

Introduction

Overall, women have more difficulty with sleep than men. It is a clinical observation that has been confirmed and quantified in many epidemiologic studies. Exactly why women have a greater vulnerability for sleeplessness remains elusive. A common answer is “hormones.” Certainly there are changes with sleep that may parallel the dramatic hormonal changes that do occur in women with menarche, the menstrual cycle, pregnancy, and menopause. Some research evidence does, in fact, suggest an association of specific hormone levels and a degree of sedation. Since hormonal influences on sleep and insomnia clearly are present, the explanation is unlikely to be simple. A multitude of factors contribute to good sleep quality and, conversely, potentially can undermine the experience of consolidated and refreshing sleep. While women may have increased susceptibility for insomnia due to their unique biologic cycles, ultimately they share with men a wide range of sleep disturbances.

Along with hormonal explanations, several other factors have been proposed to account for the disproportionate insomnia that women experience. These have included life’s pressures and responsibilities, especially in women with work and family obligations. It also has been argued that women are more comfortable acknowledging and reporting health concerns. Cultural influences may contribute to the expectation and endorsement of poor sleep among women. It has been suggested that women sleep lightly to be attentive to their children during the night. However, it is important to differentiate poor sleep indicated on a survey from the clinical problem of insomnia that is associated with daytime impairment and warrants therapeutic intervention.

Many facets of the relationship between sleep and insomnia in women are explored in the 2 articles in this issue of *Clinical Cornerstone*[®]. Dr. Ellen Hirschman Miller reviews basic sleep characteristics and discusses key points in taking a clinical history regarding sleep problems. She then examines physiologic changes and the risk for sleep disturbances that are associated with the menstrual cycle, pregnancy, the postpartum

period, and the perimenopause and menopause phases. She also addresses questions regarding hormone replacement therapy and sleep quality. Finally, she reviews the roles of pharmacologic and nonpharmacologic treatment strategies in the management of insomnia in women in different stages of their life cycles.

Dr. Andrew Krystal presents a detailed review of the interaction of depression and insomnia in women. Insomnia is a common consequence of major depression. Since epidemiologic studies show that women are at greater risk for depressive disorders than men, it follows that they also have an increased risk for insomnia. Dr. Krystal also considers the hormonal changes through women’s life cycles and he specifically examines factors that may influence mood and sleep. He goes on to discuss key neurotransmitter systems that are important in both of these realms. He concludes with an evaluation of the treatment options for addressing insomnia in the context of depressive disorders.

Insomnia is a common problem in our society that is underrecognized and undertreated. There are many potential adverse consequences to insomnia, especially when it is a chronic condition. The efficacy of pharmacologic and cognitive-behavioral treatments is well established. When major depression is present, antidepressant medications are indicated. Hypnotic medications, particularly the newer and relatively short-acting nonbenzodiazepine hypnotics, may play a valuable role for a wide spectrum of insomnia patients, including those patients simultaneously treated for depressive disorders. Identifying patients suffering with insomnia is the first critical step. Since women have increased risk of sleep disturbances at particular times throughout their life cycles, these should be times for increased vigilance among clinicians to make sure that measures are taken to maximize sleep quality.

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Guest Editor