

Sleep Quality in Patients with Idiopathic Intracranial Hypertension

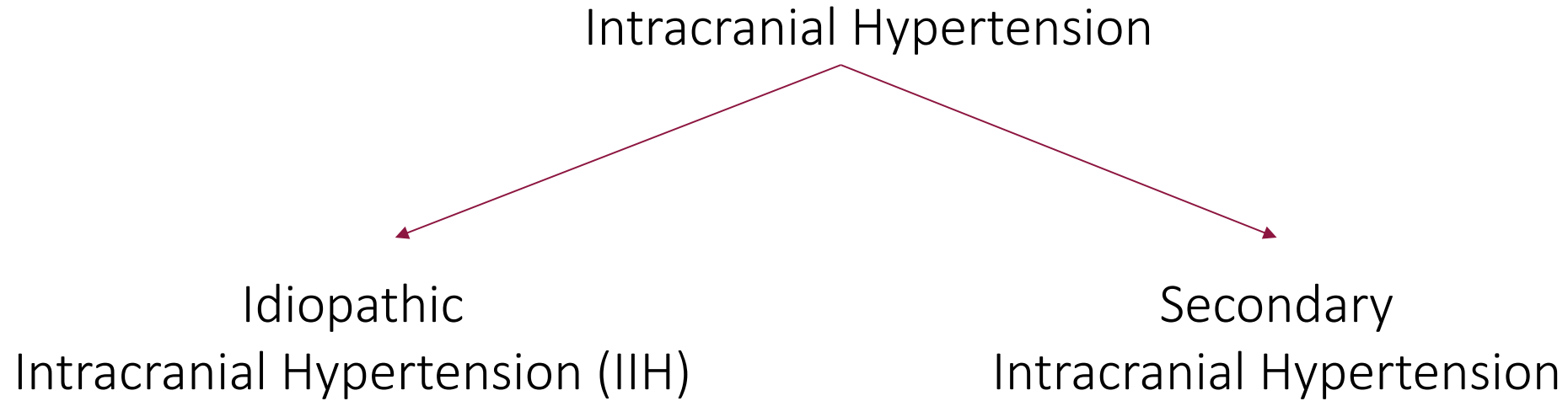
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Introduction



Introduction



Modified Dandy criteria for the diagnosis of idiopathic intracranial hypertension (All criteria must be met.)

1. Signs and symptoms of increased intracranial pressure: Headaches, Nausea, Vomiting, Visual changes, Papilledema.
2. No localizing or focal neurologic signs or impaired level of consciousness otherwise, with the single exception being unilateral or bilateral VI nerve paresis.
3. Elevated CSF pressure, but with no cytologic or chemical abnormalities otherwise.
4. No etiology for increased ICP on neuroimaging findings.

Purpose



«IHH patients have worse sleep quality than healthy people.»

Methods



2 groups:

- 31 IIH patients
- 31 controls

Collected Data:

- Demographic Data
- Signs and Symptoms
- Self-questionnaires

Methods



Self-questionnaires

- Pittsburgh Sleep Quality Index (PSQI)
- Epworth Sleepiness Scale (ESS)
- Beck Depression Inventory (BDI)

Methods



In the patient group:

- Relation between signs-symptoms and self-questionnaire scores
- Relation between the scores

Between two groups:

- Comparison of self-questionnaire scores of the patients and controls

Results

| | Patients | Controls |
|------|-----------|-----------|
| PSQI | 8 (4-19) | 6 (0-15) |
| ESS | 6 (0-18) | 5 (0-18) |
| BDI | 15 (0-41) | 11 (0-54) |

Results



In the patient group:

- Statistically significant relation was found in papilledema and PSQI scores ($p=0.016$).
- Strong positive correlation was found in PSQI scores and BDI scores ($p<0.001$).

Between two groups:

- Statistically significant difference was found in PSQI scores of two groups ($p=0.009$).

Conclusion



In the patient group:

- Patients with papilledema have better sleep quality.
- More depressive patients have worse sleep quality.

Between two groups:

- IIH patients have worse sleep quality than healthy people.

Limitation



Sample size

Power Analysis: 54 patients and 54 controls
(95% confidence interval and %80 power)

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Thank you for your attention.