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### Exploring the Impact of Insomnia on Daytime Functioning and Cognition

#### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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#### Dr. Trice:

Hi, my name is Kevin Trice. I am a Sleep Physician in Louisville, Kentucky. And I'm here with a guest today, and we're going to be talking a little bit about the impact of insomnia on daytime functioning and cognition. I'll let him introduce himself.

#### Dr. Yurcheshen:

Hi, Kevin, it's great to join you today. I'm Mike Yurcheshen, I'm Associate Professor at University of Rochester in Rochester, New York.

#### Dr. Trice:

Great, thank you so much for being on the talk today. So we're going to talk about insomnia and a couple different things. And before we really get into it, I think it's important to really define, what is insomnia? So we know it's a condition, but tell us a bit about what defines pathologic insomnia?

#### Dr. Yurcheshen:

So it comes in a lot of different flavors. What we see here clinically, are people who generally have had chronic insomnia, it's been going on for longer than 3 months, and they have difficulty initiating sleep or maintaining sleep, or frankly, they're just not satisfied with the quality of their sleep when they get up.

#### Dr. Trice:

And do you see a lot of patients with disorder? Or is it something you think is on the rise or decline lately? Like, who does it really affect? And what do you see in your clinic?

#### Dr. Yurcheshen:

Well, I think we probably both see a lot of insomnia just as everybody who practices sleep medicine. You know, I practice adult sleep medicine and it certainly insomnia is more common in people as they age, but it really can affect any age group, any gender, any demographic profile.

#### Dr. Trice:

And what type of effects are you seeing? I know, in my clinic, like you said, we see a lot of patients with this disorder, there's, you know, subtypes of it. And it can have a lot of effects on their daytime function. We tend to think of what happens at nighttime, but what do you see in terms of like daytime activity or function? How's it affecting your patients?

#### Dr. Yurcheshen:

Well, so that's highly variable. As you point out, most patients have disruptions of their sleep at night. How they function during the day, it's really dependent, patient dependent. So some patients have very little disruption, although I guess I would say that probably most of those patients don't end up coming to see us. The people who end up seeing us, I hear a lot of descriptions of fatigue, not necessarily

sleepiness, that's one of the hallmarks of chronic insomnia is that people have difficulty sleeping at night, but yet, they also have difficulty sleeping during the day. So if they had an opportunity for a nap, they might not actually even be able to fall asleep. But that doesn't mean that they're working at their best. Oftentimes they have concerns about how they're performing at work, their ability to concentrate at home, sometimes behind the wheel. Those are all classic examples.

**Dr. Trice:**

That's great. And you mentioned that, you know, performance at work sometimes can lead to it or performance at home, their mood, their cognition. Any long-term data that you know about there in terms of how it affects short-term, maybe their cognition versus long-term, for those who suffer with insomnia for an extended period of time, let's say decades?

**Dr. Yurcheshen:**

Well, yeah, the data that are out there have a lot more, in my opinion, to do with kind of what I would consider to be the neuropsychiatric space. So this can definitely lead to difficulties with concentration in terms of judgment, you know, risk-taking, and your ability to perceive what's dangerous and what's not, as well as things like mood lability. So people often find that they have a very short fuse, things that would not bother them if they were sleeping well, can have, you know, kind of untoward and outsized impact on them over time.

**Dr. Trice:**

Great. So thank you for that. So that's exactly the same thing we're seeing here, as you said, the data really supports it. And just briefly, because then we're going to talk about this a bit later, what about managing it? Do we see any evidence that helping to manage these disorders or this group of disorders has a positive effect on outcomes from their mood, or cognition. or behavior?

**Dr. Yurcheshen:**

I certainly see that anecdotally, patients who are sleeping better, they come back around and are functioning better too. I have a saying in my practice based on a 1990s movie, there's no crying in sleep medicine. But when I see somebody who's crying in my office, I automatically think this is a person who is sleep deprived and is not functioning well. And I see that as an opportunity to really help them get back on track. And when we're able to do that, whether it's with insomnia or some other disorder, a lot of times they find that these mood and concentration issues really improve for them.

**Dr. Trice:**

I agree. One of my mentors said to me, you know, you don't realize how much people trust you when they come to see you, and you really have their life in the palm of your hands. And so you have to know the data. You have to be compassionate, but there's no greater feeling than that person who's crying or so desperate for help and being able to even get moderate improvements can really go quite a long way.

So thank you so much for your time. We appreciate you all coming to listen to this Total CME lecture, and hopefully you'll come back for more information later. Good to see you.

**Announcer:**

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