

Sleep Disorders

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Sleep Disorders

Definition of Sleep Disorders

Sleep disorders are anything that interferes with the quality, amount, and/or timing of sleep. It also has to do with psychological conditions that affect sleep.

Sleep disorders are broken into two categories:

- Primary sleep disorders: o Dyssomnias and parasomnias
- Insomnia which is difficulty in falling asleep or staying asleep
- Hypersomnia in which a person has many episodes of daytime sleep, even after a normal night's sleep, in which he/she cannot control. These patients also often times have difficulty waking up.
- Nocturnal myoclonus is cramps or twitching of the calves in the middle of the night that wake a person up.
- Restless Leg Syndrome (RLS) is when a person feels itching, crawling or cramping in the calves which prevent them from falling asleep. Rubbing or moving the legs sometimes helps.
- Narcolepsy is when a person has episodes of "sleep attacks" in which the person cannot help but to fall asleep. They usually last 10-20 minutes and the person wakes feeling rested, however, in a few hours will repeat it. For a person to have a true diagnosis of narcolepsy there are 3 components that have to be present: cataplexy (sudden loss of muscle tone and the person drops); sleep paralysis that occurs in the transition from sleeping to waking; and, hallucinations that occur just prior to or just after the episode.
- Breathing related sleep disorders: Obstructive sleep apnea which occurs in obese people designated by periods of snoring or gasping and then periods of silence; Central Sleep Apnea Syndrome found in the elderly who have cardiac or neuro issues, possibly a brain disease; Central Alveolar Hyperventilation Syndrome is characterized by blood oxygen level is too low and primarily seen in obese individuals; and, mixed type of central and obstructive types.
- Circadian rhythm related to shift work or travel between time zones.

o Parasomnias

- Nightmares are when a person has a bad dream and it wakes them up acutely.
- Sleep Terrors are when a person wakes up crying or screaming and has physiologic symptoms that accompany it such as sweating and shaking. Usually occurs in stage 3 or 4 or REM sleep.
- Sleep walking is a condition in which a person is able to ambulate, talk, eat, and use the restroom while sleeping. It, too, usually occurs during state 3 or 4 REM. Typically the first episode does not happen as an adult.
- Other sleep disorders can occur from: a mental health condition, usually anxiety or depression. This is the most common form of chronic insomnia; a medical condition such as a neuro problem, brain disease, or hypo/hyper thyroidism; and, substance induced, whether it be from caffeine, alcohol, illegal drugs or prescription medications.

Pathology

There are many different sleep disorders, therefore, they are classified into three different pathologic categories:

- Extrinsic – those environmental sources such as sleep deprivation either of one's own doing or not of one's own doing.
- Intrinsic – those physiologic disorders of neuro or chemical cause such as primary insomnia, hypersomnia, narcolepsy, RLS, nocturnal myoclonus, nightmares, sleep terrors, sleep walking, depression or anxiety.
- Other – These would be things such as alcohol, medication, nocturnal eating or drinking, poor sleep hygiene and circadian rhythm issues.

Genetics

There is a genetic component to anxiety and depression, therefore, if there is a sleep disorder related to anxiety or depression than you could infer that there might be a genetic disposition to the sleep disorder. There has been some evidence to support a genetic link to obesity, and so again, there may also be a genetic link to Obstructive sleep apnea. There is also a genetic link for RLS, so if a person has sleep issues related to RLS there could be a genetic link to that. Finally, there is a genetic link for neuro issues such as Parkinson's and Huntington's disease; therefore, one could say that there is a genetic link for a person that has a sleep disorder related to those neuro conditions.

Epidemiology

- 1/3 of all Americans have a sleep disorder sometime in their lives
- 20%-40% have some sleep issue at some time during any given year
- 17% consider the sleep issue serious
- 1/3 of all adults have insufficient sleep syndrome
- 20% of all adults report chronic insomnia
- Primary is more common in females vs. males 3:2
- 30% of people 50+ have a sleep disorder
- 5% of people ages 30-50
- Obstructive sleep apnea is seen in men at 4% and women at 2.5%

Disease described

With as many different sleep disorders and pathologies it would be difficult to give it a precise description other than to say what was mentioned above.

Signs and symptoms

Signs and symptoms are described individually next to each specific sleep disorder listed above.

Diagnosis

History is most important to diagnosing a sleep disorder: family history, medical history and psychological history. Also a current history on medications, substance use, and caffeine use and sleep hygiene questions. Psychological testing may be ordered. Also, it may be advised to get input from family members, especially in regards to things that the patient may not remember such as sleep walking, night terrors, or sleep apnea.

Treatment

Treatment would depend on the underlying cause. If it is psychological medications may be needed, psychotherapy may be needed and sleep hygiene education may be needed. If it is an obstructed airway it may require surgical intervention and/or nutritional education and diet/exercise plan. Lifestyle changes may be needed if there are substances being used (to include caffeine), possible change in job or work hours if it is a circadian rhythm issue, and again diet and exercise may be needed. Also, alternate therapy may be an option, especially for those with anxiety or depression.

Links

National Sleep Foundation (<http://www.NationalSleepFoundation.org>) [1]
(<http://www.Nationalsleepfoundation.org>)<http://www.nationalsleepfoundation.org>

Related current articles

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