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Help-seeking behaviors for insomnia in Hong Kong Chinese: a community-based study



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ABSTRACT

Objectives: To determine the prevalence and correlates of help-seeking behaviors for insomnia in Hong Kong Chinese middle-aged adults and their offspring.

Methods: A total of 2231 middle-aged adults (54.2% females, mean age 45.8 years) and 2186 children and adolescents (51.9% females, mean age 13.4 years) completed a questionnaire on insomnia symptoms, daytime functioning, health condition and treatments sought for insomnia.

Results: A total of 40% of adults and 10% of children and adolescents with insomnia reported having sought treatment for insomnia. Conventional Western medicine was the commonly preferred treatment in 33.3% of adults and 13.3% of children and adolescents who sought help for insomnia, while a higher proportion of individuals with insomnia (34.5% of adults and 26.7% of children and adolescents) sought help from complementary and alternative medicine (CAM) therapies. Female gender (odds ratio [OR] [95% confidence interval, CI] = 2.14 [1.01–4.53]), higher family income ($\geq 15,000$ HKD/month) (OR [95% CI] = 3.15 [1.27–6.34]), severity of insomnia (Insomnia Severity Index ≥ 14) (OR [95% CI] = 2.12 [1.10–4.12]), chronic medications (OR [95% CI] = 4.71 [2.27–9.79]), and psychiatric disorders (OR [95% CI] = 2.83 [1.01–7.96]) were associated with help-seeking behaviors in adults. Presence of morning headache was associated with help-seeking behaviors in children and adolescents (OR [95% CI] = 8.66 [1.72–43.70]).

Conclusions: It is uncommon for Hong Kong Chinese to seek help for insomnia, despite the high prevalence of insomnia. The significant unmet need argues for timely intervention to promote sleep-health literacy and to enhance the awareness and accessibility of evidence-based treatment for insomnia.

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1. Introduction

Insomnia is the most common sleep disorder and a major public health problem that affects about 10–20% of adults and 4–23% of adolescents [1–5]. The impaired sleep quality and reduced sleep quantity, as a result of insomnia, could have a negative impact on daytime cognitive performance [6], and increase the risk of developing depression [7] and cardiovascular diseases [8]. Similarly, insomnia in children and adolescents is also associated with an array of physical problems, mood disorders, and behavioral problems [9–11]. Although insomnia can lead to significant health-related

consequences and cause a substantial healthcare burden to society [12–14], it is often under recognized and under treated [15–17]. A study has reported that nearly three-quarters of individuals with insomnia in the general population were not receiving appropriate treatment for their condition [16]. Therefore, from both individual and healthcare policy perspectives, it is critical to investigate the help-seeking behaviors of insomnia so as to guide better management of insomnia and to facilitate informed policy decisions about the development of healthcare and research programs for insomnia [18].

Some studies have suggested that socio-demographic and clinical characteristics, such as older age [19,20], female gender [20], higher education level [21], daytime functioning impairments [19,21,22], and presence of psychiatric and medical comorbidities [19] are associated with help-seeking behaviors for insomnia. However, most of these studies were conducted in clinic-based samples [21–23], which may have been subjected to selection bias,

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as these individuals represent the most motivated help-seekers for their health conditions. Efforts should be taken to determine not only the correlates of treatment seeking for insomnia, but also the forms of the preferred therapies in individuals seeking treatment for their insomnia, which might be influenced by the socio-demographic, cultural, and economic factors [24]. Apart from conventional Western medicine, complementary and alternative medicines (CAM) are widely employed therapeutic methods of treating insomnia in different countries. CAM are defined as a group of diverse medical and healthcare systems, practices, and products that are developed outside of mainstream, conventional Western medicine. They include natural products (eg, Traditional Chinese Medicine [TCM] and Western herbs), acupuncture, and other forms of CAM such as Yoga, Tai Chi, and massage (<http://nccam.nih.gov/health/whaticam/#types>). As TCM is commonly practiced and has a long tradition in East Asian regions [25–27], there is a need to further explore whether CAM therapies are commonly preferred treatments for insomnia in treatment-seeking individuals. Furthermore, there are few studies that have investigated help-seeking behaviors in children and adolescents with insomnia, which is not uncommon in this population [28]. Given the familial aggregation of insomnia [1,29], the family history of insomnia and the experiences of managing insomnia in parents may influence the help-seeking behaviors of their children with insomnia. Hence, the present study aimed to determine the prevalence and correlates of help-seeking behaviors for insomnia and the forms of therapies sought for insomnia in middle-aged adults and their offspring.

2. Methods

2.1. Study design and participant recruitment

The present study was an ongoing community-based epidemiologic study initiated in 2003–2004 [1,30,31]. A follow-up assessment, which aimed to investigate the longitudinal course and correlates

of sleep problems in children and adolescents and their parents, was conducted by mailing a package of questionnaires to the participants in 2008–2011 [4,32,33]. As help-seeking behaviors were only measured at follow-up, the present study focused on the cross-sectional data on help-seeking behaviors for insomnia. For the details of the study design and participant recruitment, please refer to the previous publication [4].

In brief: a total of 2399 out of 4455 children and adolescents (53.8%) and 2487 out of 6025 parents (41.3%) returned their packages of questionnaires in the follow-up study. Among these individuals, 2186 children and adolescents (51.9% females, age range 6–18 years old, mean age 13.4 years), and 2231 middle-aged adult parents (54.2% females, age range 30–60 years old, mean age 45.8 years) had a valid response to the questions on help-seeking behaviors for insomnia. See Fig. 1 for more details of the sample recruitment. Questionnaires for offspring aged <12 years were completed by their parents. All parents and offspring aged ≥12 years completed their own questionnaires. Family information (eg, demographic and socio-economic characteristics) were gathered from the parents. The Institutional Ethics Review Committee approved the protocols of this study. For the participants aged <18 years old, both parent(s)/caregiver(s) and the participants gave written consents and assents to the study, respectively. For those participants aged ≥18 years, they gave their own written consents.

2.2. Measurements

2.2.1. Socio-demographics and lifestyle factors

Parental educational level, monthly family income, parental marital status, and parental employment status were measured [4]. Tertiary educational level was defined as having received education for at least 15 years. Monthly family income was dichotomized using HKD 15,000 as the cutoff, as this was close to the local median monthly family income during the period of this study

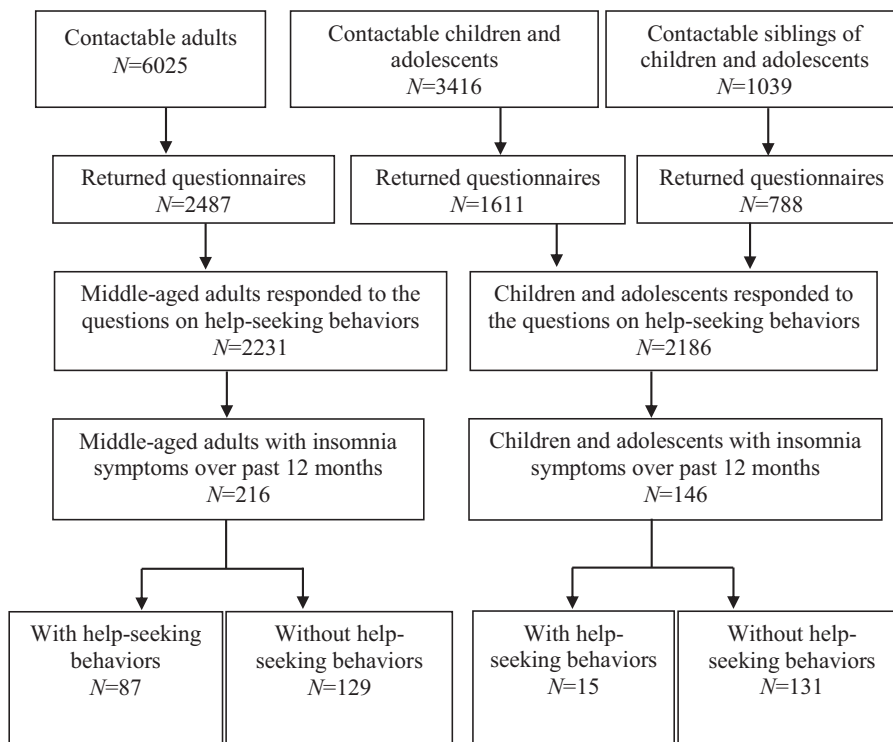


Fig. 1. Flowchart of participant recruitment.

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