

# Chronic Insomnia Tripled the Risk of Death

BY BRUCE JANCIN

FROM THE ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES

SAN ANTONIO — Chronic insomnia is an independent risk factor for all-cause mortality, conferring a threefold increased risk, according to data from the landmark Wisconsin Sleep Cohort Study.

This surprisingly robust increased risk was seen across all the major subtypes of chronic insomnia, including frequent difficulty in falling asleep, repeated awakening during the night, and waking up too early, Laurel A. Finn reported. Higher mortality also was seen for sleep maintenance insomnia marked by difficulty

**The data provide added impetus for physicians to prescribe effective treatments for patients who complain of insomnia, even without comorbid medical or psychiatric conditions.**

in getting back to sleep after awakening, she said.

These findings boost the priority level for treatment of chronic insomnia. The data provide added impetus for physicians to prescribe effective treatments for patients who complain of insomnia, even in the absence of comorbid medical or psychiatric conditions, added Ms. Finn of the University of Wisconsin, Madison.

She reported on 2,242 Wisconsin state employees, mean age 44 years, who completed at least two of the detailed sleep questionnaires mailed by investigators in 1989, 1994, and 2000. If on two or more surveys they reported insomnia symptoms more than five times in the prior month, they were classified as having chronic insomnia.

By this definition, 46% of the survey participants had chronic insomnia. Chronic repeated awakening was reported by 26% of participants, while each of the other three subtypes of

chronic insomnia occurred in 15%-18%.

A total of 128 participants died during a mean follow-up of 19 years. The all-cause mortality rate was 8.6% in participants with chronic insomnia and 2.6% in those with no insomnia.

In a multivariate analysis adjusted for potential confounders, including age, gender, smoking, sleep-disordered breathing, alcohol use, asthma, cardiovascular disease, diabetes, depression, chronic ob-

structive pulmonary disease, and history of stroke, chronic insomnia remained independently associated with a threefold increased risk of mortality. Each of the subtypes of chronic insomnia was associated with a 2.5- to 3.3-fold increased risk.

Possible explanations for the increased mortality among individuals with chronic insomnia even after controlling for medical and psychiatric comorbidities

include the well-documented increased accident rates associated with chronic insomnia, as well as decreased quality of life.

Chronic sleeplessness also could hamper recovery from major illness or injury, she observed.

The Wisconsin Sleep Cohort Study is funded by the National Institutes of Health. Ms. Finn reported having no financial conflicts. ■



## Patients on PPI therapy aren't always "fire" proof

More than **46%** may still suffer from breakthrough heartburn.<sup>1-5</sup>

### What is their best escape route?

*Today's proton pump inhibitors may provide an answer for patients suffering from chronic heartburn. But, symptom elimination is less common than you may think.*

In a medical survey of 400 PPI users, more than 46% reported suffering from breakthrough heartburn.<sup>1</sup> Also, in a 2008 Gallup survey, 56% of people taking a prescription medication for their heartburn experienced breakthrough acid reflux.<sup>5</sup> And, breakthrough heartburn can have a substantial impact on everyday work activity.<sup>4</sup>

Although many try to manage by turning to over-the-counter remedies,<sup>1-4</sup> most never tell their doctor that they are using OTCs for their breakthrough episodes.<sup>1,2</sup>

#### More isn't always better when it comes to PPI therapy.

A common management option is to increase the PPI dose to twice daily.<sup>6</sup> However there are important reasons why this may not be the answer.

More than once-a-day PPI dosing, or long-term therapy, has been shown in a number of large studies to be associated with an increased risk of fractures,<sup>7-9</sup> (especially in patients over 50).<sup>7</sup> As well, PPIs have been associated with increases in certain types of infections.<sup>10-13</sup>

#### Is there an appropriate "partner" for PPI therapy?

PPI patients who are in the throes of breakthrough heartburn want fast relief. A possible answer is to partner their therapy with a fast-acting adjunct that compliments rather than conflicts with their PPI. Consider recommending a strong, trusted antacid that can provide the fast relief PPI patients need for heartburn breakthroughs.

#### TUMS Ultra. Goes to work in seconds to provide PPI patients with a fast escape route.

TUMS Ultra is the strongest TUMS we have ever made. With 1000mg of calcium carbonate per tablet, nothing works faster than TUMS Ultra. Also, there are no known drug interactions with PPI therapy. TUMS Ultra is conveniently portable, affordable, and pleasant tasting.

**Ask your PPI patients specifically about breakthrough heartburn, and consider recommending TUMS Ultra as their fast escape route.**



An ideal PPI partner



GlaxoSmithKline Consumer Healthcare Inc. © 2010 GlaxoSmithKline Consumer Healthcare

1 Jacobson BC, et al. Who is using chronic acid suppression therapy and why? *Am J Gastroenterol* 2003;98:1-51-58. 2 Jones R, et al. Does the treatment of gastroesophageal reflux disease (GERD) meet patients' needs? A survey based study. *Cur Med Res & Opinions* 2006;22-4:657-662. 3 Jacobson BC, Ferris TG, Shea T, et al. Who is using chronic acid suppression therapy and why? *Am J Gastroenterol*. 2003;98:51-58. 4 Fass R, Sifrim D. Management of heartburn not responding to proton pump inhibitors. *GUT* 2009;58:295-309. 5 The 2008 Gallup Study of Acid Reflux / GERD Sufferers. Multi-sponsor Surveys Inc. March 2008 Detailed findings volume. 6 Chey W.D, et al. Primary-Care Physicians' Perceptions and Practices on the Management of GERD: Results of a National Survey. *Am J Gastroenterol* 2005;100:1237-1242. 7 Yang YX, Lewis JD, et al. Long-term Proton Pump Inhibitor Therapy and Risk of Hip Fracture. *Int J Am Med Assoc*. 2006;296:24:2947-2953. 8 Targownik L.E, et al. Use of proton pump inhibitors and the risk of osteoporosis related fractures. *Gin Med Assoc*. *Int J Aug* 12 2008;179(4):319-326. 9 Roux C, Briot K, et al. Increase in vertebral fracture risk in postmenopausal women using Omeprazole. *Calcif Tissue Int* 2009;84:13-19. 10 Laheij RJ, et al. Risk of community-acquired pneumonia and use of gastric acid-suppressive drugs. *JAMA*. 2004;292:1955-1960. 11 Canani RB, et al. Therapy with Gastric Acidity Inhibitors Increases the Risk of Acute Gastroenteritis and Community-Acquired Pneumonia in Children. *Pediatrics* 2006;117(5): e817-e820. 12 Dial S, et al. Use of Gastric Acid-Suppressive Agents and the Risk of Community-Acquired Clostridium difficile-associated disease. *JAMA* 2005;294:423:2989-2995. 13 Dial S, Delaney JAC, Schneider V, Suissa S. Proton pump inhibitor use and risk of community-acquired Clostridium difficile-associated disease defined by prescription for oral vancomycin therapy. *CMAJ*. 2006;175(7):745-748.

## Internal Medicine News

Thanks For Making Us



Source: Kantar Media, Focus® Medical/Surgical December 2009 Readership Summary; Internal Medicine Section, Table 108 Projected Average Issue Readers