

SLEEP-WAKE DISORDERS

In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, sleep-wake disorders encompass 10 conditions manifested by disturbed sleep and causing distress as well as impairment in daytime functioning. These conditions, which include both individual disorders and several disorder groups, are approached categorically and dimensionally.

Consequences of Disturbed Sleep

Disturbed sleep, whether because of quality, timing, or duration, can have many adverse health consequences. The most obvious concerns are fatigue and cognitive focus, but mood can be greatly affected, too.

A sleep disorder not only is a risk factor for subsequent development of certain mental conditions but a potential warning sign for serious mental or medical issues. For example, sleep disturbances can signal the presence of medical and neurological problems such as congestive heart failure, osteoarthritis, and Parkinson's disease.

Sleep disorders range from insomnia disorder to narcolepsy and breathing-related disorders to restless legs syndrome. They are diagnosed through comprehensive assessment, which may entail a detailed patient history, physical exam, questionnaires and sleep diaries, and clinical testing. They often are addressed in similarly comprehensive ways involving behavioral, pharmacologic, and other treatments in combination with medical care.

Changes to Sleep-Wake Disorders

A prime goal of *DSM-5* changes to sleep-wake disorders is to increase the clinical utility of definitions and diagnostic criteria, especially for general medical or mental health clinicians, and to clarify when referral is appropriate to a sleep specialist.

To that end, some conditions that were separate in *DSM-IV* now are grouped together to help facilitate diagnosis. Others have been divided based on greater understanding of the pathology triggering certain disorders or their underlying neurobiological and genetic factors.

To help capture the dynamic relationship between sleep-wake disorders and certain mental or medical conditions, a greater emphasis is placed on how they can interact and impact each other. These disorders have been shown to be mutually exacerbating.

DSM-5 underscores the need for independent clinical attention of a sleep disorder regardless of mental or other medical problems that may be present. Two previous diagnoses—sleep disorder related to another mental disorder and sleep disorder related

to another medical condition—have been eliminated and greater specificity of co-existing conditions provided for each of the 10 sleep-wake disorders defined.

DSM-5 also replaces primary insomnia with the diagnosis of insomnia disorder, a switch to avoid the primary/secondary designation when this disorder co-occurs with other conditions and to reflect changes throughout the classification.

The new chapter features dimensional assessments alongside categorical assessments for important reasons. Doing so helps clinicians to capture the severity of symptoms and facilitate measurement-based clinical care. Examining these disorders through a dimensional lens also will help to identify behaviors contributing to the genesis or persistence of a condition.

Finally, where supported by science and considerations of clinical utility, *DSM-5* integrates pediatric and developmental criteria and text for numerous sleep-wake disorders.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish *DSM-5* in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org.