Sleep Complaints in Hospitalized Italian Patients with Hematological Malignancies

Key words: insomnia, hematology


To the Editor To the Editor, sleep complaints is a poorly understood issue in medical clinical practice (1) for which we have read with much interest the recent paper by Kunitomi and colleagues (2) dealing with insomnia in hospitalized hematological patients. Here we report the results of a cross-sectional study evaluating sleep disturbances in a similar population. Insomnia was assessed by patient interview and scored by a Numerical Analogue Scale (NRS), ranging from 0 (no disturb) to 10 (the most severe). Insomnia characteristics, as well as mechanisms and causes, were also assessed. From November 2009 to December 2010, 43 patients (27 males) were interviewed. Median age was 62 (range 30-78) years. Diagnosis was acute leukemia, lymphomas, multiple myeloma, and other diagnoses in 16 (36%), 14 (32%), 9 (21%), and 5 (11%) cases, respectively. Disease phases were: first diagnosis, remission, relapse/progression in 22 (52%), 14 (32%) and 7 (16%) cases, respectively. Thirty-four (79%) and 2 (5%) patients were on active and palliative measures therapies, whereas the remaining 7 (16%) were receiving no treatment. Insomnia was observed in 33/43 (77%) records. Out of the 33 patients with sleep disturbances, insomnia was mild (score <4), moderate (4-7) and severe (>7) in 10 (21%), 17 (35%) and 6 (13%) of them, respectively. Insomnia characteristics were: difficulty on sleep initiating, difficulty on sleep maintaining, poor sleep quality alone and mixed features in 11 (33%), 15 (45%), 1 (3%) and 6 (19%), respectively. Sleep disturbance was diagnosed as primary in 14 (42%) and nighttime-diuresis related in 8 (24%) patients; in 6 (19%) cases psychological disturbances (anxiety, pain) were recorded as the causative mechanism of insomnia; lastly, environmental factors (noises, procedures) and mixed mechanisms were found in 4 (12%) and in 1 (3%) patients. Our cross-sectional study, with the use of a numerical scale, revealed a higher frequency of sleep disturbance than previously reported (2) emphasizing sleep disruption as a multifaceted issue, which is described as well in other reports (3). Our study outlines the need for prompt symptom assessment and evaluation, as well as behavioral and pharmacological interventions, to manage sleep disruption and its negative effect on quality of life, illness recovery and health status (4). To the best of our knowledge this is the second study assessing insomnia in patients hospitalized for hematological diseases. Larger studies are needed to assess insomnia risk factors and to plan preventive measures, as well as to identify the best therapeutic approach.

Andrea Tendas, Pasquale Niscola, Luca Cupelli, Marco Giovannini, Laura Scaramucci, Micaela Ales, Luciana Morino, Teresa Dentamaro and Paolo de Fabritiis

References