

LETTER TO EDITOR

Insomnia due to fear of hypoglycemia; a psychological reaction

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Hypoglycemia is a serious and vital clinical concern in patients with diabetes mellitus. The American Diabetes Association (ADA) has categorized hypoglycemia as symptomatic, asymptomatic, and severe.¹ Severe hypoglycemia is defined as a condition that needs another person's help to provide carbohydrates, glucagon, or take other remedial actions. If severe hypoglycemia is not treated on time, it can be life-threatening.² Fear of hypoglycemia is experienced at various levels by many diabetic patients, their family members, spouses and caregivers.³ While the effect of hypoglycemia on the quality of life and diabetes management in persons with diabetes mellitus is well recognized, much less is investigated about its impact on families.⁴

We focus here on the reactions of the caregiver of a diabetic patient. The patient is a 36 year-old married woman. She referred because of severe insomnia. She had undergone endoscopy for gastrointestinal tract disturbances. She used pantoprazole, ranitidine, bismuth subcitrate and nortriptyline 25 mg at night for 3 months and discontinued them from 1 month ago. Her husband was a diabetic patient from 2 years ago. He experienced 3 episodes of hypoglycemia and has been referred to emergency ward because of loss of consciousness and admitted in internal medicine ward with diagnosis of hypoglycemic coma. The patient has ambivalence and paradoxical feeling for going to sleep. She wants to go to bed and sleep. On the other hand, she has fear of hypoglycemia as a persistent stress about her husband, therefore unconsciously, she tries to avoid hypoglycemia of her husband by asleep and hyper aerosol. She has nightmare about diabetes complications and hypo and hyperglycemia as a

reaction to a situation in one's life. Now, sleep is for her a dream and fantasy. The psychological, mental and emotional factors can precipitate insomnia. The psychiatrist tried to resolve fear of hypoglycemia and death intellectually. She hadn't major fears of illness.

Severe hypoglycemia occurs far more common in type I than type II diabetes.² Among persons with type 2 diabetes, the hypoglycemia commonly occurs in patients under insulin therapy.¹ Hypoglycemia leads to reduced psychological well-being and quality of life (QoL). Recurrent episodes of hypoglycemia produce feelings of anxiety, depression, powerlessness, and fear of future hypoglycemia among patients.⁵ Moreover, the observation of a hypoglycemic may generate even more fear in non-diabetic spouses and family members than in the patient him (her) self.³ In a Norwegian study on fear of hypoglycemia in women and men with type I diabetes, it was shown that males have less concern about hypoglycemia rather than females.⁶ It has also been reported that risk of occurrence of insomnia in women is more than men.⁷

Insomnia is a publicized health problem worldwide. It is associated with significant long-term impacts on psychosocial and physical functioning.⁸ Structured diabetes education programs are necessary for care of diabetic patients. Education is particularly essential for diabetic patients with risk of hypoglycemia and their families.² A structured education program can increase knowledge of hypoglycemia and the self-management skills of patients to decrease the occurrence of hypoglycemia and its psychological outcomes in patients and their family members.

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