Chapter 11: Disorders of sleep (part 2)

Insomnia (typically due some form of dysomnia or physical/psychiatric causes)

Insomnia

- Inability to sleep or remain asleep due to any cause (dysomnia or medical/psychiatric).
- Severity levels: transient (few days), acute (brief bouts over months or years), or chronic (nightly for at least a month).
  - 15% of people report chronic insomnia at some point in their lives

Three sleep disturbance patterns in chronic insomnia

- Sleep onset insomnia
- Multiple arousal (fragmented sleep)
- Terminal insomnia (early awakening)
Common Causes of Chronic Insomnia

1) Environmental and Drugs (dyssomnia): noises, caffeine, alcohol, stimulants.

2) Circadian sleep phase disorder (dyssomnia)
   - Usually a phase delay phenomenon (go to sleep very late)
   - Not attributable to recent events such as flying
   - Possibly more common in modern life due to electronics
   - Treated with
     - light therapy, melatonin (zeitgebers)
     - Chronotherapy: 3 hrs. later bedtime each night until desired bedtime reached
     - Controlled sleep deprivation with phase advance (CSD-PA): full deprivation 1st night, advance bedtime 90 min, hold for 1 week, repeat

3) Medical: arthritis, asthma, hyperthyroidism, restless leg syndrome.

4) Psychiatric: about 1/3 of cases
   - Generalized anxiety
     - Often a sleep onset insomnia
   - Depression
     - Usually multiple arousal or early arousal insomnia
     - Fall relatively quickly into intense REM sleep
     - Speculation: lots of negative dreams exacerbate the depression?

5) Primary insomnia. Not attributable to causes 1 through 4. Persists when other medical/psychiatric causes are resolved (i.e., after successful treatment for anxiety). About 1/4 of cases.
   a) Psychophysiological
      - Chronic situational stress (work, school)
        - Sleep onset or multiple arousal
        - Can persist after stress is resolved (see learned insomnia)
        - Sleep better on vacation
      - Learned insomnia
        - Bedroom cues associated with awake state
        - Usually sleep onset insomnia
        - Sleep better in unfamiliar places

b) Idiopathic: lifelong insomnia attributed to abnormality in neurologic control of wake-sleep cycle
   - can manifest in childhood (very rare)
   - Medications often ineffective
   - No other physical or psychological problems
Insomnia Treatments

- Cognitive-behavioral treatment (CBT-I)
  - www.mayoclinic.com/health/insomnia-treatment/SL00013
  - Therapist probes history of patient’s sleep and has them keep a sleep log
  - Educates about sleep
  - Helps patient unlearn counter-productive thoughts and strategies
  - Stimulus control
    - Good sleep environment
    - Minimize non-sleep activities in bedroom
  - Arousal reduction
    - e.g., Progressive relaxation
  - Sleep time restriction
  - Circadian rhythm maintenance (wake / sleep time control; Chronotherapy)

- Sleeping pills, or both