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
1629, Anglicized as insomnia, from L. insomnia "want of sleep," from insomnis "sleepless"; see insomnis (c. 1200). The modern form is from 1783; insomnia (o.f.) is from 1908.

Online Etymology Dictionary, © 2001 Douglas Harper
On This Source

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

DEFINITION - COMMON DICTIONARY
DEFINITION - MEDICAL DICTIONARY

Medical Dictionary

Main Entry: insomnia
Pronunciation: in-səm-ni-ə
Function: noun
1: prolonged and unusual inability to obtain adequate sleep

http://dictionary.reference.com/browse/insomnia
AGRYPHIA (hypo; wild or restless; ñwë, sleep). A term for wakefulness or sleeplessness; one of the premonitory symptoms of various forms of insanity.

(Pr. agryphia; Ger. Schlaflosigkeit).

AGRYPHIA PERTILEA (hypo; ñwë; pertules, disturbed). Sleeplessness from bodily disquiet, with attention alive to surrounding objects.

AGRYPHIA RECIPUTA (hypo; ñwë; recí, 1, stir up). Sleeplessness due to mental excitement with listlessness as to surrounding objects.
A Dictionary of Psychological Medicine
1892 Vol 1 p 31.

ASEPTIC MENISCS (German: Simaria; senile, pertaining to old age. The sleeplessness of old age.
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 Rhythms 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, delirium).

E. The disturbance is not due to the direct physiological effects of a substance (e.g., 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
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.
- Mental arousal occurs as intrusive thoughts or involuntary rumination
- Somatic arousal - feeling physically “wound up”

There is evidence of “sleep extension” (expanded sleep off & low SE%)

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.
- Mental arousal occurs as intrusive thoughts or involuntary rumination
- Somatic arousal - feeling physically “wound up”

There is evidence of “sleep extension” (expanded sleep off & 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.

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**Insomnia Nos**

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**Are There Subtypes of Insomnia?**

Primary Insomnia

- Extrinsic
- Paradoxical
- Psychophys
- Inadequate Sleep
- Physiologic

- Initial
- Middle
- Late
VALUE OF SUBTYPING?

<table>
<thead>
<tr>
<th>Initial</th>
<th>Anxiety</th>
</tr>
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<tbody>
<tr>
<td>Middle</td>
<td>Medical</td>
</tr>
<tr>
<td>Late</td>
<td>Depression</td>
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</tbody>
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INITIAL IS ANXIETY
MIDDLE IS MEDICAL
LATE IS DEPRESSION

DSM-5 AND ICSD-3
SOMETHING NEW

WHAT DO YOU SUSPECT THIS MEANS
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 PARADIGMATIC SHIFT WAS BROUGHT TO YOU BY

McCrae & Lichstein, 2001

Stepanski & Rybarczyk, 2005

Lichstein, 2006
IT IS ALMOST IMPOSSIBLE TO MAKE A DIFFERENTIAL DIAGNOSIS OF [SECONDARY INSOMNIA (SI)]

THEY ARGUED

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 wakings or problems returning to sleep after wakings (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 (waking)

- 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?**
WHAT IS MEANT BY A SLEEP COMPLAINT?

DEFINITION

One or more of the symptoms below

- Difficulty Falling Asleep
- Difficulty Staying Asleep
- Waking Too Early
- Poor Quality of Sleep
- Nonrestorative Sleep
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

CRITERIA

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 Barton, M.D., Los Angeles

Insomnia is a popular and misused term, used to describe any degree of sleeplessness however mild. The man who has slept too well or the man who is planning a new house frequently describes one or two restless nights as "suffering from insomnia." Such temporary and passing disturbances should not be dignified by the name insomnias. The state of health and the mental balance of the patient are important factors in determining whether a disturbance of sleep should be classed as the ordinary average breaks in the sleep habit which fall to the lot of us all or as the abnormal or persistent, long-continued sleeplessness.
IMPLICATIONS FOR TX?

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 opposite: 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 2-3 days.
- Take Action:
  - 1. If the insomnia persists for more than a week, seek assistance: any early intervention may defer the need for 10 pounds of cure.
  - 2. BBT-I: Instruction
  - 3. CBT-I: Medication
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 effective hypnotics are more frequently prescribed for such things as all types of 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

International Classification of Sleep Disorders

American Sleep Disorders Association

3rd Edition

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