



DIAGNOSTIC CRITERIA FOR SLEEP DISORDERS

Insomnia

- A. The predominant complaint is difficulty initiating or maintaining sleep OR nonrestorative sleep (sleeping okay but feeling tired throughout the day)
- 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 or a Parasomnia such as nightmares or sleepwalking.
- D. The disturbance does not occur exclusively during the course of another mental health diagnosis such as Major Depression or Anxiety.
- E. The disturbance is not due to the direct physiological effects of a substance (a drug of abuse or a medication) or a general medical condition.

Hypersomnia

- A. The predominant complaint is excessive sleepiness for at least 1 month (or less if chronic) as evidenced by either prolonged sleep episodes or daytime sleep episodes that occur almost daily.
- B. The excessive sleepiness causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
- C. The excessive sleepiness is caused by insomnia, does not occur exclusively during the course of another sleep disorder and cannot be explained by an inadequate amount of sleep.
- D. The disturbance does not occur exclusively during the course of another mental health diagnosis.
- E. The disturbance is not due to the direct physiological effects of a substance (a drug of abuse or a medication) or a general medical condition.

Note: In cases where insomnia or hypersomnia are related to another mental health problem, the correct diagnosis would be Insomnia (or Hypersomnia) Related to [indicate the disorder].

Narcolepsy

- A. Irresistible attacks of refreshing sleep that occur daily over at least 3 months.
- B. The presence of one or both of the following:
 - 1) Cataplexy (brief episodes of sudden bilateral loss of muscle tone, most often in association with intense emotion)
 - 2) Recurrent intrusions of elements of rapid eye movement (REM) sleep into the transition between sleep & wakefulness, as manifested by either hypnopompic or hypnologic hallucinations or sleep paralysis at the beginning or end of sleep

Breathing - Related Sleep Disorder

- A. Sleep disruption, leading to excessive sleepiness or insomnia, which is judged to be due to a sleep-related breathing condition (e.g. obstructive or central sleep apnea syndrome)
- B. The disturbance is not better accounted for by another mental health diagnosis and is not due to the direct physiological effects of a substance (a drug of abuse or a medication) or another general medical condition (other than a breathing-related disorder).

Circadian Rhythm Sleep Disorder

- A. A persistent or recurrent pattern of sleep disruption leading to excessive sleepiness or insomnia that is due to a mismatch between the sleep-wake schedule required by a person's environment and his / her circadian sleep-wake pattern.
- B. The sleep disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
- C. The disturbance does not occur exclusively during the course of another Sleep Disorder or other mental health diagnosis.
- D. The disturbance is not due to the direct physiological effects of a substance (a drug of abuse or a medication) or a general medical condition.

Specify type:

Delayed Sleep Phase Type = a persistent pattern of late sleep onset and late awakening times, with an inability to fall asleep and awaken at a desired earlier time.

Jet Lag Type = sleepiness and alertness that occur at an inappropriate time of day relative to local time, occurring after repeated travel across more than one time zone.

Shift Work Type = insomnia during the major sleep period or excessive sleepiness during the major awake period associated with night shift work or frequently changing shift work.

Unspecified Type = for example advanced sleep phase, non-24-hour-sleep-wake pattern, irregular sleep-wake pattern, or other unspecified pattern.

Dyssomnia Not Otherwise Specified

This is a category for insomnia, hypersomnia or circadian rhythm disturbances that do not meet the criteria for disorders already listed. Examples include:

- 1) Complaints of clinically significant insomnia or hypersomnia that is attributable to environmental factors (such as noise, light, frequent interruptions).
- 2) Excessive sleepiness that is attributable to ongoing sleep deprivation.
- 3) ***Restless Leg Syndrome***: uncomfortable sensations (discomfort, crawling sensations or restlessness) that lead to an intense urge to move the legs. Typically, the sensations begin in the evening before sleep onset and are temporarily relieved by moving the legs or walking, only to begin again when the legs are immobile. The sensations can delay sleep onset or awaken the individual from sleep.
- 4) ***Periodic Limb Movements***: “nocturnal myoclonus”; repeated low-amplitude brief limb jerks, particularly in the lower extremities. These movements begin near sleep onset and decrease during stage 3 or 4 non-rapid-eye-movement (NREM) and rapid eye movement (REM) sleep. Movements usually occur rhythmically every 20 - 60 seconds, leading to repeated, brief arousals. Individuals are typically unaware of the actual movements, but may complain of insomnia, frequent awakenings or daytime sleepiness if the number of movements is very large.
- 5) Situations in which the clinician has concluded that a dyssomnia is present but is unable to determine whether it is primary, due to a general medical condition or substance induced.

Nightmare Disorder

- A. Repeated awakenings from the major sleep period or naps with detailed recall of extended and extremely frightening dreams, usually involving threats to survival, security or self-esteem. The awakenings generally occur during the second half of the sleep period.
- B. On awakening from frightening dreams, the person rapidly becomes oriented and alert (in contrast to the confusion and disorientation seen in Sleep Terror Disorder and some forms of epilepsy)
- C. The dream experience, or the sleep disturbance resulting from the awakening, causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
- D. The nightmares do not occur exclusively during the course of another mental health diagnosis (such as post traumatic stress disorder) and are not due to the direct physiological effects of a substance (a drug of abuse or a medication) or a general medical condition.

Sleep Terror Disorder

- A. Recurrent episodes of abrupt awakening from sleep, usually occurring during the first third of the major sleep episode and beginning with a panicky scream.
- B. Intense fear and signs of autonomic arousal such as tachycardia, rapid breathing, and sweating, during each episode.
- C. Relative unresponsiveness to efforts of others to comfort the person during the episode.
- D. No detailed dream is recalled and there is amnesia for the episode.
- E. The episodes cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- F. The disturbance is not due to the direct physiological effects of a substance (a drug of abuse or a medication) or a general medical condition.

Sleepwalking Disorder

- A. Repeated episodes of rising from bed during sleep and walking about, usually occurring during the first third of the major sleep episode.
- B. While sleepwalking, the person has a blank, staring face, is relatively unresponsive to the efforts of others to communicate with him or her, and can be awakened only with great difficulty.
- C. On awakening (either from the sleepwalking episode or in the morning), the person has amnesia for the episode.
- D. Within several minutes after awakening from the sleepwalking episode, there is no impairment of mental activity or behavior (although there may initially be a short period of confusion or disorientation)
- E. The sleepwalking causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
- F. The disturbance is not due to the direct physiological effects of a substance (a drug of abuse or a medication) or a general medical condition.

Parasomnia Not Otherwise Specified

This category is for disturbances that are characterized by abnormal behavioral or physiological events during sleep or sleep-wake transitions, but that do not meet the criteria for the disorders already listed. Examples include:

1. REM sleep behavior disorder = motor activity, often of a violent nature, that arises during rapid eye movement (REM) sleep. Unlike sleepwalking, these episodes tend to occur later in the night and are associated with vivid dream recall.
2. Sleep paralysis = an inability to perform voluntary movement during the transition between wakefulness and sleep. The episodes may occur at sleep onset (hypnagogic) or with awakening (hypnopompic). The episodes are usually associated with extreme anxiety and, in some cases, fear of impending death. Sleep paralysis occurs commonly as an ancillary symptom of Narcolepsy and, in such cases, should not be coded separately.
3. Situations in which the clinician has concluded that a parasomnia is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced.