

THE DEFINITION OF INSOMNIA



I KNOW IT WHEN I SEE IT



I KNOW IT WHEN I HEAR ABOUT IT ?

“Until you've experienced it yourself,
it may seem contradictory that a person can be
utterly exhausted and yet unable to sleep,
but that's precisely [it]...”

www.health.com/health/condition-article/0,,20188079,00.html

DEFINITION - ETYMOLOGY



Word Origin & History

insomnia

1623, Anglicized as *insomnie*, from L. *insomnia* "want of sleep," from in- "not" + *somnus* "sleep" (see *somnolence*). The modern form is from 1758. [*Insomniac* (n.) is from 1908.

Online Etymology Dictionary, © 2001 Douglas Harper
[Cite This Source](#)

<http://dictionary.reference.com/browse/insomnia>

DEFINITION - COMMON DICTIONARY



Dictionary

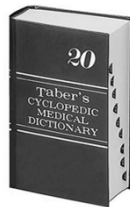
insomnia [(in-som-nee-uh)]

A persistent and prolonged inability to sleep.

The American Heritage® New Dictionary of Cultural Literacy, Third Edition
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<http://dictionary.reference.com/browse/insomnia>

DEFINITION - MEDICAL DICTIONARY



Medical Dictionary

Main Entry: **in-som-nia**

Pronunciation: in-'sām-nē-&

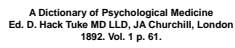
Function: noun

: prolonged and usually abnormal inability to obtain adequate sleep called also **agrypnia**

Merriam-Webster's Medical Dictionary, © 2002 Merriam-Webster, Inc.
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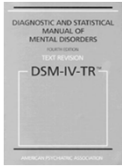
<http://dictionary.reference.com/browse/insomnia>

AGRYPNIA EXCITATA (ἀγρυπία; *ὑπνος; excitatio*, I stir up). Sleeplessness due to mental excitement with listlessness as to surrounding objects.



AGRYPNIA SENILIS (ἀγρυπία; ὑπνος; senilis, pertaining to old age). The sleeplessness of old age.

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FOURTH EDITION
TEXT REVISION
DSM-IV-TR™
AMERICAN PSYCHIATRIC ASSOCIATION



PRIMARY INSOMNIA

- A. The predominant complaint is difficulty initiating or maintaining sleep, or nonrestorative sleep, for at least 1 month.
- B. The sleep disturbance (or associated daytime fatigue) causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The sleep disturbance does not occur exclusively during the course of Narcolepsy, Breathing-Related Sleep Disorder, Circadian Rhythm Sleep Disorder, or a Parasomnia.
- D. The disturbance does not occur exclusively during the course of another mental disorder (e.g., Major Depressive Disorder, Generalized Anxiety Disorder, a delirium).
- E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.



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- e. The disturbance is not caused by the direct physiologic effects of a substance (i.e., drug abuse, medication) or a general medical condition.

“CURRENT” DEFINITIONS



SPECIFIC CONCEPTUALIZATIONS



**MORE THAN ONE FORM
OF PRIMARY INSOMNIA**

IDIOPATHIC INSOMNIA

PSYCHOPHYSIOLOGIC INSOMNIA

PARADOXICAL INSOMNIA

INADEQUATE SLEEP HYGIENE INSOMNIA

PHYSIOLOGICAL INSOMNIA

INSOMNIA NOS



IDIOPATHIC INSOMNIA

**LIFELONG INSOMNIA WITH A PRESUMED
ORGANIC COMPONENT**



PSYCHOPHYSIOLOGIC INSOMNIA

**A FORM OF INSOMNIA THAT IS CONCEPTUALIZED AS
BEING PERPETUATED BY BOTH PSYCHOLOGICAL
(BEHAVIORAL AND COGNITIVE) AND PHYSIOLOGICAL
FACTORS**



PSYCHOPHYSIOLOGIC INSOMNIA THE FORMAL DEFINITION

THE PATIENT HAS EVIDENCE OF CONDITIONED SLEEP DIFFICULTY AND/OR HEIGHTENED AROUSAL AT SLEEP ONSET AS INDICATED BY

- EXCESSIVE FOCUS ON, AND ANXIETY ABOUT, SLEEP
- SLEEP MAY OCCUR IN NOVEL PLACES, TIMES, ETC. (I.E., IN THE ABSENCE OF CONDITIONED STIMULI)
- MENTAL AROUSAL OCCURS AS INTRUSIVE THOUGHTS OR INVOLUNTARY RUMINATION
- SOMATIC AROUSAL - FEELING PHYSICALLY "WOUND UP"

THERE IS EVIDENCE OF "SLEEP EXTENSION" (EXPANDED SLEEP OPP & LOW SE%)



PARADOXICAL INSOMNIA

A FORM OF INSOMNIA FOR WHICH THERE IS A PROFOUND DISCREPANCY BETWEEN THE PATIENT'S EXPERIENCE OF SLEEP CONTINUITY DISTURBANCE AND THE MEASURE OF INSOMNIA SEVERITY BY POLYSOMNOGRAPHY



INADEQUATE SLEEP HYGIENE INSOMNIA

A FORM OF INSOMNIA THAT IS CONCEPTUALIZED AS BEING PERPETUATED, IN LARGE MEASURE, BY LIFESTYLE ISSUES



PHYSIOLOGICAL INSOMNIA

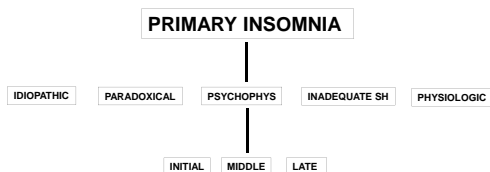
A FORM OF INSOMNIA THAT IS CONCEPTUALIZED AS BEING PERPETUATED, IN LARGE MEASURE, BY ORGANIC FACTORS



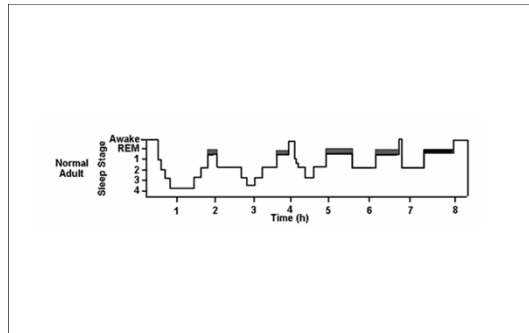
INSOMNIA NOS



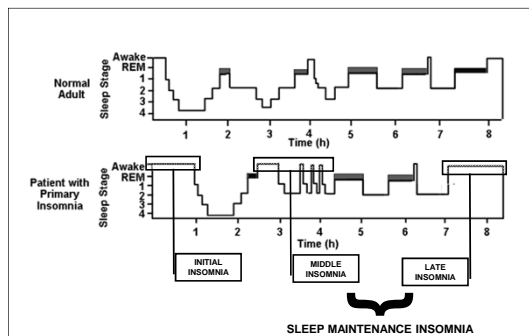
ARE THERE SUBTYPES OF INSOMNIA?



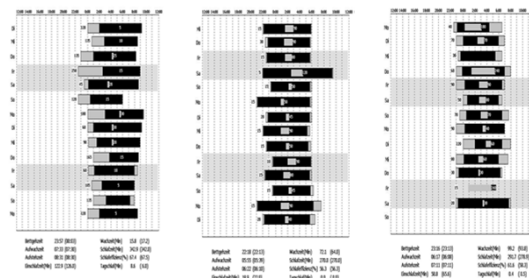
INITIAL - MIDDLE - LATE INSOMNIA



INITIAL - MIDDLE - LATE INSOMNIA

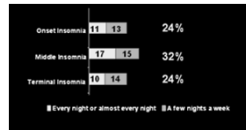


INITIAL - MIDDLE - LATE INSOMNIA



Compliments of Dieter Riemann

VALUE OF SUBTYPING ?



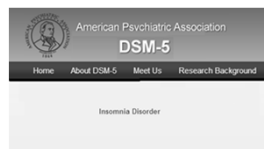
INITIAL IS ANXIETY

MIDDLE IS MEDICAL

LATE IS DEPRESSION


DSM-5 AND ICSD-3 SOMETHING NEW





Insomnia Disorder

WHAT DO YOU SUSPECT THIS MEANS



PRIMARY INSOMNIA

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- D. The disturbance does not occur exclusively during the course of another mental disorder (e.g., Major Depressive Disorder, Generalized Anxiety Disorder, a delirium).
- E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

THUS
 THE CONCEPT OF SECONDARY INSOMNIA
 HAS BEEN ELIMINATED

INSOMNIA WHEN CHRONIC IS NOT
 CLASSIFIED AS A SYMPTOM OF OTHER CO-
 OCCURRING ILLNESSES BUT INSTEAD IT IS
 CLASSIFIED AS A DISORDER



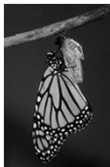
THIS PARADAMATIC SHIFT WAS BROUGHT
 TO YOU BY

McCrae & Lichstein, 2001
 Stepanski & Rybarczyk , 2005
 Lichstein, 2006



THEY ARGUED

IT IS ALMOST IMPOSSIBLE TO MAKE A
DIFFERENTIAL DIAGNOSIS OF [SECONDARY
INSOMNIA [SI]]



THE ARGUMENT WAS BASED ON

- CONCEPTUAL GROUNDS
- THEORETICAL GROUNDS
- BASIS OF TREATMENT OUTCOME DATA



THE CONCEPTUAL ARGUMENT

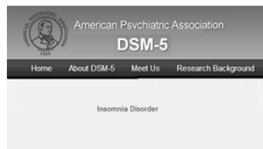
ABSOLUTE SECONDARY INSOMNIA

PARTIAL SECONDARY INSOMNIA

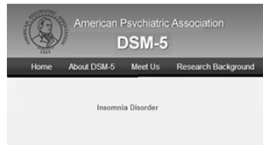
SPECIOUS SECONDARY INSOMNIA



Insomnia Disorder

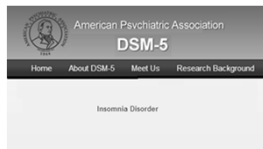


- A.** The predominant complaint is dissatisfaction with sleep quantity or quality made by the patient (or by a caregiver or family in the case of children or elderly).
- B.** Report of one or more of the following symptoms:
- C.** The sleep complaint is accompanied by significant distress or impairment in daytime functioning as indicated by the report of at least one of the following:
- D.** The sleep difficulty occurs at least three nights per week.
- E.** The sleep difficulty is present for at least three months.
- F.** The sleep difficulty occurs despite adequate age-appropriate circumstances and opportunity for sleep.



B. Report of one or more of the following symptoms:

- Difficulty initiating sleep; in children this may be manifested as difficulty initiating sleep without caregiver intervention
- Difficulty maintaining sleep characterized by frequent awakenings or problems returning to sleep after awakenings (in children this may be manifested as difficulty returning to sleep without caregiver intervention)
- Early morning awakening with inability to return to sleep
- Non restorative sleep(wait)
- Prolonged resistance to going to bed and/or bedtime struggles (children)



C. The sleep complaint is accompanied by significant distress or impairment in daytime functioning as indicated by the report of at least one of the following:

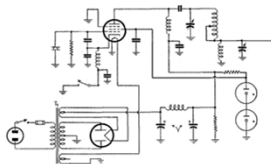
- Fatigue or low energy
- Daytime sleepiness
- Cognitive impairments (e.g., attention, concentration, memory)
- Mood disturbance (e.g., irritability, dysphoria)
- Behavioral problems (e.g., hyperactivity, impulsivity, aggression)
- Impaired occupational or academic function
- Impaired interpersonal/social function
- Negative impact on caregiver or family functioning (e.g., fatigue, sleepiness, etc.)

WHY THE EMPHASIS ON DAY TIME FUNCTION ?



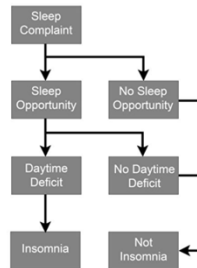
RECAPITULATION

**HOW ABOUT SOMETHING
MORE SCHEMATIC ?**



DEFINITION

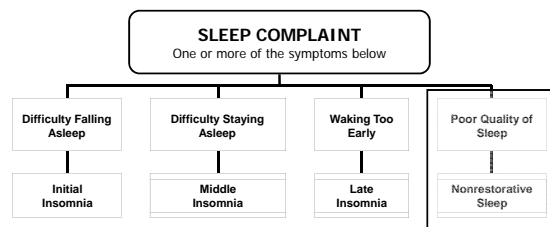
ICSD-II General Criteria for Insomnia



DEFINITION

WHAT IS MEANT BY A
SLEEP COMPLAINT ?

DEFINITION



DEFINITION

**WHAT IS MEANT BY
SLEEP OPPORTUNITY ?**

DEFINITION

SLEEP OPPORTUNITY

Nocturnal sleep difficulties occur despite the allocation of adequate time and circumstances (e.g., a quiet and dark bedroom) for sleep.

DEFINITION

SLEEP OPPORTUNITY

Quiet, dark and safe place



Speak to the issue of bedroom and safety

DEFINITION



WHAT ABOUT
SEVERITY

DEFINITION

SEVERITY



DEFINITION

SEVERITY



RULE OF 30

How long is long and corresponds to "complaint" ?
How long is long enough to correspond to consequence ?

A NOTE ABOUT ACUTE INSOMNIA



April, 1923 CALIFORNIA STATE JOURNAL OF MEDICINE 175

THE GENESIS AND TREATMENT OF INSOMNIA *

By HENRY DOUGLAS EATON, M. D., Los Angeles

Insomnia is a popular and much-abused term, used to describe any degree of sleeplessness however mild. The man who has dined too well or the man who is planning a new house frequently describes one or two restless nights as "suffering from insomnia."¹ Such temporary and passing disturbances should not be dignified by the name insomnia, and will not be considered further than to class them as the ordinary average breaks in the sleep habit which fall to the lot of us all. We will confine our present discussion to persistent, long-continued sleeplessness.



ARTICLE INFO
Section Editor:
Acute Insomnia: Current conceptualizations and future directions
Journal: Sleep Medicine Reviews
Volume 10, Number 1, February 2006
Pages: 1-10
DOI: 10.1016/j.smrv.2005.12.001
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ABSTRACT
Insomnia is a common sleep disorder characterized by difficulty falling asleep, staying asleep, or waking too early in the morning. It is often associated with stress, anxiety, and depression. This article reviews the current conceptualizations of insomnia and discusses future directions for research and treatment.

INTRODUCTION
Insomnia is a common sleep disorder characterized by difficulty falling asleep, staying asleep, or waking too early in the morning. It is often associated with stress, anxiety, and depression. This article reviews the current conceptualizations of insomnia and discusses future directions for research and treatment.

CONCLUSION
Insomnia is a common sleep disorder characterized by difficulty falling asleep, staying asleep, or waking too early in the morning. It is often associated with stress, anxiety, and depression. This article reviews the current conceptualizations of insomnia and discusses future directions for research and treatment.

REFERENCES
1. American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

KEYWORDS
Insomnia, Sleep, Sleep disorders, Sleep hygiene, Sleep medicine, Sleep research, Sleep treatment, Sleep medicine reviews.

The proposed diagnostic for acute insomnia.

Acute Insomnia	
Trigger	1) Any life event or train of life events which results in a significant reduction in QoL from the individuals ideal 2) Distress at current situation
Minimum frequency	3 or more nights per week
Duration	3 days - 3 months
Course	3- 14 days: acute 2- 4 weeks: transient 1- 3 months: subchronic
Qualitative severity	mild/moderate/severe as defined by the patient
Quantitative severity	(+30 min SOL; +30 min WASO)
QOL – quality of life.	
SOL – sleep onset latency.	
WASO – wakefulness after sleep onset.	

IMPLICATIONS FOR TX ?

M.M. Ohayon, T. Roth / Journal of Psychiatric Research 37 (2003) 9-15

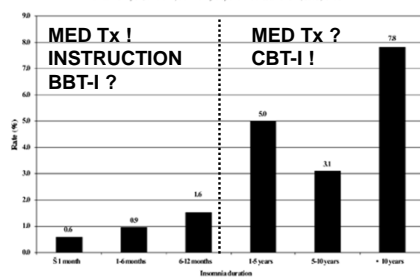


Fig. 1. Prevalence of insomnia by its duration.

INSTRUCTIONS

✓ Think of insomnia as a solution instead of a problem

--When an episode of insomnia occurs as a result of life stress, think of the upside: more time to get done what you need to get done.

✓ Take Heart

-- When left to run its course, stress related insomnia is not likely to last more than 2-3days

✓ Take Action

--If the insomnia persists for more than a week - seek assistance: any early intervention may defer the need for "a pound of cure"



OVERALL STRATEGY FOR TREATMENT



In an ideal world, the choice of therapy would be based on the following very simple principles: Pharmacotherapy is indicated in the instances where the condition is acute and the need for immediate symptom reduction is the primary consideration. This indication also carries with it the possibility that short term treatment for acute insomnia may have some prophylactic value against the development of chronic insomnia. That is, if sedative hypnotics are more frequently prescribed for such things as jet lag, insomnia related to acute medical illness or insomnia secondary to transient life stressors (e.g., bereavement), such a strategy may prevent the engagement of behavioral strategies which are thought to perpetuate insomnia and lead to conditioned arousal. Behavioral treatment is indicated in the instances where the condition is chronic and/or in acute cases where 1) pharmacotherapy is contraindicated, e.g. in pediatric or geriatric patients, 2) when there is a potential for drug interactions, or 3) when patients present with a history of substance abuse.

BREAK



DEFINITION - RDC