

Sleep Disturbances in Patients with Medical Conditions



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KEYWORDS

- Sleep disturbances • Insomnia • Medical conditions • Comorbidities
- Symptom cluster • Cancer • Inflammation • Cognitive behavioral therapy

KEY POINTS

- Sleep disorders occur at higher rates in patients with medical conditions than in the general population.
- Sleep disturbances frequently present as part of a symptom cluster with medical and psychiatric comorbidities in these patients.
- Immune and neuroendocrine alterations play a role in the pathophysiology of sleep disorders in these patients and may share a common pathway with other comorbidities.
- Assessment and treatment of medical and psychiatric comorbidities is a crucial first step in the management of sleep disturbances in patients with medical conditions.
- Treatment includes cognitive-behavioral therapy and pharmacologic treatments directed toward the sleep disturbances as well as comorbidities.

OVERVIEW

Patients with medical conditions commonly experience sleep disturbances, at much higher rates than in the general population.^{1,2} Sleep disruptions are often overlooked in these patients owing to other, more urgent concerns, such as the diagnosis and treatment of primary medical conditions.³ Additionally, sleep-wake disturbances are often part of symptom clusters complicating diagnoses and management of patients with medical conditions.⁴ Both experimental evidence and clinical experience demonstrate that sleep-wake cycle disturbances in patient with medical conditions include insomnia, hypersomnia, sleep-disordered breathing, restless legs syndrome, periodic

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Abbreviations

CBT	Cognitive-behavioral therapy
CBT-I	Cognitive-behavioral therapy for insomnia
DSM	Diagnostic and Statistical Manual of Mental Disorders
MS	Multiple sclerosis
OSA	Obstructive sleep apnea
PLMD	Periodic limb movements disorder
REM	Rapid eye movement
RLS	Restless legs syndrome

limb movements disorder (PLMD), rapid eye movement (REM) behavior disorders, and narcolepsy.⁵ A large body of literature has documented sleep disturbances in patients with cancer.⁶ Studies evaluating sleep problems have also been conducted in patients with other medical conditions, for example, in patients with cardiovascular events,⁷ neurologic disorders,^{5,8} respiratory disorders,⁹ gastrointestinal disorders,¹⁰ pain disorders,¹¹ and in many other medical conditions. However, a limited number of studies have been conducted in patients with medical conditions other than cancer. The present article reviews evidence on sleep-wake disturbances in patients with diverse medical conditions, with a primary focus on the existing extensive literature in cancer. Evidence and conclusions drawn from the cancer and noncancer literature is applied to discuss pathophysiology, assessment, and management of sleep disruptions in patients with medical conditions in general.

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) included sleep disorders owing to medical conditions as a subcategory under the umbrella of secondary sleep disorders.¹² The DSM V workgroup added major changes to the nosology of sleep-wake disorders in DSM V to simplify the classification of sleep disorders and to enhance its clinical utility, reliability, and validity.¹³ The subcategories of sleep disorders owing to medical and mental conditions are eliminated in the DSM V.^{12,14} Instead the diagnoses of primary insomnia and hypersomnia are changed to the insomnia and hypersomnia disorder and their relationship to medical or mental conditions (when present) are now indicated, with specification of the comorbid clinical conditions. These changes capture the dynamic relationship between sleep-wake disorders and medical/mental conditions, with greater emphasis on how they interact and impact each other. Furthermore, these changes underscore that the patient has a sleep disorder that warrants independent clinical attention and that the treatment of medical/psychiatric disorders may not improve the comorbid sleep disorder.¹² The DSM V continues to emphasize that, to diagnose any sleep-wake disorder, it has to meet the threshold of impairment in functioning as well as causing psychological distress to the individual.¹⁴

SLEEP-WAKE CYCLE DISTURBANCES IN PATIENTS WITH MAJOR MEDICAL CONDITIONS

Sleep-Wake Cycle Disturbances in Patients with Cancer

Several studies have investigated sleep-wake cycle disturbances along the continuum of cancer care.² These studies have documented the epidemiology, pathophysiology, assessment, and management of sleep disruptions in patients with cancer.⁶ Evidence has also accumulated supporting the significant negative impact of sleep disturbances on quality of life, functioning, and morbidity in these patients.¹⁵ Rates of sleep disturbances in patients with cancer range between 25% and 60% depending on the cancer type, stage, cancer treatments, treatment-related side effects, and medical/psychiatric comorbidities.² Evidence suggests that the most frequent

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