Since the year 2011 has come and gone it is a good time for people to look back at the previous year and assess their strengths and weaknesses. One health area that is valuable to assess is sleeping patterns. Especially around the holiday’s, many people struggle with stress due to family, finances and travel. There are several sleep disorders that are described in the Diagnostic and Statistical Manual of Mental Disorder commonly known as DSM-IV-TR. One diagnosis in particular is different from other Sleep Disorders in that it does not result from a problem with the mechanism or bodily causes of sleep and wakefulness. This is known as Circadian Rhythm Sleep Disorder.

Circadian Rhythm Sleep Disorder, formally called Sleep-Wake Schedule Disorder, is a recurrent or continuous disruption of the circadian sleep-wake cycle. It affects the timing and duration of sleep a person allows him or herself. As a result, many people who suffer from the circadian mismatch suffer from periods of insomnia throughout a 24 hour day but also have periods of excessive sleepiness. This mismatch results in a disruption of social, occupational or other important areas of an individual’s life. Circadian Rhythm diagnosis should be reserved for individuals who have significant impairments or distress. Many people do not seek treatment for this disorder, and individuals vary widely based on their adaptability to changes in their circadian rhythm.

There are a variety of subtypes to this disorder including: Delayed Sleep Phase Type, Jet Lag Type, Shift Work Type, and Unspecified Type.

- Delayed Sleep Phase Type: Individuals have consistent or “locked in” hours of sleep, they consistently fall asleep and wake at specific times when left to their own schedule. Individuals with this subtype complain of not being able to fall asleep at socially acceptable times and are unable to wake during socially acceptable times even with multiple alarm clocks.
- Jet Lag Type: Results from the disruption of one’s circadian rhythm and the pattern of sleep and wakefulness that is required in a new time zone. The severity of the sleep disruption depends on the number of time zones traveled.
- Shift Work Type: In this type, the circadian rhythm is disrupted due to the unusual pattern of sleep and wakefulness schedules. Night-shift schedules and rotating-shift schedules are the most disruptive because individuals do no have consistent times of sleep and wake that their body can adjust to.
- Unspecified Type: Individuals with this subtype may have days where they have insomnia for days at a time followed by days where one experiences excessive sleepiness. Another example is an “advanced sleep-wake pattern,” which describes that some

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individuals have the inability to stay awake in the evenings and spontaneously wake in the mornings.

Other features that may be prevalent in this disorder are confusion, impaired concentration and memory, lightheadedness, fatigue and headaches. Also, individuals with Circadian Rhythm Sleep Disorder may use increased amounts of alcohol, sedative-hypnotic, or stimulants to attempt to regulate their sleep. Generally the use of substances worsens the disorder. The prevalence rate for any type of Circadian Rhythm Sleep Disorder is difficult to assess due to the fact that many individuals do not seek treatment. The prevalence figures for the Delayed Sleep Phase Type have been found to be 0.1 percent to 4 percent in adults and around 7 percent in adolescents. This phase usually begins in adolescence and without intervention can last for years or decades. Shift Work Type will correct itself on its own if the individual quits the particular shift; reversal of symptoms usually takes about 2 weeks once the individual returns to the normal sleep-wake cycle. Treatment of this disorder varies but one type of therapy that has been shown to make improvement in sleep for individuals is light therapy. Bright Light Therapy should be decreased in increments of 15 minutes in order to adjust the time an individual wakes up and then should be maintained once the time is consistent (Okawa & Uchiyama, 2007). Melatonin administration has also been shown to increase sleep in individuals, especially if combined with bright light therapy (Okawa & Uchiyama, 2007).

Reference

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