Underrecognition of Sleep Disorders in Patients with Multiple Sclerosis

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We were pleased to read the recent article by Brass et al. entitled "The Underdiagnosis of Sleep Disorders in Patients with Multiple Sclerosis," published in the September 2014 issue of *Journal of Clinical Sleep Medicine*.[1] This well-conceived study strongly supports recent evidence that MS patients are at increased risk for sleep disturbances, and suggests that all clinicians who treat patients with MS should routinely screen these patients for sleep disorders.

It is noteworthy that the findings by Brass et al. complement recently published findings from our center, which reported the results of a comprehensive sleep survey among 195 patients with a confirmed diagnosis of MS.[2] Our survey included many of the validated measures used in the Brass study (STOP-Bang Questionnaire, Insomnia Severity Index [ISI], items adapted from the International Restless Legs Syndrome [RLS] Study Group diagnostic criteria, and Fatigue Severity Scale), as well as similarly structured questions regarding sleep duration, latency, and number of nocturnal awakenings. Forty-six percent of subjects met ISI criteria for moderate or severe clinical insomnia, and 30% met criteria for RLS. We also demonstrated a large discrepancy between OSA risk and diagnosis—21% of MS patients carried a formal diagnosis of OSA, while 56% were at elevated risk for OSA based on the STOP-Bang. More importantly, OSA risk emerged as a significant predictor of fatigue, after adjustment for other clinical and sleep-related confounders (confirmed by medical chart review).

While the majority of results were similar between studies, variability in estimates of elevated OSA risk (38% vs. 56%) and OSA diagnosis (4% vs. 21%) deserve comment, and may reflect differences in subject populations. A significant strength of the Brass study was the utilization of a large, population-based sample, while strengths of our study included confirmation of MS diagnosis and consideration of clinically relevant confounders that could influence study results. As acknowledged by the authors, response bias could have led to underestimations of OSA risk or prevalence in the Brass study, particularly if healthier or less disabled patients represented the majority of responders. Conversely, as our study surveyed patients in a tertiary care center, it is possible that referral bias could in part explain our higher estimates of OSA risk and prevalence. Geographical differences in practice patterns could also influence outcomes. Nonetheless, both studies suggest a strikingly high prevalence of sleep disturbances among patients with MS and highlight a significant gap between risk and recognition of these conditions. Increased efforts are needed to facilitate early recognition and treatment of sleep disorders among persons with MS, and we hope that these collective data will influence the medical community at large to implement appropriate screening measures in their clinical practice.

REFERENCES

1. Brass SD, Li CS, Auerbach S. The underdiagnosis of sleep disorders in patients with multiple sclerosis. J Clin Sleep Med 2014;10:1025–31.
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SUBMISSION & CORRESPONDENCE INFORMATION

DISCLOSURE STATEMENT