

Opioid-Dependency and Sleep

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I read with great interest the article entitled “Comparative investigation of sleep problems in opioid-dependent and normal subjects” by Madanifard et al. (1). I am grateful to authors for studying this important problem.

The authors found a significant difference between the two groups in Pittsburgh Sleep Quality Index (PSQI) and Epworth Sleepiness Scale (ESS) scores with a higher mean score for the addict group and higher mean score on the Insomnia Severity Index (ISI) and The Snoring, Tiredness, Observed apnea, high blood Pressure (BP), Body mass index (BMI), Age, Neck circumference, and male Gender (STOP-BANG) in the normal group.

In my point of view, the main result reported by Madanifard et al. i.e, more sleepiness and less quality of sleep in the addict group might be considered the effect of hypnotic drugs (68.23% in addicts vs. 4.12% in normal subjects) rather than the opioids.

As the BMI is not mentioned in the study, and the two groups were not matched according to BMI, comparing the STOP-BANG score is no more reliable. According to Najafipour et al., opium-dependents were less obese than nonusers ($P < 0.01$) (2), justifying higher sleep apnea scale in the normal group.

I think selecting the normal group from the patient’s relatives was a good point, as some sleep problems such as insomnia and restless legs

syndrome (RLS) have genetic basis. On the other hand, as opioids have proven efficacy for RLS compared to placebo (3), RLS symptoms might have been suppressed in the addict group. So, it may be argued that the RLS symptoms were the cause of insomnia and more ISI scores in normal relatives. I propose that RLS questionnaire should be obtained to clarify this issue, and further studies should address this disorder.

Conflict of Interests

Authors have no conflict of interests.

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