

# The Relationship Between Sleep Disturbances and Psychiatric Disorders



## Introduction and Overview

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### KEYWORDS

• Sleep disorders • Insomnia • Polysomnography • Bidirectional

### KEY POINTS

- Changes in the diagnostic approach to sleep disorders with Diagnostic and Statistical Manual, Fifth Edition (DSM-V), recognize the importance of coexisting psychiatric disorders.
- Epidemiologic studies confirm the prevalence of sleep disturbances across a broad range of psychiatric disorders.
- Emphasis has been placed on the bidirectional relationship between sleep disturbances and psychiatric disorders.
- Numerous examples have been reported of the relevance of sleep disturbances to the treatment of psychiatric disorders.

This article provides an overview of the relationship between sleep disorders and mental health, starting with a discussion of changes in the approach to the diagnosis of sleep disorders that have accompanied the transition from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) to the DSM-V, which represents that current diagnostic standard for the field.<sup>1,2</sup> A brief review of data regarding the epidemiology of sleep disorders is followed by a more extensive discussion of the prevalence and impact of sleep abnormalities in patients with various mental health disorders. In recent years, data have been reported that underscore the bidirectional nature of the relationship between sleep abnormalities and psychiatric illness, as is discussed in some detail. Finally, reports from several studies have suggested specific types of relationships between sleep changes and psychiatric disorders, as summarized in **Box 1**.

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Abbreviations	
AD	Alzheimer disease
ADHD	Attention-deficit hyperactivity disorder
CD	Conduct disorder
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSM-V	Diagnostic and Statistical Manual, Fifth Edition
EDS	Excessive daytime sleepiness
GAD	Generalized anxiety disorder
HAM-D	Hamilton Depression Rating Scale
MDD	Major depressive disorder
ODD	Oppositional defiant disorder
OSA	Obstructive sleep apnea syndrome
PSG	Polysomnography
REM	Rapid eye movement
REM-L	Rapid eye movement sleep latency

**CHANGES IN THE APPROACH TO THE DIAGNOSIS OF SLEEP DISORDERS WITH  
DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION**

In DSM-IV, the approach to the diagnosis of sleep disorders included the term primary sleep disorders, which required demonstration that the sleep abnormality occurred in the absence of a psychiatric disorder. An implication of this diagnostic splitting of primary insomnia from psychiatric disorders is the fact that studies examining the efficacy of medications that have recently been evaluated and approved by the US Food and Drug Administration for the treatment of insomnia symptoms, such as zolpidem, zaleplon, or eszopiclone, have been carried out in patients who were shown to meet DSM-IV diagnostic criteria for primary insomnia, including the requirement for the lack of a current primary psychiatric disorder diagnosis. Although the studies that were carried out using this approach provided data that were valuable for the field and also supported regulatory approval of these investigational products for insomnia symptom relief, they excluded from participation patients with psychiatric disorders who were suffering with prominent symptoms of insomnia. As a consequence, Psychiatry faces a translational problem related to a lack of data in patient populations seen in psychiatric practice with regard to the efficacy of approved drugs for insomnia symptoms.

The DSM-V classification of sleep-wake disorders identifies 10 distinct disorders or disorder groups. The authors of the DSM-V chapter on sleep-wake disorders acknowledge interrelationships between sleep disorders and psychiatric disorders in the introduction to this section as follows: “Sleep disorders are often accompanied by depression, anxiety and cognitive changes that must be addressed in treatment planning and management.”<sup>2(p361)</sup> They also acknowledge that persistent sleep

Box 1
Proposed relevance of sleep parameters to clinical psychiatry
<ul style="list-style-type: none"><li>• Prediction of risk for developing a new-onset psychiatric disorder</li><li>• Prediction of risk of relapse in stabilized remitted patients</li><li>• Prediction of response to pharmacologic treatment</li><li>• Biomarker of genetic vulnerability in nonaffected first-degree relatives</li><li>• Clues to underlying neurobiological mechanisms linking a sleep disturbance to an associated psychiatric disorder</li></ul>

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