

# INSOMNIAS



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## General criteria for insomnia

- A. Repeated difficulty with sleep initiation, duration, consolidation or quality.
- B. Adequate sleep opportunity, persistent sleep difficulty and associated daytime dysfunction
- C. At least one of the forms of daytime impairment is reported
  - i. Fatigue or malaise
  - ii. Attention, concentration, or memory impairment
  - iii. Social vocational dysfunction or poor school performance
  - iv. Mood disturbance or irritability
  - v. Daytime sleepiness
  - vi. Motivation, energy, or initiative reduction
  - vii. Prone for errors or accidents
  - viii. Tension, headaches, or gastrointestinal symptoms
  - ix. Concerns or worries about sleep



# 11 categories of INSOMNIA



- Adjustment Insomnia
- Psychophysiological Insomnia
- Paradoxical Insomnia
- Idiopathic Insomnia
- Inadequate Sleep Hygiene
- Behavioral Insomnia of Childhood
- Insomnia due to Drug or Substance abuse
- Insomnia Due to Medical Condition
- Insomnia Due to Substance
- Known physiological condition or Unspecified (Non-organic Insomnia)
- Physiological (Organic) Insomnia, Unspecified



# Adjustment Insomnia (Acute Insomnia)



- A. Symptoms meet the criteria for insomnia
- B. Sleep disturbance is temporally associated with identifiable stressor
- C. Sleep disturbance is expected to resolve when acute stressor resolves
- D. Sleep disturbance last for less than 3 months



# Adjustment Insomnia (Acute Insomnia)



## *Key points:*

Associated with identifiable stressor

Short duration (days to weeks) and resolves when stressors resolve

May present with complaints of daytime sleepiness or fatigue, difficulty staying awake, or repeated episodes of sleep during the day

Occurs at any age

More often in woman than men

## PSG Findings:

prolonged sleep latency,  
increased arousals and awakenings

decreased sleep efficiency

Reduced REM and SWS

increased stage 1 and 2 sleep

## Treatment (recommended):

Sedative hypnotics and behavioral psychotherapy



# Psychophysiological Insomnia (Learned or Conditioned Insomnia)



- A. Symptoms meet criteria for insomnia
- B. Symptoms present for > 1 month
- C. Patient has evidence of conditioned sleep dysfunction and/or heightened arousal and bed secondary to one or more of the following:
  - A. Excessive focus on an anxiety about sleep
  - B. Difficulty falling asleep in bed and desired bedtime
  - C. Ability sleep better way from home
  - D. Mental arousal in bed characterized by interest of thoughts or perceived inability to cease sleep preventing mental activity
  - E. Heightened somatic tension with perceived inability to relax the body



# Psychophysiological Insomnia (Learned or Conditioned Insomnia)



## *Key Points*

Aka chronic insomnia

“racing mind” common

Conditioned sleep dysfunction, heightened arousal

## PSG Findings

- A. Increased sleep latency and increased WASO
- B. May show reverse first-night effect (better sleep away from home)

Treatment (recommended):

Cognitive behavioral psychotherapy

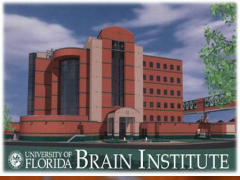


# Paradoxical Insomnia (aka Sleep State Misperception)



- A. Symptoms meet criteria for insomnia
- B. Insomnia present > 1 month
- C. One or more the following criteria apply;
  1. Patient reports chronic pattern of little or no sleep on most nights
  2. Sleep log data during one or more weeks show an average sleep time below normal values often with no sleep recorded for several nights
  3. Patient shows consistent mismatch between objective findings from polysomnography or actigraphy and subjective sleep estimates derived from self report
- D. At least one of the following is observed:
  1. Patient reports constant awareness of environmental stimuli during most nights
  2. Patient reports pattern of conscious thoughts during the night
- E. Daytime impairment reported is consistent with that reported by other insomnia subtypes but is less severe than expected given the extreme level of sleep deprivation reported





# Paradoxical Insomnia (aka Sleep State Misperception)



## *Key Points*

Despite complaints of severe sleep deprivation, minimal daytime sleepiness is noted

PSG Findings: Normal latencies and sleep times.

- A. Estimated sleep times are at least 50% less than actual
- B. Estimated onset latencies and wake after onset at least 1.5 times actual amount
- C. Severity of nocturnal complaints not matched with evidence for pathologic sleepiness
  - A. MSLT latencies of <5 minutes are not evident

Treatment: Cognitive Behavioral Psychotherapy



# Idiopathic Insomnia (Childhood-Onset Insomnia)



- A. Symptoms meet the criteria for insomnia
- B. Course of the disorder is chronic as indicated by:
  - A. Onset During infancy or in early childhood
  - B. No identifiable precipitant or cause
  - C. Persistent course with no periods of sustained remission



# Idiopathic Insomnia (Childhood-Onset Insomnia)



## *Key Points*

Typically complained of lifelong sleep difficulty beginning in infancy or childhood

Few periods of extended remission

Sleep disturbance is the primary feature

In attempting to cope with insomnia, the individual has developed behaviors that actually worsened the condition

May have a familial tendency

## PSG Findings

- A. Prolonged sleep latency and increased WASO
- B. Reduced total sleep time and sleep efficiency
- C. Increased stages 1 and 2, decrease in 3

Treatment (recommended):

Cognitive Behavioral Psychotherapy



# Inadequate Sleep Hygiene (aka sleep incompatible behaviors)



- A. Symptoms meet criteria for insomnia
- B. Insomnia present > 1 month
- C. Inadequate sleep hygiene practices are evident based on presence of at least one on the following:
  - i. Improper sleep scheduling consisting of frequent naps and varying wake/sleep times
  - ii. Routine use of alcohol, nicotine, or caffeine
  - iii. Engaging and mentally stimulating, physically activating, or mostly upsetting activities close to bedtime
  - iv. Frequent use of bed for activities other than sleep (eg. TV)
  - v. Failure to maintain comfortable sleep environment



# Inadequate Sleep Hygiene (aka sleep incompatible behaviors)



## *Key Points*

Specific Behaviors make up this condition in 2 general categories:

- 1) practices that produce increased arousal
- 2) practices that are inconsistent with principles of sleep organization

Commonly used substances such as caffeine and nicotine may produce arousal

Alcohol may also interfere by producing awakenings during sleep

Tend to spend more time in bed awake

May contribute to mood and motor visual disturbances, reduced attention, reduced vigilance, or reduced concentration

Preoccupied with sleep difficulty is common

Little insight into Practices of their sleep

Treatment (recommended):

Cognitive behavioral psychotherapy



# Behavioral Insomnia of Childhood (sleep-onset type)



- A. Child symptoms meet criteria for insomnia based on parent reports
- B. Child shows a pattern consistent with sleep onset association with the following symptoms:
  - i. Falling asleep at an extended process requiring special conditions
  - ii. Sleep onset associations are highly problematic or demanding
  - iii. In the absence of associated conditions, sleep onset is significantly delayed or disrupted
  - iv. Awakenings require caregiver intervention for child returned sleep



# Behavioral Insomnia of Childhood (limit-setting sleep disorder)



- A. Child symptoms meet criteria for insomnia based on parent reports
- B. Child shows a pattern consistent with limit-setting type with the following symptoms:
  - i. Individual has difficulty initiating and maintaining sleep
  - ii. Individual stalls or refuses getting into bed at appropriate time or refuses to return to bed
  - iii. Caregiver demonstrates insufficient or inappropriate limit setting



# Behavioral Insomnia of Childhood (sleep-onset type)



## *Key Points*

Seen in 10-30% of children

Sleep onset association type:

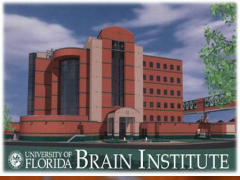
- characterized by reliance on an appropriate sleep Associations and usually presents as frequent nighttime awakenings
- Process of falling asleep is associated with specific form of stimulation (rocking or watching television), object (bottle, toy), or setting (parents' bed)
- Child unable to fall asleep within a reasonable time without these conditions

Limit setting type

- Stalling or refusing to go to sleep
- If care ever enforces limits, sleep comes quickly; otherwise, sleep onset is delayed
- Often arises from parental difficulties in setting limits and managing behavior

Treatment (recommended):  
counseling





# Insomnia due to drug or substance



- A. Patients symptoms meet the criteria for insomnia
- B. Insomnia is present for at least one month
- C. One of the following applies:
  - i. Current ongoing dependence on or abuse of the drug or substance known to have sleep disrupted properties either during periods of abuse or intoxication or during periods of withdrawal
  - ii. Patient has current ongoing use of or exposure to a medication, food, or toxin known to have sleep disruptive properties in susceptible individuals
- D. Insomnia is temporally associated with substance exposure, use or abuse, or acute withdrawal



# Insomnia due to drug or substance



## *Key Points*

Most common stimulants include caffeine, amphetamines, and cocaine

May also involve certain antidepressants, antihypertensive agents, hyperlipidemic medications, steroids, parkinsonian drugs, theophylline, anorectic agents, and antiepileptic medications

Pseudoephedrine and other nasal decongestion meds

Alcohol may reduce sleep onset latency, but are more prone to fragmented and restless sleep; tolerance also develops