

Frequently Asked Questions

Sleep Disorders

Q: What are Sleep Disorders?

A: Many people have difficulties sleeping including:

- Problems with falling and staying asleep
- Problems with staying awake
- Problems with adhering to a regular sleep schedule
- Sleep-disruptive behaviors (e.g., nightmares)¹

However, if you have one of these problems it does not necessarily mean that you have a Sleep Disorder.

According to the *Diagnostic and Statistic Manual of Mental Disorders, Edition IV*, Primary Sleep Disorders are diagnosed when sleep problems cannot be attributed to another mental disorder, a general medical condition, or use of a substance. Whereas Secondary Sleep Disorders are sleep problems that are associated with medical, neurological, or substance misuse disorders.¹ There are two categories of Primary Sleep Disorders: Dyssomnias and Parasomnias.

- **Dyssomnias** involve difficulty initiating sleep (falling asleep), maintaining sleep (staying asleep) or sleeping too much. These disorders cause disruptions in the amount, quality, or time of sleep. Types of Dyssomnias:
 - Primary Insomnia
 - Primary Hypersomnia
 - Narcolepsy
 - Breathing-Related Sleep Disorder
 - Circadian Rhythm Sleep Disorder
- **Parasomnias** involve abnormal behavioral or physiological events that occur in association with sleep, specific sleep stages, or sleep-wake transitions. Specifically, the autonomic nervous system (system that controls involuntary actions of internal organs), motor system, or cognitive processes are activated at inappropriate times during the sleep-wake cycle. People with these disorders usually complain of unusual behavior during sleep rather than insomnia or sleepiness during the day. Types of Parasomnias:
 - Nightmare Disorder
 - Sleep Terror Disorder
 - Sleepwalking Disorder

Sleeping difficulties are sometimes symptoms of other disorders. For example, people who suffer from depression may have trouble falling or staying asleep (insomnia), or

may sleep too much (hypersomnia). People with Posttraumatic Stress Disorder may have nightmares. It is not uncommon to experience low-level or occasional sleeping difficulties (i.e., during stressful periods of time) without meeting criteria for a specific disorder.

If you think you might be suffering from a sleep disorder, check out this [Sleep Self Assessment Quiz](#). If you are flagged as having a possible Sleep Disorder this tool will offer you more information that may be relevant to your difficulties.

Q: What are the specific types of Dyssomnias?

Primary Insomnia

The essential feature of Primary Insomnia is difficulty falling or staying asleep, or nonrestorative sleep (sleep was light, restless, or of poor quality). People with Insomnia often become distressed about their difficulties, which in turn impacts their ability to sleep. In order to meet diagnostic criteria for Primary Insomnia these symptoms must be present for at least one month, and must cause significant distress or impairment in functioning. Physical illness, depression, anxiety or stress, poor sleep environment (physical discomfort, too much light), alcohol or other drugs (especially caffeine), certain medications, heavy smoking, and counterproductive sleep habits (e.g., daytime napping, early bedtimes, excessive time spent awake in bed) can impact insomnia.¹ If you think you might be suffering from insomnia check out the this online quiz, [Is Insomnia Affecting Your Life?](#)

Primary Hypersomnia

The essential feature of Primary Hypersomnia is excessive sleepiness. People with Primary Hypersomnia often take long naps (an hour or more) that do not lead to improved alertness or feeling refreshed. Also, people can inadvertently fall asleep during low-stimulation and low-activity situations, such as attending a lecture, reading, watching television, or taking a long drive. In order to meet diagnostic criteria for Primary Hypersomnia these symptoms must be present for at least one month, and must cause significant distress or impairment in functioning. [More](#)

Narcolepsy

The essential features of Narcolepsy are repeated irresistible attacks of refreshing sleep. Sleepiness usually decreases after the attack, but returns several hours later. In order to meet *DSM-IV* criteria for Narcolepsy, these symptoms must occur daily over at least a three month period. Also, one or more of the following must be present:

- Attacks of cataplexy, which are episodes of muscular weakness. Signs of cataplexy may include a barely perceptible slackening of the facial muscles to the dropping of the jaw or head, weakness at the knees, or total collapse on the floor. [More](#)
- Recurrent intrusions of elements of rapid eye movement (REM) sleep into the transition between sleep and wakefulness as evidenced by hallucinations or paralysis at the beginning or end of sleep episodes.

If you think that you may be suffering from Narcolepsy check out the [Sleep Disorders Self Test](#)

Breathing-Related Sleep Disorder

The essential feature of Breathing-Related Disorder is sleep disruption caused by breathing abnormalities that lead to excessive sleepiness or insomnia. [Sleep apnea](#) and [central alveolar hypoventilation syndrome](#) are examples of this disorder. Sleep apnea is most common in obese young adult males, but it may affect anyone with a short neck or a small jaw, regardless of weight.¹

[A comprehensive resource for sleep apnea sufferers, their family and friends.](#)

If you think you might have sleep apnea take this brief [Self-Assessment Quiz](#). Print out your results and take them with you to your next doctor's appointment.

Circadian Rhythm Sleep Disorder

The essential feature of Circadian Rhythm Sleep Disorder is a persistent or recurrent pattern of sleep disruption that leads to insomnia or excessive sleepiness that is caused by a mismatch between the sleep-wake schedule required by a person's environment and his or her [circadian](#) sleep-wake pattern. For instance, some "night owls" have a difficult time falling asleep at socially acceptable times, and therefore have difficulty awakening on time for work or school. [More](#). If you think you might be suffering from Circadian Rhythm Sleep Disorder, check out this [Circadian Rhythm Self-Assessment](#).

Q: What are the specific types of Parasomnias?

Nightmare Disorder

The essential feature of Nightmare Disorder is repeated [nightmares](#) that lead to awakenings from sleep. People are able to recall their dreams in detail. The content of dreams usually involves threats to survival, security, or self-esteem. Unlike Sleep Terror Disorder (see below), individuals with Nightmare Disorder quickly become oriented and alert when they awaken. Since nightmares are common, dream experiences or sleep disturbances caused by awakening must cause significant distress or impairment in functioning in order to meet criteria for Nightmare Disorder.

Sleep Terror Disorder

The essential feature of sleep terror disorder is the repeated occurrences of abrupt awakenings from sleep usually beginning with a panicky scream or cry. [Sleep terrors](#) are sometimes mistaken for nightmares, however they occur during deeper stages of sleep and are not manifestations of a dream.² Episodes generally last one to ten minutes and are accompanied by:

- Intense fear and signs of autonomic arousal, such as rapid heart beat and breathing, and sweating during each episode.

- Relative unresponsiveness to efforts of others to comfort the person during the episode.
- No detailed dream is recalled and there is amnesia for the episode (i.e., it is not remembered).
- Additionally, these episodes must cause significant impairment or distress in the individual's functioning.

Sleepwalking Disorder

The essential feature of [Sleepwalking Disorder](#) is repeated episodes of rising from bed and walking about, which is initiated during sleep. Other symptoms:

- While sleepwalking the person has a blank, staring face and is relatively unresponsive to the efforts of others to communicate with him or her. Awakening the individual is very difficult.
- When the individual awakens he or she has amnesia for the episode (i.e., does not remember it).
- Within several minutes after awakening from the sleepwalking episode there is no impairment of mental activity or behavior, although the person might initially be confused or disoriented.
- Sleepwalking must cause significant distress or impairment in functioning.

Q: What factors can impact sleep problems?

A: Medical conditions, psychiatric disorders, and psychosocial and environmental factors impact sleep problems:

- People with common medical illnesses such as, asthma, cancer, cardiopulmonary diseases, chronic fatigue syndrome, diabetes, end-stage renal disease, fibromyalgia, human immunodeficiency virus (HIV), irritable bowel syndrome, and temporomandibular joint disorders frequently experience sleep disturbances.¹
- Restless leg syndrome usually causes insomnia. This syndrome is characterized by an uncomfortable sensation in the legs, primarily at night, which diminishes when the legs are moved.³
- The rate of insomnia among individuals with depression is very high: 40-60% for outpatients, and 90% for inpatients.⁵ Additionally, anxiety or stress can impact sleep.³
- Sleep apnea is most common in obese young adult males, but it may affect anyone with a short neck or a small jaw, regardless of weight.³
- Sleep difficulties may be related to poor sleeping environment such as excessive noise or light or physical discomfort.³
- Caffeine, alcohol or other drugs, heavy smoking, and certain medications can impact sleep.
- Poor sleep hygiene, including frequent daytime napping, excessive time spent awake in bed,³ and inconsistent wake up time, is associated with sleep difficulties.
- Sleep is affected by circadian disruptions, such as jet lag, shift work, sleep scheduling.⁵

Q: How common are Sleep Disorders?

A: Sleep disorders affect approximately 20% of the American population, and sleep-related problems affect 50-70 million Americans of all ages.⁴ However, 50% or more of patients remain undiagnosed and therefore do not receive needed treatment.⁴ For instances it is estimated that 60-64% of chronic insomnia cases are not recognized by primary care physicians.⁵ Of the various types of Sleep Disorders, insomnia is more common with about 30% of adults experience transient insomnia (lasting a month or less) and 15% of adults experience chronic insomnia (lasting 4 or more weeks).⁵ Sleep-related problems have the same clinical relevance in women as men³, but some sleep problems are more common in women (e.g., Nightmare Disorder) and some are more common in men (e.g. sleep apnea). Increased age is associated with increased prevalence of insomnia complaints, daytime sleepiness, and Breathing-Related Sleep Disorder.⁴

Q: What treatments are helpful for Sleep Disorders?

A: Treatments vary depending upon the type of disorder. [Behavior therapy](#), [drug treatments](#), and [several alternative interventions](#) can be helpful for a variety of sleep difficulties. Most people also benefit from basic education about normal sleep (may reduce patient's anxiety about sleep) and sleep hygiene (activities that interfere with sleep).⁵

Insomnia

Short-term insomnia may resolve on its own. Treatment for insomnia can include a trial of hypnotic medication (followed by supervised withdrawal).⁵ [More](#) about medications for insomnia. Cognitive-behavioral treatment (CBT) or a combination of CBT and hypnotic medication may be a beneficial treatment.⁵ CBT for insomnia addresses problematic beliefs about sleep or lack thereof, teaches relaxation skills, and targets stimulus control, which helps an individual learn to associate bedtime and the bedroom with being able to sleep. [More](#) about CBT for insomnia. When insomnia is caused by another disorder (e.g., depression, medical illness) that disorder should be treated first. If symptoms of insomnia do not improve a referral to sleep specialist may be helpful.⁵

Hypersomnia

Stimulant, antidepressant, and other medications may be beneficial for treating hypersomnia. It is also important to implement habits to promote sleeping at night and staying awake during the day, such as avoiding activities that delay bed time and avoiding alcohol and caffeine.⁶

Narcolepsy

Stimulant medications may help reduce daytime sleepiness, Anticholinergic (medications that calm muscle spasms) antidepressant agents for cataplexy may help with cataplexy symptoms.⁷ Regular scheduled naps, in addition to medication is recommended.⁷

Breathing-Related Disorder

For patients with obstructive sleep apnea, treatment may include behavioral interventions, oral/dental appliances, and surgical interventions, depending upon the severity of the disorder. Many patients are treated with nasal continuous positive airway pressure (CPAP).⁸ A C-PAP is a machine that blows air into your nose via a nose mask, keeping the airway open and unobstructed.

Circadian Rhythm Disorder

Light therapy (properly timed exposure to bright light to promote a normal sleep-wake cycle and decrease sleep disturbances) and behavioral interventions may be beneficial in the treatment of Circadian Rhythm Disorder.⁹ Behavioral interventions include implementing habits to promote normal sleep/wake cycles and gradually shifting the time of sleep.⁹

Sleep Terror Disorder

Before beginning treatment it is recommended that sleep terrors be waited out to see if they resolve.² If the problem persists, a trial of antidepressants or anti-anxiety medications may be beneficial, however the effectiveness of these drugs has not been clearly demonstrated.² Sleep terrors may be impacted by a failure to get enough sleep therefore getting more sleep might be helpful. Scheduled awakening may also be beneficial for the treatment of sleep terrors.² Scheduled awakening involves waking the person approximately 30 minutes before the he or she normally awakens, then slowly eliminating the scheduled awakenings as spontaneous awakenings decrease.²

Nightmare Disorder

Behavioral interventions may be beneficial in the treatment of recurrent nightmares.^{10, 11} Treatment may include imagery rehearsal for nightmares (practice of how to respond to the event without actually experiencing it) and sleep hygiene (implementing habits that promote good sleep).

Sleep Walking Disorder

Sleep walking does not necessarily require treatment, and may go away on its own. It is important to implement habits to promote good sleep and treat any underlying medical conditions that may impact sleep problems.¹² Safety measures may be necessary to prevent injury, including locking windows and doors, removing obstacles in the room, adding alarms, or blocking stairways.¹² Medications, such as certain sedatives or antidepressants, may be helpful, particular if the potential risk for injury is great, if other interventions have not been helpful, or if the individual is experiencing excessive daytime sleepiness.¹² Behavioral techniques, such as relaxation and scheduled awakening may also be beneficial for the treatment of sleep walking.¹² Scheduled awakening involves waking the person up approximately 15-20 minutes before the usual time her or she sleep walks and then keeping him or her awake through the time during which the episodes usually occur.¹²

Q: How do I locate specialists or support groups for Sleep Disorders?

A: [Find a Sleep Specialist](#) is a handout that provides resources about locating sleep specialists.

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