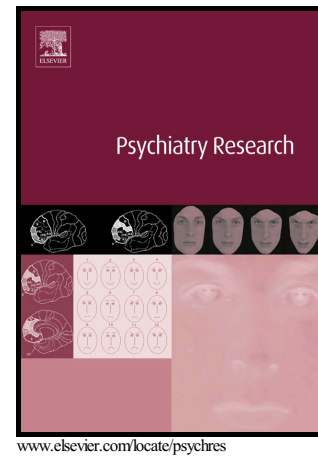


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Sleep Disturbances in Individuals at Clinical High Risk for Psychosis

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Abstract

There has been recent interest in understanding the role that sleep disturbance plays in patients at Clinical High Risk for psychosis (CHR). We assessed sleep disturbance in 194 CHR patients and 66 healthy control subjects and their relationship to symptoms (positive, negative and general functioning). Patients experienced significantly more sleep disturbance than healthy control subjects and their sleep disturbance was related to greater positive and negative symptoms and worse overall functioning. Targeting sleep disturbance in CHR individuals may provide alternative means of treating the CHR syndrome.

Keywords: Sleep Disturbance; Clinical/Ultra High Risk; Prodromal; Psychosis

1. Introduction

Schizophrenia and other psychoses are characterized by positive and negative symptoms, as well as functional impairments. Attenuated positive symptoms, negative symptoms, and other general psychiatric symptoms may be present for a period of time prior to the onset of threshold psychosis, and are assessed using the Structured Interview for Psychosis-Risk Syndromes (SIPS) (Miller et al., 2003). One general symptom is sleep disturbance, which is observed in a large number of patients with schizophrenia, approximately 30-80% (Cohrs, 2008). Even so, sleep disturbance is characteristic of many disorders, and is not always a focus of treatment. With better characterization of the relationship between sleep disturbance and symptoms, there is hope that sleep disturbance particular to CHR patients could be targeted as a means of preventing conversion to psychosis.

The mechanism by which sleep interacts with other known risks for psychosis is unclear, although evidence does suggest that individuals with schizophrenia with sleep disturbance experience more severe symptoms than patients without (Afonso et al., 2014). In a cross-sectional study, Afonso et al. (2014) compared 811 schizophrenia outpatients based on whether or not they had sleep disturbance. Quality of sleep, symptom severity, adherence to treatment, and degree of family support were variables of interest. Patients with sleep disturbance were significantly more symptomatic and were found to have worse compliance and less family support than patients without

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