2ND ANNUAL
CHAIRS IN PSYCHIATRY SUMMIT
The Master Class for Psychiatric Professional Development
Is It Insomnia, Is It Hypersomnia, Is It Both?

W. Vaughn McCall, MD, MS
Wake Forest University Health Sciences
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Learning Objective

Recognize and differentiate insomnia and hypersomnia in patients with psychiatric disorder
Sleep and Psychiatric Disorders
A Two-Way Street

- Psychiatric disorders are common in patients with sleep/wake symptoms
- Sleep disorders are common in patients with psychiatric symptoms
- Sleep/wake problems are a risk factor for developing psychiatric disorders
- Sleep/wake disturbances are associated with worse outcome in patients with psychiatric disorders including increased risk of suicide, relapse, and poorer outcomes

Definitions

- **Insomnia**: Trouble falling asleep, staying asleep, or sleep of poor quality, associated with distress or daytime impairment
  - No objective tests
  - Treatment fixes both daytime and night-time symptoms

- **Hypersomnia**: Recurring episodes of excessive sleepiness during normal period of vigilance or extended duration of sleep
  - Objective test—Multiple Sleep Latency Test (MSLT)
Hypersomnia

● 5% of the general population
● 40% of young depressed adults, 10% of depressed elderly

Differential includes
  – Inadequate time in bed
  – Obstructive sleep apnea
  – RLS/PLMD
  – Narcolepsy
  – Effects of medications
  – Psychiatric disorders
    – A special case: a clinical pearl

Insomnia (Chronic)

- 10% of the general population
- 60–90% of patients with depression

Differential diagnosis
- Psychiatric disorders
- Primary insomnia
- Effects of medications
- RLS/PLMD
- Medical disorders (especially COPD, asthma, and neurologic conditions)
- Sleep apnea

The Common Wisdom

“Insomniacs and hypersomniacs are distinct, with discrete differential diagnoses”
Differential Diagnosis Overlap

Hypersomnia and Insomnia

Hypersomnia
- Inadequate time in bed
- Sleep apnea
- RLS/PLMD
- Effects of medications
- Narcolepsy
- Psychiatric disorders

Insomnia
- Psychiatric disorders
- Primary insomnia
- Effects of medications
- RLS/PLMD
- Medical disorders
- Sleep apnea
Tracking Hypersomnolence

*The Epworth Sleepiness Scale (ESS)*

- Public domain
- Good psychometric properties
- Discriminates normals, insomniacs, OSA, and narcoleptics
- Validated against the MSLT
- Responsive to treatment
- 8 items, each scored 0-3, max score 24; scores > 10 are abnormal
Sleepiness in Normals, Sleep Disorders Patients, and Residents

Tracking Insomnia

The Insomnia Severity Index (ISI)

- Public domain
- Good psychometric properties
- Discriminates normals from insomniacs
- Responsive to treatment
- 7 items, each scored 0-4, max score 28; scores > 14 are abnormal
- Not anchored to any specific number of minutes awake or asleep, but instead anchored to distress and dissatisfaction
Tracking Insomnia
Sleep Diaries

- Public domain
- Many versions available
- Staging severity of insomnia and crafting a CBT-I treatment plan relies upon sleep latency, total sleep time, etc., as measured in minutes, over several weeks
- More time intensive than ISI for both patients and physicians, but
- Can have therapeutic value for some patients
Clinical Challenges in Managing Sleep Disorders in Psychiatric Patients

- Assessing sleep/wake disturbance
  - Comorbid sleep disorder?
  - Medication effect?

- Treating sleep/wake symptoms in patients with psychiatric disorders
  - Behavioral treatments: Motivation, behavioral activation
  - Pharmacological treatments: Risk-benefit analysis given risks of comorbid substance abuse, symptom exacerbation

- Measure improvement
  - Monitor sleep status during treatment of psychiatric disorder
Clinical Pearls

- Hypersomnia and insomnia can co-exist
- Separately and collectively, they are common symptoms in mood disorders
- The ESS and ISI are useful tools
- Sleep diaries have different utility than the ISI in insomnia measurement
- Co-occurrence of insomnia and hypersomnia may be an indicator of a primary sleep disorder
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