

Insomnia

Abnormal [sleep](#) (including insomnia) is self-reported by more than 50% of [adults](#) older than 65 years and by over 60% of nursing home residents ^{1) 2) 3)}.

To assess the [prevalence](#) and related factors of a newly developed [insomnia](#) disorder following [craniotomy](#) for [brain tumor resection](#). Furthermore, we examined the association of pre-and [postoperative](#) insomnia with the 2-year mortality rate.

The [South Korean](#) national registration cohort [database](#) was used as the data source. This study includes all adult patients who underwent [craniotomy](#) for [brain tumor resection](#) from January 1, 2011, to December 31, 2017. G47.0 and F51.0 (International Statistical Classification of Diseases and Related Health Problems 10th Revision codes) were used to identify insomnia disorders.

In total, 4,851 patients were included. Among them, 913 (18.8%) and 447 (9.2%) patients were assigned to the preoperative and postoperative insomnia groups, respectively. After modeling using multivariable logistic regression, older age (odds ratio (OR) 1.02, 95% confidence interval (CI) 1.01-1.03; $P < 0.001$), reoperation within 1 year (OR 2.12, 95% CI 1.47-3.06; $P < 0.001$), and newly acquired brain disability (OR 1.32, 95% CI 1.01-1.71; $P = 0.043$) were associated with an increased prevalence of newly developed postoperative insomnia disorder. After modeling using multivariable Cox regression, the preoperative and postoperative insomnia disorder groups showed a 1.17-fold (hazard ratio (HR) 1.17, 95% CI 1.02-1.34; $P = 0.021$) and a 1.85-fold (HR 1.85, 95% CI 1.59-2.15, $P < 0.001$) increased 2-year all-cause mortality risk compared to the control group, respectively.

In [South Korea](#), 9.2% of the patients with [brain tumors](#) were newly diagnosed with an [insomnia](#) disorder following [craniotomy](#) for brain tumor resection, which was associated with an increased risk of 2-year [mortality](#) ⁴⁾.

[Alcohol withdrawal syndrome.](#)

[Delirium tremens](#)

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