Sleep Disturbances in Mood Disorders

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KEYWORDS

- Depression • Sleep • Insomnia • Hypersomnia • Polysomnography
- Circadian rhythm • Actigraphy • Therapeutics

KEY POINTS

- Self-reported and objective sleep disturbances are common in people with depressive, bipolar, and other mood disorders.
- Sleep disturbance alone is a risk factor for future onset of depressive disorders and dysregulated rest-activity patterns are a risk factor for onset of affective episodes in people with bipolar disorders.
- Residual sleep disturbance is common in people with remitted mood disorders and can lead to higher risk of relapse.
- Other sleep disorders are more prevalent in people with mood disorders and should be considered, and medications potentially helpful for mood disorders may be disruptive to sleep.
- Effective treatments are available for sleep disturbances comorbid with mood disorders and show promise for improving not only sleep but also mood more broadly.

MOOD DISORDERS OVERVIEW

Mood disorders are among the most prevalent and debilitating psychiatric conditions affecting the population worldwide. They make up the second most common category of psychiatric illness following anxiety disorders, and estimates suggest that approximately 12% of individuals meet criteria for a mood disorder during their lifetimes.[1] Mood disorders are associated with increased morbidity and mortality from other illnesses and, in 6% to 15% of those affected, can result in eventual suicide.[2] The societal burden of mood disorders is enormous, with a projected cost of $14.1 billion for bipolar disorders and $36.6 billion for major depressive disorder in terms of annual

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Abbreviations	
AOR	Adjusted odds ratio
CBT	Cognitive behavior therapy
CRH	Corticotropin-releasing hormone
DSM-5	Diagnostic and Statistical Manual, Fifth edition
EEG	Electroencephalogram
IPSRT	Interpersonal and social rhythm therapy
MAOI	Monoamine oxidase inhibitor
MDD	Major depressive disorder
NREM	Non–rapid eye movement
OSA	Obstructive sleep apnea
PSG	Polysomnography
REM	Rapid eye movement
SCN	Suprachiasmatic nucleus
SNRI	Serotonin and norepinephrine reuptake inhibitor
SRM-II-5	Social Rhythm Metric II, 5-Item Version
SRT	Social rhythm therapy
SSRI	Selective serotonin reuptake inhibitor
STAR*D trial	Sequenced Treatment Alternatives to Relieve Depression trial
SWS	Slow wave sleep
TCA	Tricyclic antidepressant

human capital loss in the United States, where bipolar disorder is associated with 65.5 and unipolar depression with 27.2 annual lost work days per ill worker.[3] A strong association between sleep disturbances and mood disorders has long been acknowledged, and the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), diagnostic criteria reflect their central role in the diagnosis of mood disorders.[4]

DSM-5 differentiates what have historically been categorized as mood disorders into bipolar and related disorders and depressive disorders. Mood disorders are distinguished by the presence of mood episodes, which may be mania, hypomania, or depression. The most common depressive disorder is major depressive disorder (MDD). MDD is associated with at least 1 episode of major depression. Up to 85% of people having 1 episode of major depression later develop another episode (ie, recurrent subtype).[5] In the United States, lifetime prevalence of MDD with a seasonal pattern is estimated at 0.4%, with typical onset in the fall or winter.[6] Persistent depressive disorder, previously dysthymia, is distinguished by the experience of depressed mood and at least 2 other symptoms of depression on more days than not for at least 2 years, not meeting criteria for a full major depressive episode.

Bipolar I disorder is characterized by lifetime presence of at least 1 manic episode, whereas bipolar II disorder is characterized by at least 1 hypomanic episode and at least 1 major depressive episode. Cyclothymia refers to the presence of numerous hypomanic symptoms that do not meet full criteria for a hypomanic episode and depressive symptoms that do not meet criteria for a major depressive episode, occurring for at least half the time for 2 years with no more than 2 months of remission of symptoms.

Other bipolar and depressive disorders include substance-induced/medication-induced and medically induced disorders, which refer to the symptoms previously described that are related specifically to substance-related, medication-related, or medical-related conditions. In addition, specified and unspecified bipolar and depressive disorders refer to other conditions resembling these disorders that do not meet full criteria for those previously described.