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Comparison of symptomatology and impact of insomnia on depression and quality of life in restless legs syndrome subjects, primary insomnia subjects and normal subjects

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A lthough the relationship between insomnia and restless legs syndrome (RLS/WED) has been reported in lots of research, the impact of insomnia severity in RLS patients on depressive moods and the quality of life (QOL) was unclear. Our aim is to examine insomnia symptomatology and the impact of insomnia on QOL and depression through the comparison among RLS subjects, primary insomnia subjects and normal subjects. We assessed and compared depressive symptoms and QOL among 148 RLS patients, 115 primary insomnia subjects and 117 normal healthy subjects based on the Korean versions of the Beck Depression Inventory (K-BDI) and the SF-36. Severities of RLS and insomnia were assessed with the Korean version of the International RLS Study Group rating scale (K-IRLS) and Insomnia Severity Index (K-ISI). The prevalence of insomnia in RLS according to ISI cut off was 62.2% and the prevalence of moderate-severe depression was 37.8% in RLS and 37.4% in insomniacs. There were no significant differences in depression and QOL between RLS patients and primary insomniacs although RLS patients had significantly lower scores on the K-ISI (16.40 \pm 6.34 vs. 20.96 \pm 4.97, p<0.001) and K-PSQI (11.32 \pm 4.29 vs. 14.30 \pm 3.22, p<0.001). In multivariate stepwise regression, the most effective factor to the K-BDI in the RLS group was the K-IRLS (r²=0.15) while in the insomnia group it was the K-ISI (r²=0.19). Insomnia symptoms is not as strongly associated with depression and QOL in the RLS group as in the PI group although RLS patients have considerable depressed moods similar to that of primary insomniacs.

Biography

Yong Won Cho completed his PhD at the age of 35 from Keimyung University. He is the Director of Neurology, Keimyung University. He has published more than 50 papers in reputed journals and has been serving as an Editorial Board Member of the *Journal of Clinical Neurology*.

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