Insomnia symptoms (RIS T2) are predictors of impairments in mental and physical health-related quality of life (bodily pain (p= 0.026), general health (p=0.007), vitality (p=0.014) and social function (p=0.01) – see Table 2.

**Limitations**

Insomnia symptoms (RIS) were queried only for the second and third measurement point (T2, T3) in sepsis patients. Because, sleep disorders or insomnia symptoms were not the primary outcome in the Smooth study. Therefore, the Sleep disorders was not measured at the measuring time T1 with the RIS questionnaire. Additional information on sleep behavior before sepsis are only rarely by the diagnosis of the general practitioners.

**Conclusion**

Insomnia symptoms post ICU might indicate long term HrQol impairments. Affected patients may benefit from further clinical evaluation.

**Methods**

143 survivors of severe sepsis were screened for symptoms of insomnia (RIS, T2) and reported nightmares (PTSS10 T1, T2). The Regensburg Insomnia Scale (RIS) is a self-rating scale to assess cognitive, emotional and behavioural aspects of psychophysiological insomnia (PI) with ten items. The PTSS-10 questionnaire is a self-reported tool assessing ten symptoms related to PTSD. The sleep-related symptoms of PTSS 10 are sleep disturbance, nightmares. HrQol was assessed prospectively at 6 month post ICU. Multivariate analysis using the GLM was performed using parameters of ICU documentation (ventilation, dialyses) and age as covariates.

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**Literature:**