Over 2500 researchers and clinicians attended the 14th European Congress of Psychiatry, which was organized by the Association of European Psychiatrists. Although the range of posters and lectures on sleep disorders was rather limited, there were several interesting presentations and these are described in this report.

### Insomnia and work disability

Børge Sivertsen (University of Bergen, Bergen, Norway) presented data from a large, population-based health study that was linked to the official registry of the Norwegian National Insurance Administration [1]. The aim of the study was to estimate the direct effect of Diagnostic and Statistical Manual, fourth edition (DSM-IV)-defined insomnia on permanent work disability. The investigators used a historical cohort design to assess insomnia before and after adjustment for physical and mental symptoms and conditions, other potential socio-demographic confounders, and shift work. Despite the fact that a diagnosis of insomnia is legally insufficient for the award of a disability pension, the results showed that insomnia was a strong predictor of subsequent permanent work disability. Socio-demographic and shift work characteristics barely affected the association, which also remained significant after adjusting for both psychiatric and physical morbidity and health-related behaviors (fully adjusted odds ratio 1.8). The authors concluded that insomnia is an independent risk factor for subsequent work disability.

### Sleep problems and suicide risk

Maurizio Pompili (Harvard Medical School, Belmont, MA, USA) presented a study examining the association between sleep disorders and suicidal behavior among young adults [2]. University students (113 men and 177 women) with an average age of 23.3±3.0 years were assessed using the Reasons for Living Inventory, Self Rating Depression Scale, Pittsburgh Sleep Quality Index, and Epworth Sleepiness Scale. The authors found a significant negative correlation between suicidality scores and sleep quality, and a positive correlation between suicidality and daytime somnolence. Moreover, higher suicidality scores were reported in individuals who were depressed and who had either impaired sleep quality or daytime somnolence.

### Psychiatric and clinical characteristics in chronic insomnia

Marta Magariños (Puerta De Hierro University Hospital, Madrid, Spain) reported findings from a study of the clinical and psychiatric characteristics of patients with both primary and secondary chronic insomnia [3]. Adults (n=195) were assessed using the Oviedo Sleep Questionnaire, Patient Health Questionnaire, and a recent life-changes checklist. Data regarding medical conditions, drug treatments, number of work days lost, and use of healthcare services were also collected. A total of 69 patients fulfilled the International Classification of Diseases, 10th edition (ICD-10) criteria of chronic insomnia, 46 (66.7%) of whom also suffered a psychiatric disorder. Patients with primary and secondary chronic insomnia had greater use of healthcare resources, more work days lost, and a greater number of adverse life events during the previous 6 and 12 months compared with adults with no sleep problems. Insomnia was also significantly associated with higher levels of both somatic and depressive symptoms. There were no differences between patients with primary and secondary chronic insomnia with respect to days of work lost and use of healthcare resources.

### Insomnia and mortality

Dag Neckelmann (Haukeland University Hospital, Bergen, Norway) presented results from a study investigating the effect of sleep-related complaints and sleep duration on all-cause mortality in a general population sample [4]. The study authors collected information on sleep and possible confounding variables from a large population-based health survey and determined the link between these data and...
Lack of rapid eye movement sleep behavior disorder in familial tauopathy

Bradley F Boeve (Mayo Clinic College of Medicine, Rochester, MN, USA) presented results from a study that examined clinical sleep and polysomnography (PSG) features in members of a family with a familial tauopathy [5]. Rapid eye movement (REM) sleep behavior disorder (RBD) manifests as dream enactment behavior and is thought to stem from a dysfunction in the neuronal network in the brainstem, although it is still unclear which networks are involved. PSG was conducted on 11 family members with pallidopontonigral degeneration (six affected and five genealogically at-risk) and neuropathological findings were analyzed in those who subsequently underwent autopsy. None of the subjects had a history of dream enactment behavior and nine of the 11 had sufficient REM sleep as determined by PSG. REM sleep without atonia was absent in all subjects. Neuropathological examination of four affected individuals showed that three had marked nigral degeneration along with mild degenerative changes in the locus coeruleus, pontine nuclei and tegmentum, and medullary tegmentum. The authors concluded that nigral degeneration is not the primary cause of RBD. Since no historical, electrophysiological, or behavioral manifestations of RBD were found in this family, these findings provide further evidence that RBD is rare in sporadic and familial tauopathies.

Zolpidem and diazepam in organic secondary insomnia

Daniel Vasilé (Military Central Hospital, Bucharest, Romania) presented data from four randomized studies comparing eszopiclone with placebo in adults with chronic primary insomnia. Two of the studies were of patients aged 65–85 years (PSG study, n=264; subjective study, n=160), and two studies of patients aged 21–69 years (6-week PSG study, n=204; 6-month subjective study, n=788) [7]. Outcome measures were sleep onset latency, total sleep time, and wake after sleep onset. The results showed that eszopiclone significantly improved both patient-reported and PSG-registered sleep on all outcome measures in both patient groups, compared with placebo. Moreover, patients treated with eszopiclone also reported significant improvements in their daytime functioning.

Eszopiclone and insomnia

Judy Caron (Sepracor Inc., Marlborough, MA, USA) presented results from four randomized studies comparing eszopiclone with placebo in adults with chronic primary insomnia. Patients receiving zolpidem displayed the same response to the 10-mg/day dose after 3 weeks, while the diazepam group required a dose increase of 3.4 mg to attain the same level of efficacy. The study authors concluded that zolpidem has a similar efficacy to diazepam in the treatment of secondary insomnia; however, patients can develop a tolerance to diazepam.
the drug reported maintained or improved sleep measures and daytime functioning. This study indicates that the treatment was well tolerated for up to 12 months of nightly use, and there were no significant adverse withdrawal symptoms associated with discontinuation.

References