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Review Article**The effect of second-generation antipsychotic drugs on sleep parameters in patients with unipolar or bipolar disorder**

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Highlights

- Sleep disturbance in patients with unipolar disorder may take either the form of insomnia or hypersomnia, with the latter occurring less frequently.
- Patients with bipolar disorder may show decreased need for sleep without dissatisfaction with sleep quality.
- Severe insomnia in unipolar and bipolar disorder patients may be a risk factor for the development of a major depressive episode and suicidal behavior.
- Second-generation antipsychotic drugs such as olanzapine, quetiapine and ziprasidone improve sleep architecture, and could improve sleep disturbance in unipolar and bipolar disorder patients.

ABSTRACT

Sleep disturbances predominantly take the form of insomnia in patients with unipolar disorder, while patients with bipolar disorder show a decreased need for sleep. Sleep impairment in these patients is a risk factor for the development of a major depressive episode and suicidal behavior. Administration of second-generation antipsychotics (SGAs) olanzapine, quetiapine and ziprasidone as augmentation therapy or monotherapy to unipolar and bipolar disorder patients, respectively, has been shown to improve sleep continuity and sleep architecture. Thus, their use by these patients could ameliorate their sleep disorder.

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