SUMMARY

Background: Sleep is an important physiologic phenomenon necessary for wellbeing, normal functioning, optimum intellectual activity and productivity. Abnormalities of sleep are associated with considerable morbidity and mortality. Sleep disordered breathing and chronic insomnias are independent risk factors for hypertension, excessive daytime sleepiness, industrial and vehicular accidents. There are limited data on the prevalence and patterns of sleep disorders in the Family Medicine settings in Nigeria. Studies on sleep patterns and disorders are necessary to provide information on the magnitude of the problem and highlighting the unique role of Family Physicians in managing patients with this problem.

Objectives: This study determined the prevalence and pattern of sleep disorders among patients presenting at the Family Medicine Clinic of the OAUTHC Ile-Ife and identified the factors associated with sleep disorders.

Methodology: This was a cross sectional study involving 410 subjects from the Family Medicine Clinic, OAUTHC, Ile-Ife. Consenting subjects who met the inclusion criteria were recruited using systematic random sampling technique. Subjects were interviewed with the aid of a questionnaire containing items on socio-demographic characteristics, medical history, and sleep pattern enquiry. It also included items from the Pittsburgh sleep quality index and Epworth Sleepiness Scale. Blood pressure, neck circumference, weight and height were measured with body mass index calculated. Exhaled carbon monoxide level was determined for each subject using smoke analyser (Bedfont United Kingdom). Data was analysed using statistical package for social sciences (SPSS) version 18.
Results: Four hundred and ten subjects were recruited of which 284 (69.3%) were females. The overall mean age was 48.5± 16.5 years with individuals aged 45-64 years and above constituting the majority (38.2%). Three hundred and sixteen (77.1%) were Christians, while Yoruba was the dominant ethnic group, 91.2%. Majority, 124 (30.2%) had tertiary education while 256 (62.4%) earned less than N18, 000 monthly. Fifty six (13.7%) and 35 (8.5%) consumed alcohol and smoked cigarette respectively. Hypertension was the commonest medical condition seen in 147 (35.8%) subjects. Two hundred and eighty two (69%) subjects had sleep disorders. Dysomnias was the commonest sleep disorder, seen in 230 (56.1%) subjects, of which insomnia constituted the majority (48.7%) followed by snoring (32.2%). Overall the commonest sleep problem was insomnia, with a prevalence of 27.3%. One fifth of the study population had a high risk of obstructive sleep apnoea.

Several factors including age group 45-64 years, being separated, divorced and widowed, lack of education, chronic medical condition and quantity of exhaled carbon monoxide were associated with sleep disorders, p < 0.05. There was no association between sleep disorders and sex, religion, anthropometric characteristics, income, shift work and location of accommodation.

Multiple regression analysis showed that individuals who are 45 years and above had at least 2.3 times the risk of having sleep disorders compared with younger age groups. Similarly divorce/separation or widowhood was associated with a significant risk of sleep disorder compared with the never married (OR 2.9 and 3.3 respectively). The risk of sleep disorders among respondents living close to a church or mosque was almost twice those living away from a church or mosque, (OR 1.9). Those with chronic medical conditions and high level of exhaled CO had increased risk of sleep disorders, OR 2.4 and 2.9 respectively, p < 0.05.

Conclusion: About seven out of every 10 patients presenting to the Family Medicine Clinic of OAUTHC had sleep disorders. Routine screening for sleep disorders is important for early detection and treatment.