□ LETTERS TO THE EDITOR □

The Author's Reply: Sleep Complaints in Hospitalized Italian Patients with Hematological Malignancies

Key words: insomnia, depression, hematological disorders

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We thank Dr Andrea and colleagues for their interest and comments on our paper (1), which have provided us with the opportunity to clarify some aspects of our report.

For patients with cancer, sleep is potentially affected by a variety of factors, including environmental factors, such as isolation, biochemical changes associated with the process of neoplastic growth and anticancer treatments, and symptoms that frequently accompany cancer, such as pain, fatigue, and depression. The rate of insomnia in cancer patients exceeds that in the general population and varies according to the definition used to make the diagnosis. The percentage of patients meeting formal criteria for an insomnia disorder has been reported at 19%, and that of patients self-reporting disturbed sleep has been reported as high as 63% (2). Our study was retrospective, and the detailed medical history and patient information were extracted from patients' charts and medical records at the hospital. We assessed insomnia based on individual symptoms, including difficulty initiating sleep, difficulty maintaining sleep, early morning awakening, and requests for hypnotics. Approxi-

mately 25% to 50% of all prescriptions written for patients with cancer are for hypnotics (3, 4). We could not compare our results with previous reports due to differences in the study design and background of patients.

We agree that larger studies are needed to assess insomnia risk factors for patients with hematological disorders. Ideally, well-designed prospective and multi-institution studies including fixed scales and assessments by a psychiatrist are needed to accurately evaluate insomnia.

Akane Kunitomi^{1,2}, Hiroatsu Iida¹, Yoshikazu Kamiya¹, Mayuko Hayashi¹, Taro Suwa³, Junya Kanda⁴ and Hiroshi Sao¹

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¹Department of Hematology, Meitetsu Hospital, Nagoya, ²Department of Hematology, Japanese Red Cross Society Wakayama Medical Center, Wakayama, ³Department of Psychiatry, Graduate School of Medicine, Kyoto University, Kyoto and ⁴Department of Hematology and Oncology, Graduate School of Medicine, Kyoto University, Kyoto

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Correspondence to Dr. Akane Kunitomi, akunitom@mx5.suisui-w.ne.jp

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