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**TEACHING COURSE - SLEEP NEUROLOGY: HOW SLEEP AND NEUROLOGY INTERACT** 

## INSOMNIA IN NEUROLOGICAL DISEASES -FROM THE ROLE OF RISK FACTOR TO THE MANAGEMENT

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## POTENTIAL CONFLICT OF INTEREST TO DECLARE

Type of affiliation / financial interest	Name of commercial company
Speaking engagement	Bial
Speaking engagement	Fidia
Speaking engagement	Eisai Japan
Speaking engagement	Zambon
Speaking engagement	Italfarmaco
Consultancy	Sanofy





Insomnia is the most common sleep disorder in the adult population.

Insomnia is defined as difficulties of initiating and maintaining sleep, early awakening and poor subjective sleep quality despite adequate opportunity and circumstances for sleep with impairment of daytime performance.

Neurological illness may affect the mechanisms regulating sleep and sleep architecture but neurological disorders and diseases are almost always accompanied by insomnia.

Chronic insomnia may originate from neurodegenerative, inflammatory, traumatic or ischemic damage in sleep regulating brainstem and hypothalamic nuclei with consecutive changes of neurotransmitters.





Insomnia is the most frequently sleep disorder in neurodegenerative movement disorders. In Parkinson Disease, insomnia was also associated with motor fluctuations, autonomic dysfunction and hallucinations.

Several studies identified insomnia to be responsible for a mild to moderate increase of the risk for stroke, whereas other studies did not detect an increased risk.
There is a need for more prospective studies, using standardized and validated self-assessment questionnaires, and objective measures for evaluating insomnia severity.
Repeated measures of sleep issues are required, as insomnia symptoms may change over time.
Information about the presence of comorbidity with other sleep disorders, and data regarding treatment of insomnia during the follow-up period, should be included.

There is strong evidence for a bidirectional association between sleep disorders and Alzheimer's disease (AD).

In particular, insomnia may be a potentially modifiable risk factor for AD.

Recent report suggests an association between trazodone use and delayed cognitive decline in AD.

## References

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