

Is screening for insomnia of importance during post-cardiac arrest care?

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Background: The aim was to investigate the prevalence of insomnia problems in cardiac arrest survivors, and the associations between insomnia problems and general health and life satisfaction.

Materials and methods: This cross-sectional study was based on patient-reported data collected six months after cardiac arrest. The participants were recruited from five hospitals in the south of Sweden. A total of 212 survivors completed validated measures of insomnia (Minimal Insomnia Symptom Scale, MISS), general health (EQ VAS and Health Index, HI), and life satisfaction (Satisfaction With Life Scale, SWLS). Descriptive statistics and multiple linear regression analyses were applied. All regression models were adjusted for age, sex, cohabitation, education, economy, health care consumption, treatment with implantable cardioverter defibrillator, place of cardiac arrest, revascularization, and comorbidity.

Results: The mean age was 66.6 years (SD=11.9). The majority were male (76.4%) and suffered their cardiac arrest in-hospital (64.2%). The survivors reported a median MISS score of 3 (q1-q3=1-5) and 19.8% reported insomnia problems (cut-off ≥ 6). Having insomnia problems was significantly associated with worse general health and life satisfaction ($p < 0.001$). The regression models explained 24% (EQ VAS), 50% (HI total score), and 40% (SWLS) of the total variance in the outcome variables.

Conclusion: Insomnia problems seem to be common among cardiac arrest survivors and are significantly associated with worse general health and life satisfaction. Therefore, screening for insomnia during post-cardiac arrest care appears to be important.