

CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CONCOMITANT DEPRESSION AND SLEEP DISORDERS

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Abstract

Chronic obstructive pulmonary disease (COPD) is one of the leading problems of healthcare system. Despite those fact that depression and sleep disorders are the most frequent comorbid conditions in COPD patients and can worsen the course of disease significantly, they are still underdiagnosed and are often out of sight of healthcare providers.

About 75 % of all cases of sleep disorders in patients with depression are due to insomnia. There are limited data about presions mechanism of depression and sleep disorders development in COPD patients, but it is, definitely, multifactorial. Depression is associated with such factors as young age, female gender, smoking, low FEV₁ value, cough, high SGRQ score (i.e. health-related poor quality of life), history of cardio-vascular diseases. The use of approved methods of screening can facilitate better diagnosing of depression and sleep disorders in COPD patients. In majority of patients both with COPD and depression an impaired sleep architectonics is quite common. A disturbance of circadian function may be a leading cause of neuro-psychic disorders, hence, its normalization would improve patient's mood and cognitive functions. Novel antidepressant Melitor causes powerful anti-depressive effect mainly improving circadian sleep rhythm and possesses anxiolytic properties. Including this medicine into COPD maintenance therapy in cases of concomitant depression and sleep disorders is beneficial in current subgroup of patients. Still, the issues of Melitor influence on sleep architectonics are the subject of future research.

Key words: chronic obstructive pulmonary disease, depression, sleep disorders, insomnia, antidepressants.

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