

# INTRODUCTION TO INSOMNIA

## Basic Facts

- Insomnia is common, affecting **1 in 3 adults**.
- Insomnia can increase the risk of other conditions like *psychiatric conditions, cardiovascular disease, diabetes, pulmonary disease, neurodegenerative disorders*.
- Insomnia is **treatable**.

## Signs and Symptoms of Insomnia

- Depression
- Anxiety
- Substance use
- Posttraumatic stress disorder
- Medical conditions
- Pulmonary disease
- Hypertension
- Diabetes
- Cancer
- Chronic pain
- Heart failure
- Rheumatologic diseases
- Neurologic diseases

## Risk Factors for Insomnia

- Older age
- Female gender
- Previous episode of insomnia
- Family history of insomnia
- Easy arousal from sleep
- Propensity for sleep disruption as a response
- Medications (stimulants, antidepressants, beta blockers, steroids, decongestants)
- Alcohol, caffeine, tobacco
- Other sleep disorders (sleep apnea, restless leg syndrome)

## Frequent co-morbidities

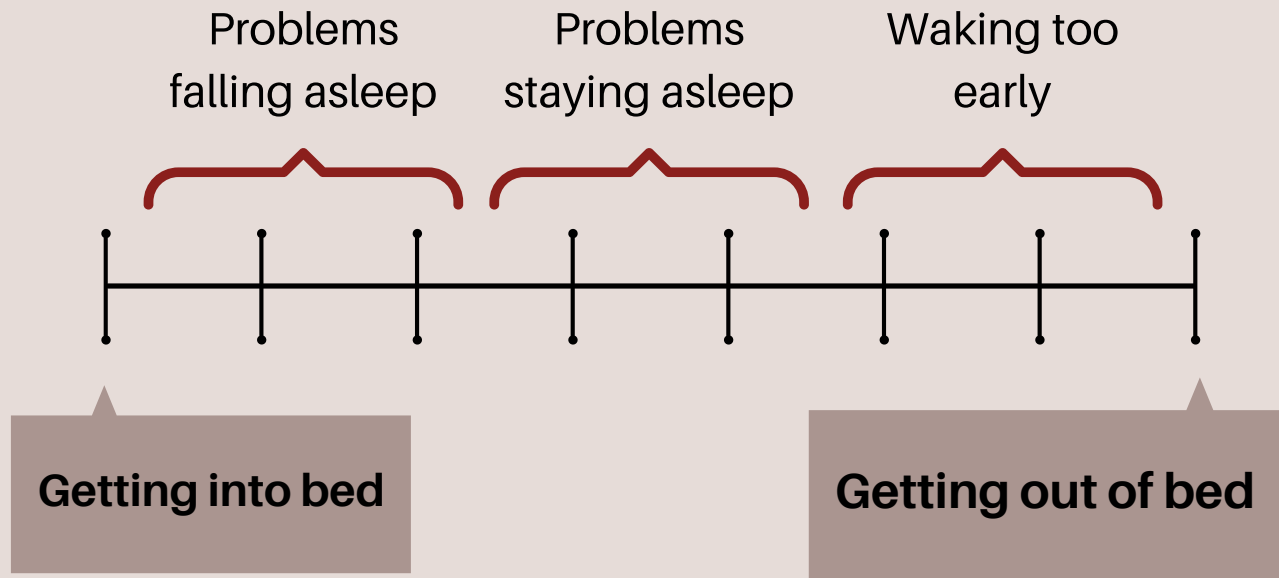
- Trouble falling asleep or staying asleep
- Daytime sleepiness
- Fatigue

Reference: Bonnet BH, Arand DL. Risk factors, comorbidities, and consequences of insomnia in adults. *UpToDate* Accessed 2-28-2022.



# IMPACT OF INSOMNIA ON THE SLEEP CYCLE AND DAYTIME IMPAIRMENTS

## Symptoms of Insomnia during the Sleep Cycle



## Daytime Impairments



**Fatigue**



**Daytime Drowsiness**



**Mood changes**



**Poor cognitive function**



**Depressive or anxious symptoms**

### References:

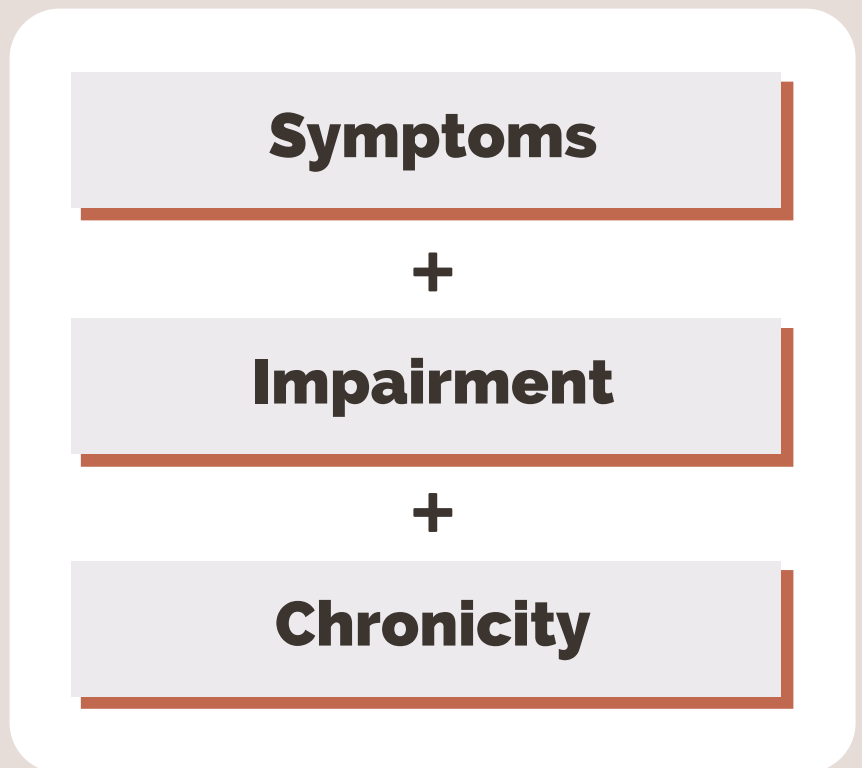
American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, DC: American Psychiatric Association; 2013.  
Misra AK et al. *J Assoc Physicians India*. 2017;65(4):43-47.

# INSOMNIA DISORDER: MORE THAN JUST INSOMNIA SYMPTOMS

## DSM-5/ICSD-3 Insomnia Diagnostic Criteria

Diagnosing insomnia involves more than just the symptoms and individual experiences.

The criteria for diagnosis include two other factors in addition to symptoms:



## Revisions from Earlier Diagnostic Criteria

- 3-month duration criterion, 3 times per week frequency at minimum.
- Nonrestorative sleep is no longer a sufficient symptom for diagnosis.
- Criteria expanded to include both adults and children.
- There is no longer a distinction between "primary" and "secondary" insomnia diagnoses.
- Aggregation of ICSD-3 "primary insomnia" subtypes into a single diagnosis.
- In both the DSM-5 and ICSD-3:
  - Insomnia-induced distress or impairment
  - Experiencing the problem even with enough opportunity to sleep
  - Other physical, mental, or sleep-wake disorders do not explain the problem
  - Substance use or medication do not explain the problem

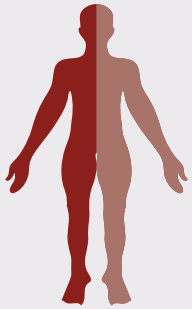
### References:

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC: American Psychiatric Association; 2013.

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# Physiologic Indicators of Aberrant Wakefulness in Insomnia

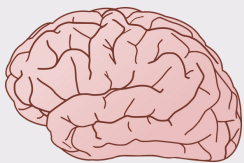


## Systemic

increased metabolic rate, increased body temperature

## Pituitary-adrenal axis

increased activity

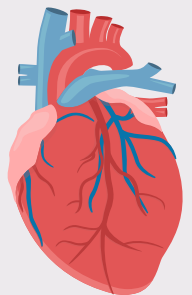


## Brain

increased EEG fast frequencies during sleep, short sleep duration, increased sleep-onset latency

## Heart

increased heart rate, altered heart rate variability



Reference: Morin CM et.al. *Nat Rev Dis Primers*. 2015;1:15026