Introduction
Insomnia is a symptom of sleeping disorder. It is defined as a difficulty in initiating or maintaining sleep, which decreases quantity and quality of sleep and with that quality of life. Lack of sleep can cause problems during the day, such as excessive sleepiness, complications with thinking clearly or staying focused. Chronic insomnia often leads to low mood or depressed feeling. Insomnia is a symptom of sleeping disorder. It is defined as a difficulty in initiating or maintaining sleep, which decreases quantity and quality of sleep and with that quality of life. Lack of sleep can cause problems during the day, such as excessive sleepiness, complications with thinking clearly or staying focused. Chronic insomnia often leads to low mood or depressed feeling.

Methods
TNS Healthcare’s European Healthcare Panel of individuals in France, Germany, Italy, the UK, Spain and the Netherlands were surveyed in 2007 and 2008 to assess disease burden at national level. The self-reported epidemiological data is representative of the respective country populations and gender (18-24, 25-34, 35-44, 45-54, 55-64, 65-69 yrs) strata in respective countries, ensured by sampling and intensive panel management. The survey collected information on select health conditions (incl. insomnia / sleeping problems; in the past 12 months), quality of life and healthcare utilization. In total, about 240,000 adult individuals completed the survey in the six European nations.

Results
Prevalence of insomnia varies widely between the surveyed 6 nations, with France (27%) and Netherlands (14%) occupying the opposite ends of the spectrum. Despite these differences, across all studied countries women are more often affected by sleeping disorders than men. For women the average (unadjusted) risk of suffering from insomnia is twice as high as for men. Also, age influences liability to sleeping problems. As shown in Chart-3, prevalence of insomnia increases with age and reaches peak level at the age of 50-54 years.

Independent of age and gender, a higher proportion of individuals with insomnia are found to suffer from other comorbidities in comparison to the general population. Especially the risk of suffering from mental health problems in the insomnia group is more than two-times higher. Depending on the respective disease (and the individual medical history) sleeping disorder can be a cause or result of some of the observed comorbidities.

Evaluation of diagnosis, treatment and medication use revealed some key differences between these six countries; however, a common trend can be identified: among those diagnosed with insomnia condition, general practitioners are the primary point of diagnoses as well as the primary source of treatment. But a majority of individuals who reported sleeping problems received neither diagnosis nor treatment. Consequently, nearly half of the affected individuals do not take any medication against their sleeping problems, whereas women are more likely to take sleeping pills than men among the subset of medication users.

Conclusions
Prevalence of insomnia appears to be substantial in the studied European nations, with France bearing the most burden (three-times and one-three times and females respectively in France suffered from this condition). Prevalence peaked among the 45-64 age-group across the countries. Females had substantially higher disease burden across the countries, amounting to as much as 1.5 to 2 times more than their male counterparts in certain age groups. A total patient management approach addressing the sleeping problem and the existing comorbidities may be necessary to alleviate the disease burden.