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**CLINICAL EVALUATION OF INSOMNIA IN PARKINSON'S DISEASE AND ITS
IMPACT ON PATIENTS' QUALITY OF LIFE**

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Objective: To assess the incidence of insomnia in patients with Parkinson's disease (PD), analyze its association with motor and neuropsychiatric disorders, and determine its impact on the quality of life at different stages of the disease.

Background:

Sleep disturbances are among the most frequent non-motor symptoms in Parkinson's disease (PD), significantly affecting patients' daily functioning and quality of life. Insomnia in PD may arise from a complex interaction of motor, emotional, and neuropsychiatric factors. This study aimed to evaluate the prevalence and clinical characteristics of insomnia in PD and to determine its association with disease stage, neuropsychiatric symptoms, and quality of life.

Methods:

A total of 85 patients (45 men and 40 women) diagnosed with PD without dementia were examined. The mean age was 60.46 ± 0.4 years, mean Hoehn–Yahr stage was 2.20 ± 0.4 , and mean disease duration was 5.6 ± 2.8 years. Assessments included the Hoehn–Yahr scale, Unified Parkinson's Disease Rating Scale (UPDRS), Beck Depression Inventory, Spielberger Anxiety Scale, Parkinson's Disease Sleep Scale (PDSS), Epworth Sleepiness Scale (ESS), Parkinson Fatigue Scale (PFS-16), Scales for Outcomes of Parkinson's Disease–Cognition (SCOPA-Cog), Lille Apathy Rating Scale (LARS), and Parkinson's Disease Questionnaire (PDQ-39).

Results:

Sleep disturbances were detected in 38% of patients, with 79% reporting nocturnal awakenings and 43% experiencing early morning awakenings. Women had a higher frequency of insomnia, unpleasant dreams, and sleep fragmentation. Insomnia severity correlated with disease progression and longer PD duration. Patients who developed insomnia during the premotor stage exhibited significantly lower subjective sleep quality, greater sleep disturbance severity, and more frequent nocturnal awakenings ($p < 0.05$). Those with subjective sleep complaints had poorer sleep quality, higher rates of akathisia, nocturia, and depressive symptoms. Sleep fragmentation and early awakenings were both significantly associated ($p < 0.05$) with lower sleep quality, increased depression and anxiety, and greater motor symptom burden. A strong negative correlation was observed between sleep disturbance scores and quality of life (PDQ-39) at Hoehn–Yahr stages 1–3 ($p < 0.05$).

Conclusion:

Insomnia in PD is heterogeneous and multifactorial, influenced by motor, neuropsychiatric, and autonomic disturbances. Sleep fragmentation and early awakenings are particularly detrimental to quality of life. Management of insomnia in PD should be



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personalized, addressing both motor and non-motor components to achieve optimal therapeutic outcomes.

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