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Insomnia in patients with cardiovascular disease - a review of causes, consequences and nursing interventions

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Introduction: Insomnia is defined as a subjective complaint of difficulty to initiate sleep, difficulty to maintain sleep, and early morning awakenings that occur at a minimum of 3 nights per week for 3 months. The prevalence of insomnia in the general adult population is estimated to 12–20%. The prevalence is even higher among those with cardiovascular disease (CVD). Insomnia has a significant impact on the individual’s health and quality of life.

Aim: To examine causes, consequences and nursing interventions for insomnia in patients with CVD.

Design: Literature review.

Method: Electronic search through PubMed and Cinahl for studies published 2001-2016. Insomnia, CVD, causes, consequences, interventions and nurse-led intervention were used as keywords. Detected duplicates, irrelevant studies and others (i.e., editorials, letters) were removed. “Insomnia and CVD” resulted in 214 hits, “insomnia and CVD and causes” in 394 hits, “insomnia and CVD and consequences” in 35 hits, and “insomnia and CVD and interventions” resulted in 51 hits.

Results: Insomnia causes impaired daytime functioning, poorer cognitive function and a feeling of isolation. The pathophysiological consequences of insomnia are associated with increased risk for arteriosclerosis and CVD (i.e., caused by an increased inflammatory processes). Pharmacological treatment for insomnia have been used for some time (i.e., sedative, hypnotics and antidepressant), but there are concerns about tolerance and dependence, as well as other side effects (i.e., falls, cognitive changes and unusual sleep behaviours) which requires a thorough risk and benefit analysis before prescription. Non-pharmacological treatments such as Cognitive behavioural therapy (CBT) and internet-based CBT (I-CBT) for insomnia, led by therapists, is a less expensive intervention used in previous studies for other patient groups. Despite positive results for both CBT and I-CBT (i.e., improved performance, increased quality of life and reduced symptom burden) in these studies no nurse-led interventions (i.e., of any type) intended for patients with CVD and insomnia were found.

Conclusion: I-CBT for insomnia seems to be an accessible and effective treatment for other patient groups. The lack of nurse-led interventions, highlights the need for future studies in patients with CVD and insomnia.