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AN IN-DEPTH STUDY ON INSOMNIA AMONG RESIDENTS OF ELURU IN ELURU DISTRICT AND HANUMAN JUNCTION IN KRISHNA DISTRICT, ANDHRA PRADESH

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ABSTRACT

Insomnia is a prevalent sleep disorder that can make persons have difficulty falling asleep or staying asleep. It may also cause a person to wake up too early and be unable to return to sleep, leaving with a feeling of tiredness upon waking. Insomnia can deplete once energy levels, impacting, overall health, work performance, and quality of life. Sleep quantity a person needs to feel rested and refreshed if insufficient or excess leads sleep is there it leads to insomnia. Generally, sleep disorders is 25-45% now a days due to over distractions and more screen time. There are 3 types of people regarding sleep. Like good sleepers, people with insomnia, and people with sleep apnea. The insomnia severity index (ISI) is a short subjective instrument measuring symptoms and consequences of insomnia. Questionnaire assessment is the best quality assessment method for data collection according to Pittsburgh Sleep Quality Index (PSQI), Pittsburgh Sleep Quality Index (PSQI), a Global–sleep quality assessment Center for Insomnia study and we have followed the same. There is a particular journal called Journal of Clinical Sleep Medicine which deals only with insomnia type and its wide spectrum of research paper publication done on it likewise, every detail can be obtained from that site. Insomnia is chronic when it happens at least 3 nights a week for 3 months or more. Types of Insomnia There are two types of insomnia: primary and secondary. Primary insomnia: This means sleep problems aren't linked to any other health condition or problem. Secondary insomnia means there is trouble sleeping because of a health condition like asthma, depression, arthritis, cancer, or heartburn; pain; medication; or substance use. Causes of Insomnia. 1. Too much sleep hours during day time with less physical activity, without a particular goal in life, 2. Improper healthy diet, less diet, more than required diet, improper diet. deficiency of vitamins, minerals, hormonal irregularities, 4. Taking excess beverages like tea, coffee, and alcohol more than the required amount at odd times i.e 2 hours before sleep. Fever, dangerous diseases like cancer, psychiatric patients, Pains, injuries, broken relationships, strained relationships, lack of interpersonal and cordial relationships with fellow beings, article or monetary loss, depression, anxiety, age, Success, failure, jet lag, screen time, work-related stress, higher aspirations, task-fulfilling drive, jet lag, surrounding environment. irregular shift system of work, Drugs, and medicines of different types have their own effect on insomnia are some of the reasons for difficulty initiating sleep at night Consequences: Drowsiness throughout the day • Frequent awakenings during the night. Waking up earlier than desired. Not feeling refreshed after a night's sleep. Daytime sleepiness or fatigue. Irritability, depression, or anxiety. Challenges with attention, task focus, or memory. Higher incidence of errors or accidents. Constant worries about sleep. To overcome problems regarding insomnia A balanced diet, Indian type of cuisine, South Indian breakfast, North Indian Lunch and Punjab dinner are the best foods that provides all the required nutrients needed to have a healthy and active life with more energy an help to overcome the problem.

INTRODUCTION

The most effective treatments for chronic insomnia are behavioral techniques that eliminate sleep anxiety and allow the body's own sleep cycle to kick in. The cumulative long-term effects of sleep loss and sleep disorders have been associated with a wide range of deleterious health consequences including an increased risk of hypertension, allergiesdiabetes, obesity, depression, heart attack, and stroke. Sleep deficiency is also linked to a higher chance of injury in adults, teens, and children. Sleep loss and sleep disorders are among the most common frequently over looked and readily treatable health problems and is estimated that 50 to 70 million people all over the world chronically suffer from a disorder of sleep and wakefulness, hindering daily functioning and adversely affecting health.

During Long Insomnia, type 2 diabetes i.e., diabetes mellitus, cough, and cold, fever hypoxia increase resulting in respiratory distress. It also leads to elderly, mortality and morbidity. According to the DSM-5, sleep disorders include insomnia, parasomnias, breathing-related disorders, hypersomnolence, narcolepsy, circadian rhythm sleep-wake disorders, and disorders related to substances and medications.

BMI has a drastic effect on Insomnia. When compared to healthy and optimum weight people obesity had an odds ratio of 1: 33 taken between BMI and sleep disturbance. Long-term obesity raises the risk of sleep disturbances, negatively impacting health. Therefore, it is crucial to devise effective interventions to address obesity to curb insomnia effects. Compared with healthy-weight adults, obese adults were found to have a higher risk of hospitalization for secondary diseases like musculoskeletal, cardiac, and neurological effects and disturbances that affect particular organ systems.

The Centre for Sleep and Circadian Science at the University of Pittsburgh is the main center that has done extensive research on insomnia for more than 25 years. The insomnia Severity Index called the Pittsburgh Sleep Quality Index (PSQI), the Consensus Sleep Diary (CSD), the Daytime Insomnia Symptom Scale (DISS) Insomnia Symptom Questionnaire (ISQ), the Pittsburgh Insomnia Rating Scale (PIRS), the Functional Outcomes of the Sleep Questionnaire were designed and most extensively evaluated instruments used by them. 1. screening for insomnia (2) measuring the consequences of insomnia (3) assessing the cognitive aspects of insomnia and (4) assessing sleep hygiene are the methods to assess the psychometric properties of insomnia intensely.

Acute Insomnia Chronic Insomnia: Acute Insomnia: This brief type of insomnia lasts from a few days to a few weeks and is the most widespread form. It is also known as adjustment insomnia because it typically occurs in reaction to a stressful event, such as the passing of a loved one or the beginning of a new job.

Chronic Insomnia: This type of insomnia is deemed chronic if it happens at least three times a week for a month or more. Chronic insomnia can be either primary or secondary. Primary chronic insomnia, also called idiopathic insomnia, has no apparent cause or underlying medical condition. Secondary insomnia, or comorbid insomnia, is more frequent and is associated with another condition. • Positive food effects on insomnia. A balanced diet, Indian type of cuisine, South Indian breakfast, North Indian Lunch and Punjab dinner are the best foods that provides all the required nutrients needed to have a healthy and active life with more energy, Probiotics-containing foods like curd and cheese is good in sufficient quantities as they contain tryptophane and melatonin important ingredients to promote sleep.. More quantities has again negative effects. Sufficient amounts of Calcium, Magnesium phosphorus riboflavin and selenium which is a powerful natural relaxant help to have good sleep during the night. An afternoon 20-60 minutes nap also boosts up one's day efficiency throughout the day. Certain drinks like Almonds, Turkey, and Chamomile tea. Kiwi, Tart cherry juice, Fatty fish, Kiwi Walnuts, and Passionflower, all contain more antioxidants and anti-inflammatory products phosphorous, and potassium, along with vitamin c responsible for promoting seep. They also decrease depression, anxiety and psychiatric disorders. Leafy vegetables, whole grains.

• Low temperature of the body and environment, dark, scented rooms, are other ways to get good sleep.
Negative Food affects Insomnia. Type and choice of food effects drastically insomnia. Less fiber, and more carbohydrates, too much fat, more than the required amount of protein, fast foods, packed food containing more percentage of microorganisms, energizers like tea, coffee, beverages, spices, night time diary products consumption, chocklets, alcohol, cola etc effects drastically circadian rhythms decreasing sleep quality and time. Memory power, intelligence, problem-solving capacity, concentration, and innovative ideas which are all brain games are adversely affected. Low quantity and quality foods and excess of fats, proteins, and sugars effect insomnia, and overall health sometimes leading to heart problems and cancer.

Certain types of diet and food items affect sleep and food-borne diseases obtained by climate and environmental changes also show a huge effect on insomnia More hydration before bedtime may cause one to wake up frequently to visit the toilets.

In patients suffering with insomnia if the case is severe it is always better to take guidance from a doctor.

REVIEW OF LITERATURE

Literature Review on Insomnia: Insomnia is a prevalent sleep disorder characterized by difficulty initiating or maintaining sleep, often accompanied by daytime impairments. A wide body of research highlights its far-reaching effects on physical health, mental health, cognitive function, and occupational performance.

1. Prevalence and Demographic Factors: Insomnia affects a significant portion of the global population. Epidemiological studies by **Morin et al. (2006)** and **Ohayon (2002)** estimate that **10–30% of adults** experience chronic insomnia, with even **higher rates in elderly individuals and women**. Factors such as **aging, unemployment, lower education levels**, and **manual occupations** are consistently associated with higher risk (Leger et al., 2000; Roth, 2019).

2. Physical Health Consequences: Chronic insomnia contributes to serious **physical health issues**, including an increased risk for **cardiovascular disease, obesity, diabetes**, and **hypertension**. **Vgontzas et al. (2009)** and

Fernandez-Mendoza et al. (2012) demonstrated that prolonged sleep disruption leads to inflammatory and metabolic changes that drive these risks. **Julio-Fernandez et al. (2014)** linked insomnia to both **cardiometabolic and neurocognitive morbidity and mortality**.

3. Mental Health Implications: Insomnia is both a **symptom and a risk factor** for psychiatric disorders, especially **depression and anxiety**. According to **Baglioni et al. (2011)** and **Riemann et al. (2010)**, there exists a **bidirectional relationship**, where insomnia exacerbates existing mental health conditions, and mental illness, in turn, worsens sleep disturbances. **Andrew D. Krystal (2019)** emphasized insomnia's growing burden on public mental health.

4. Cognitive and Occupational Impact: Research has consistently shown that insomnia impairs **attention, memory**, and **executive functioning** (Lim AS, 2013; Fortier-Brochu et al., 2012). These impairments have **practical consequences**, such as **increased absenteeism, workplace accidents**, and **decreased job satisfaction** (Sivertsen et al., 2009; Kessler et al., 2011).

5. Treatment and Management: Cognitive Behavioral Therapy for Insomnia (CBT-I) is the gold standard non-pharmacological treatment. **Morin et al. (2014)** found that CBT-I significantly improves both sleep onset and duration. Other strategies such as **relaxation therapy, sleep restriction**, and **reconditioning therapy** have also proven effective (Sahoo Saddichha, 2010). While **sedative-hypnotics** may offer short-term relief, **Krystal (2007)** cautioned about their long-term side effects and dependency potential.

6. Special Populations: Some groups require special attention. **Zhang and Wing (2006)** note that **women** are more vulnerable due to hormonal changes and stressors. **Cortese et al. (2009)** found that individuals with **neurodevelopmental disorders** (e.g., **ADHD, autism**) frequently experience sleep disruptions. A recent review by **Abeer Al Lihabi (2023)** emphasized the unique sleep challenges in this population, advocating for more tailored interventions.

METHODOLOGY

An insomnia survey was done on subjects of 4 areas Tengalamudi, BD Colony, NR Pet, Eluru, Eluru district and Hanuman Junction Krishna district. They are subject 1. Patients from hospital 2. Residents of Eluru and Hanuman Junction 3. People Working in fields and small scale industry 4. People visiting Churches and Temples etc., adopting the Questioner Method which is the best method according to Global Pittsburgh University, Pittsburgh.

The Functional Outcomes of the Sleep Questionnaire were extensively evaluated for 1. screening for insomnia (2) measuring the consequences of insomnia (3) assessing the cognitive aspects of insomnia and (4) assessing sleep hygiene etc. are some of the psychometric properties of insomnia. Research done on seven "component" scores also like subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction etc., when data is collected. The clinometric and clinical characteristics of the PSQI indicate its usefulness in both psychiatric clinical practice and research endeavours.

While measuring BMI, weight was measured manually by weighing machine and height was measured by anthropometric centimeter measuring tape keeping the person's body in a plane positioned at a 90° angle against a wall. An alternate method is to find the results instantly by entering the height and weight data in online BMI calculators.

1. Body height and weight were directly measured from 164 subjects and the BMI was calculated. B M I = Weight(kg) / Height^2[M^2]. Results were tabulated

INSOMIA TABLES

INSOMIA -TABLES

TABLE 1: TOTAL NUMBER OF SUBJECTS ACCORDING TO GENDER

S.No	Name	AGE						MALE	FEMALE	Height	WEIGHT
		0-15	16-30	31-45	46-60	61-75	76-ABOVE				
1	TANGALAMUDI	9	10	11	8	1	-	21	20	5.02	50.92
2	HANUMAN JUNCTION	4	19	11	8	-	-	19	23	5.05	57.72
3	BD COLONY	8	11	16	4	2	1	18	24	5.04	53.63
4	NR PET	6	60	16	4			16	23	5.83	55.92
	Total	27	57	52	24	3	1	74	90	20.94	218.19
5	PERCENTAGE	16.4	34.6	31.2	14.5	1.8	0.6	45.1	54.8	5.3	54.33

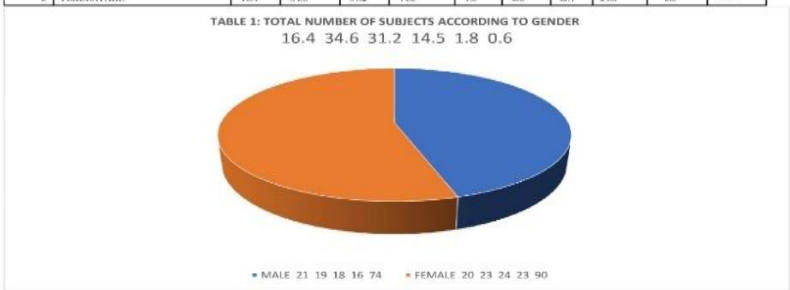

Table 1. The name, and age group percentage of total number of subjects according to gender was done which showed their range was between 16-30- and 31-45-years having percentages of 34.6 and 31.2 respectively. Female percentage was more of 54.8 when compared to male 45.1, indicating there might be more females staying at home during summer. Height showed an average of 5.3 meters and weight of 54.33 kg.

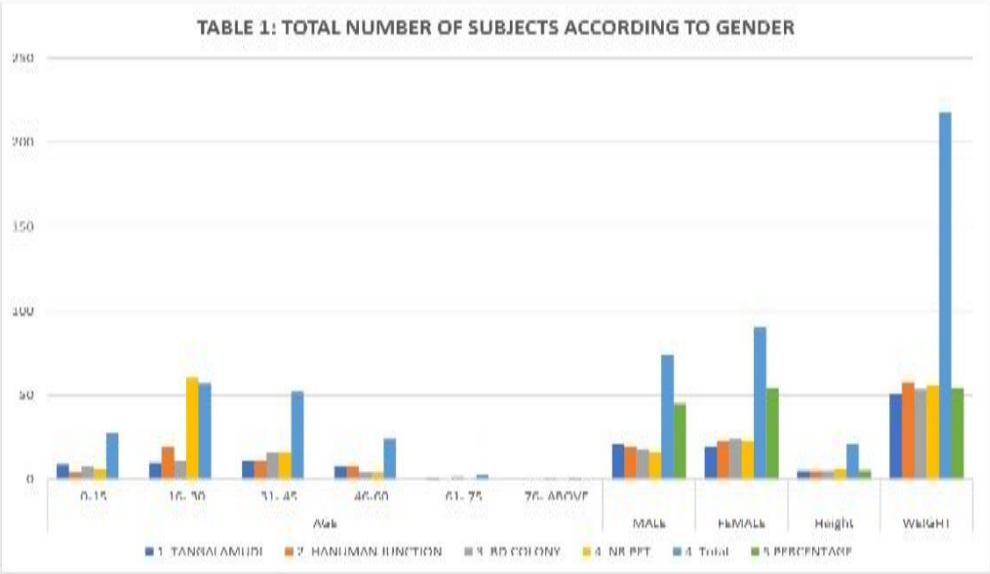

TABLE 2: SYMPTOMS (Children, Adolescents, Adults)

S.NO	NAME	Waking up during night		Waking up too early		Feeling tired or sleepy during day		Feeling depressed, or anxious, or cranky		Having hard time paying attention focusing on task or remembering		Having on going worries about life which is affecting sleep	
		YES	NO	YES	NO	YES	NO	YES	NOE	YES	NO	YES	NO
1.	TANGALAMUDI	28	18	31	11	11	31	11	31	25	17	17	25
2.	HANUMAN JUNCTION	18	22	36	4	8	32	3	37	27	13	0	40
3.	BD COLONY	7	33	27	13	6	34	6	34	15	25	14	26
4.	NR PET	12	32	15	27	8	41	9	33	11	31	6	36
5.	Total	65	105	109	55	33	141	29	135	78	86	37	127
6.	Percentage	39.6	64.0	66.4	33.5	20.12	85.9	17.6	82.3	47.5	52.4	22.5	77.4

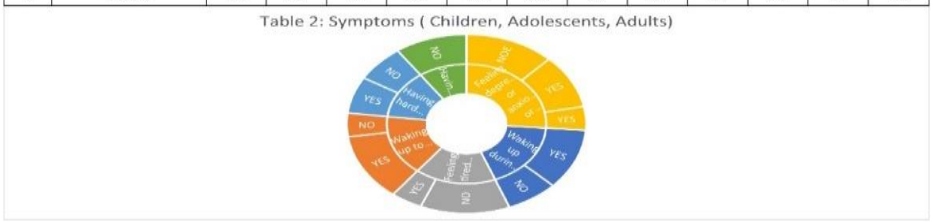

Table 2 Showed Waking at night, waking up too early, Feeling tired or sleepy during day, Feeling depressed, or anxious, or cranky, Having a hard time paying attention focusing on a task or remembering, and Having ongoing worries about life which is affecting sleep in percentages. All the "Yes" percentages were 39.6, 66.4, 20.12, 17.6, 47.5 and 22.5, and "No" percentages were 64, 33.5, 85.9, 82.3, 52.4 and 77.4 respectively.

TABLE 3: OTHER ASSOCIATED SYMPTOMS

S.NO	NAME	BODY TEMPERATURE		LOSS OF APETITE		• HEADACHE		• WEAKNESS		• .FATIGUE	
		YES	NO	YES	NO	YES	NO	YES	NOE	YES	NO
1.	TANGALAMUDI	YES	NO	YES	NO	YES	NO	YES	NOE	YES	NO
2.	HANUMAN JUNCTION	40	-	6	36	20	22	15	37	25	17
3.	BD COLONY	42	-	-	40	18	24	7	33	31	9
4.	NR PET	40	-	4	36	14	36	1	39	13	27
5.	TOTAL	42	-	3	39	17	35	3	39	13	29
6.	PERCENTAGE	100	-	7.9	92.0	28.6	71.3	9.7	90.2	50	50

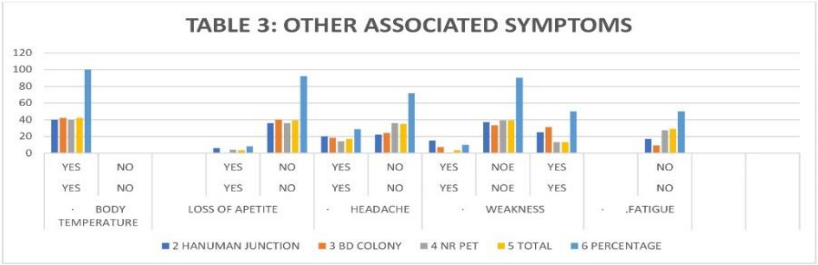

Table 3 illustrates Other associated symptoms like normal body temperature, Loss of appetite, headache, weakness and fatigue percentages of 100, 7.9, 28.6, 9.7, and 50 saying "Yes"0, 92.0, 71.3, 90.2, and 50 percent saying "No".

TABLE 4: GENERAL HEALTH CONDITION AND CAUSES

S. NO	NAMES	General health condition		Dietary Habits		Drinking water source		Purity of drinking water		More sleep during the day		Having depression, or anxious, or cranky		Having ongoing worries about life which is affecting my sleep			Having disturbed relations with family		Having disturbed relations with family	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		YES	NO	YES	NO
1.	TANGALAMUDI	40	-	40	-	28	12	40	-	6	34	5	35	5	35		6	34	-	40
2.	HANUMAN JUNCTION	42	-	42	-	38	4	42	-	7	35	6	36	8	35	*	8	35	-	42
3.	BD COLONY	40	-	40	-	40	-	40	-	17	29	7	29	5	27		6	34	-	40
4.	NR PET	42	-	42	-	34	8	42	-	1	41	12	27	13	29		20	22	-	42
5.	Percentage	100	-	100	-	85.3	14.3	100	-	18.2	79.8	18.2	79.8	18.9	76.8		24.3	76.2	-	100

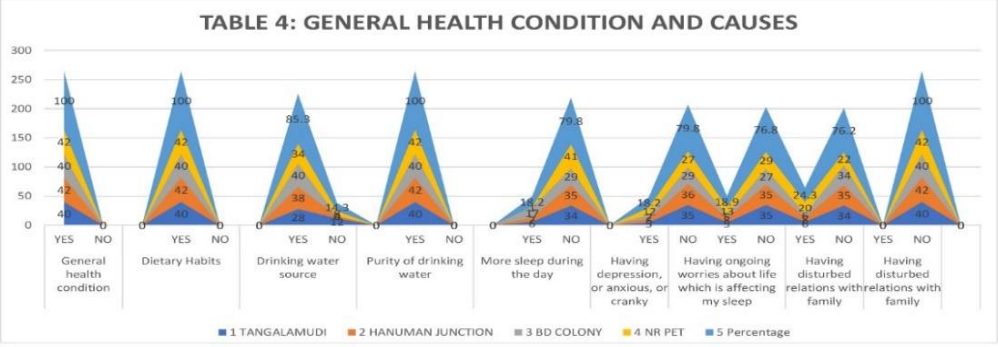

Table 4 depicts General health conditions and causes with varied aspects like, General health condition, Dietary Habits, Drinking water source, Purity of drinking water, Waking up during the night for some reasons, Waking up too early due to personal reasons, Having depression, or anxiety, or cranky, Having ongoing worries about life which is affecting my sleep, Having disturbed relations with family showed the percentages of 100, 100, 85.3, 100, 18.2, 18.2, 18.9, 24.3 with acceptance of the above questions and 0,0,14.3,0,79.8, 79.8,76.8, 76.2, 100 with no answers.

TABLE : 5 OTHER CAUSES OF INSOMNIA

S.no	NAME	Stress		Uncomfortable bed or room temperature		More screen time		DISTURBANCE FROM OUTSIDE		MEDICAL CONDITION DISEASE		Poor sleep habits		Eating too much during the night		Mental health condition		Medicines		Taking Tea, Coffee, Alcohol	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1.	TANGALAMUDI	15	27	6	16	28	14	4	38	5	37	10	32	36	6	42	-	36	6	24	18
2.	HANUMAN JUNCTION	25	17	6	36	15	27	4	38	4	38	5	37	38	4	17	25	7	35	18	24
3.	BD COLONY	30	10	16	24	23	13	-	40	4	36	6	34	36	4	40	-	5	35	12	28
4.	NR PET	32	8	23	17	28	12	4	33	5	35	6	34	37	3	40	-	4	36	12	28
TOTAL		102	62	51	93	94	66	12	149	18	146	27	137	147	17	139	25	52	112	66	98
PERCENTAGE		62.1	37.8	31.0	56.7	57.3	40.2	7.31	90.8	31.7	68.2	16.4	83.5	89.6	10.3	84.7	15.2			40.2	59.2

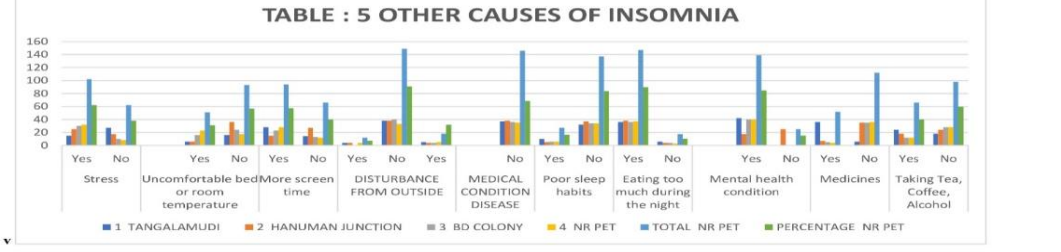

Table 5: Analyses Other causes of Insomnia like Uncomfortable bed or room temperature, More screen time, Habits, Eating too much during the night, Mental health condition, Medicines, Disturbance from outside, Medical condition or disease, Taking Caffeine, nicotine, alcohol etc which has positive acceptance of question of percentages of 62.1, 31.0, 57.3, 7.3131.7, 131.76.4, 89.6, 84.7, 31.7,40.2 and confirming with no answer are 37.8, 56.7, 40.2, 90.8,68.2, 83.5, 10.3, 15.2, 68.2, 59.2 respectively.

TABLE 6: TREATMENT METHODS

S.no	Name	Visiting doctor		Taking melatonin rich foods and milk		Doing more exercise/Yoga		Body massage		Listening music		Having small stress-reducing trip and enjoying		Having more family life and good family relations	
1.	TANGALAMUDI	11	29	40	-	-	40	-	40	31	9	40	-	40	-
2.	HANUMAN JUNCTION	5	37	23	19	4	37	-	42	28	14	39	3	42	-
3.	BD COLONY	2	38	40	-	10	30	6	34	37	3	40	-	40	-
4.	NR PET	5	37	36	6	21	21	3	39	33	9	39	3	39	3
5.	Percentage	14.0	85.9	84.7	15.2	21.3	78.0	5.4	139.7	78.6	21.3	96.3	3.6	98.1	1.8

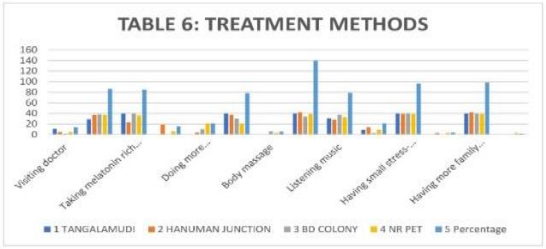

Table 6: Treatment Methods which the subjects were following were also noted. Most of them neglected this problem. Some who under went treatment were visiting doctor, taking melatonin rich foods and milk, Doing more exercise/yoga, Body massage, Listening music Having small stress-reducing trip and enjoying, Having more family life and good family relations were in the percent of acceptance of 14.0, 84.7, 21.3, 5.4, 78.6, 96.3, 98.1,96.3, 98.1. No answer giving percentage was 85.9, 15.2, 78.0,21.3, 3.6, 21.3,3.6, 1.8 respectively.

TABLE 7: TYPE OF MEDICINES TAKEN BY ELURU, HANUMAN JUNCTION RESIDENTS

S.no	NAME	Allopathic		Ayurvedic		Homeopathic		Household remedies		Any other type of medications	
1.	TENGALAMUDI	0	40	0	40	3	37	32	8	11	29
2	HANUMANJUNCTION	0	40	0	40	0	40	8	32	14	26
3	BD COLONY, ELURU	5	37	29	13	9	33	34	8	12	30
4	NR PET	4	38	0	42	0	42	1	41	10	32
Total		9	155	29	135	12	152	75	89	47	117
Percentage		5.4	94.5	17.6	82.3	7.3	92.6	45.7	54.2	28.6	71.3

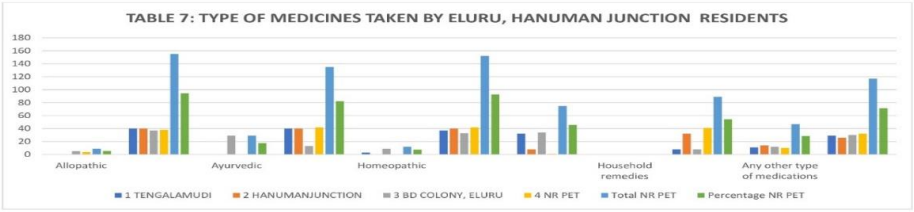

Table 7: Types of Medicines taken by the subjects were also studied and came to know that AlHousehold remedies, Any other types of medicines were in the percentage of 5.4,17.6,7.3, 45.7, 28.6, and no percentage was 94.5, 82.3, 92.6, 54.2, 71.3.respectively.

DISCUSSION

Insomnia is a common sleep disorder marked by difficulty in initiating or maintaining sleep, significantly affecting daily life. Chronic insomnia is known to impair cognitive functions such as memory, attention, and problem-solving. It is also closely associated with psychiatric disorders like depression and anxiety, forming a bidirectional relationship. Morin CM (2018) found that insomnia elevates stress hormones and inflammatory markers, increasing risks of cardiovascular and metabolic conditions.

In the present study, participants ranged from ages 1 to 75+, with the majority in the 16–45 age group, indicating a higher prevalence among youth. More females were surveyed than males, likely because men were engaged in outdoor work during summer. Younger individuals reported more insomnia symptoms, often due to

excessive screen time and low physical activity. In contrast, adults—particularly laborers with regular routines—reported fewer symptoms and healthier sleep patterns.

Environmental factors such as room discomfort, prolonged illness, and medication intake were significant contributors to sleep issues. Additionally, poverty, poor nutrition, and chemically grown food caused fatigue and weakness. Emotional stress, loneliness, and deteriorating interpersonal relationships further aggravated insomnia, especially among youth.

Home remedies like grape juice, warm milk, massage, music, and family interaction were commonly used, showing a casual attitude toward insomnia. Ayurvedic remedies were more popular than allopathic treatments. Behavioral factors like poor sleep hygiene and irregular schedules worsened the condition, alongside psychological stress and maladaptive beliefs about sleep.

While treatments varied, cognitive-behavioral therapy (CBT) remains the most effective, emphasizing discipline, lifestyle changes, and stress reduction. Future research should explore genetic and environmental interactions, with longitudinal studies to understand long-term effects and treatment efficacy. Improved awareness and management can significantly enhance overall well-being.

SUGGESTIONS AND CONCLUSION

The following example meal plan has been designed for 'typical' adolescents.

MEAL PLAN FOR ADOLESCENTS Breakfast - High fiber cereal (like oat meal)/avoid sugar coated cereal/ milk/2-3 slices granary bread (toasted)/jam/peanut butter,200ml fresh fruit juice/egg.

Mid moaning - 1-2 whole wheat biscuits /fruit item
Lunch - 2 cups of rice, 1cup leafy vegetable dhal/non veg curry, 1 cup root & tuberous curry1/2 cup rasam,1/2 cup curd, papads.

Mid afternoon (or) snacks - Oat cakes/muri mixture/samosa/sandwich 2 slices/pasta.
Dinner - 2 cups of rice/pulkas/1cup vegetable curry, 1/2 cup curd.
Bedtime - 1glass of milk with flavoured powder.

CONCLUSION

Chronic insomnia is highly prevalent and affects approximately 30% of the general population. Insomnia impairs cognitive and physical functioning and is associated with a wide range of impaired daytime functions across a number of emotional, social, and physical domains. Compared with good sleepers, people with persistent sleep disturbances are more prone to accidents, have higher rates of work absenteeism, diminished job performance, decreased quality of life, and increased health care utilization. Various risk factors associated with increased prevalence of chronic insomnia include older age, female gender, and comorbid medical and psychiatric conditions. Approximately 40% of adults with insomnia also have a diagnosable psychiatric disorder called depression. Recent research suggests that insomnia and depression share common pathological processes that make individuals vulnerable to both conditions—specifically, abnormal regulation of CRF.

Compared to those who sleep well, individuals with chronic sleep disturbances are more likely to. Research that enhances understanding of the neurobiological mechanisms regulating sleep homeostasis, circadian rhythms, physiological hyperarousal, genetics, stress, and cognition which is essential for accurately assessing the causes and mechanisms of insomnia. Effective treatments for insomnia, including pharmacological and behavioural interventions, depend on precise neurobehavioral and neurobiological data. With various methods available to diagnose insomnia, there is potential to better understand patient symptoms and explore alternative treatments. Pharmacological medications and consuming melatonin-rich milk before bedtime may help alleviate insomnia symptoms.

- Sleep disorders are significant concerns for children with neurodevelopmental disorders. These patients often experience chronic sleep issues. Proper recognition and diagnosis of these sleep disorders can improve their functioning, treatment response, and overall quality of life.

Insomnia has significant impact on physical and mental health, cognitive function, and occupational performance. Recognizing and effectively managing insomnia through both pharmacological and non-pharmacological interventions can greatly enhance patients' overall quality of life. Future research should continue to explore tailored treatments for specific populations and further elucidate the mechanisms underlying this pervasive condition.

In the end of conclusion insomnia has multifaceted consequences that extend beyond poor sleep. It affects nearly every domain of health and functioning. Ongoing research and awareness are essential to **improve diagnosis, develop targeted therapies**, and ultimately, enhance the **quality of life** for individuals suffering from this debilitating condition.

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