers to identify experimental designs and analytical approaches to properly attribute public-health burden and costs to insomnia, as opposed to the comorbid conditions themselves. However, an economic opportunity also may exist precisely because of potential, yet-to-be-identified, causal or exacerbating relationships. For example, the common coexistence of insomnia and depression does not allow the conclusion of causality. On the other hand, should more than a statistical association exist, treatment of either condition may conceivably reduce indirect costs related to both.

The reports of Leger et al and Godet-Cavre et al are important contributions toward delimiting the public-health and societal burden of insomnia.

REFERENCES