

# SleepCaptions

## Psychological (Mental) Illness & Sleep

**Psychological** [affecting or arising in the mind]  
**Conditions:** Any health condition that adversely impacts sleep and/or wakefulness.

Poor mental health can interfere with sleep. Anxiety and depression, distorted thinking, or the use of medication might make us sleep too much, too little, or at the wrong times. Certain psychological conditions are more likely than others to interfere with sleep.

### Features

**Insomnia:** the inability to sleep most often arises because of stress or anxiety. Too much sleep during the day also disturbs nighttime sleep. Medications such as antidepressants or bi-polar drugs might also interfere with sleep.

**Hypersomnia:** sleeping too much might result from a mood disorder such as depression, from a psychotic disorder, or from medications.

**Sleep-breathing difficulties:** unless a person also has sleep apnea, difficulty breathing during sleep usually does not develop as a result of a mental health condition.

**Parasomnia:** Nightmares and REM Sleep Behavior Disorder commonly plague those with Post-Traumatic Stress Disorder. Parasomnia episodes that occur when falling asleep or waking are a common feature of dissociative disorders.

**Circadian Disturbance:** disruptions in the timing of sleep are more likely to develop in people with psychotic disorders such as schizophrenia and in those with bi-polar disorder. Over time,

certain medications might push sleep forward or backward.

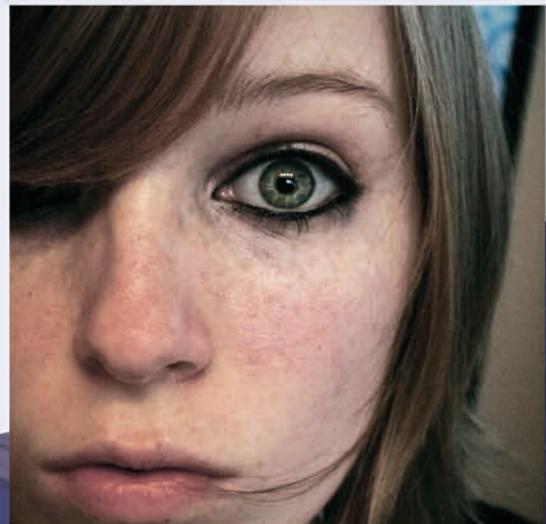
**Sleep-Related Movements:** movements during sleep may develop in response to brain diseases, kidney disease, or pregnancy.

### Diagnosis

Sleep problems that are related to a mental health condition would not exist if the underlying health problem resolved itself. Diagnosis might therefore involve some combination of your primary doctor, a psychiatrist, a psychologist or social worker, and a certified sleep specialist. Whether an overnight sleep study is necessary will depend on your condition. Keep a sleep diary of changes in your sleep since the onset of your illness.

### Treatment

Diligently treating an underlying psychiatric condition may be enough to improve sleep. Take medications on time and do not skip psychotherapy and support group appointments. Keep your doctor advised of changes in your sleep as they arise. If you or a loved one are able, keep a diary of your sleep habits, especially if they change frequently and your condition is chronic. Good sleep habits will compliment any treatment plan.



### Does My Illness Interfere with Sleep?

My sleep problems began following the onset of my illness.

Anxiety keeps me awake at night.

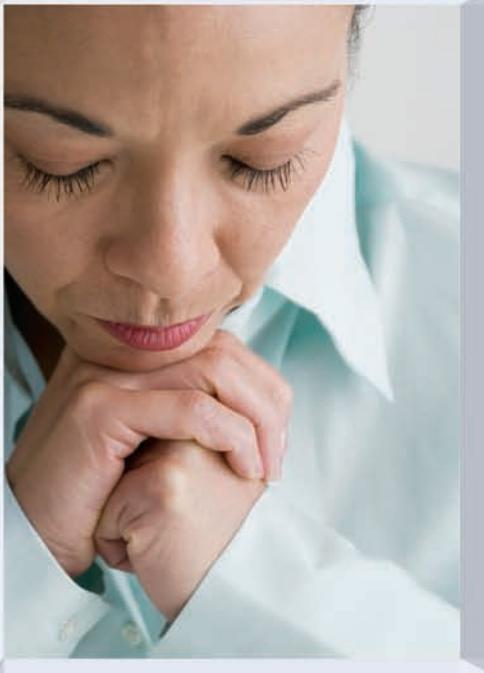
My sleep problems get better or worse according to changes in my illness.

I experience bouts of intense activity and insomnia followed by periods of inactivity and depression.

My sleep problems began after a change in medication to treat my condition.

My illness would be easier to manage if I could sleep better.

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## Mental Illnesses Impacting Sleep

The majority of psychiatric illnesses impact sleep in some manner. Poor sleep worsens symptoms. Sometimes, sleep problems may even help to define a mental health condition. The following list, though not comprehensive, briefly describes the most common impact certain mental health conditions have on sleep:

**Anxiety Disorder:** Insomnia and frequently disturbed sleep related to nighttime stress. Daytime sleepiness as a result of medications to treat anxiety.

**Bi-polar Disorder:** Insomnia during the manic phase of this condition. Hypersomnia during the depressive phase. Daytime tiredness related to medications to treat it.

**Personality Disorders:** Insomnia associated with borderline personality disorder. Insomnia, frequent sleep disturbance or hypersomnia during symptomatic periods of any personality disorder.

**Major Depression and Dysthymia:** Insomnia or hypersomnia related to depressive symptoms or anxiety. Daytime sleepiness related to medications to treat the depressive disorder.

**Dissociative Disorder:** Parasomnia events related to symptoms of the disorder (displaced memories of an underlying trauma).

**Obsessive-Compulsive Disorder:** Insomnia related to nighttime OCD behaviors or related anxiety. Daytime tiredness from sleep deprivation or from medications to treat OCD.

**Post-Traumatic Stress Disorder:** Insomnia related to nighttime stress. Severe nightmares about the trauma.

**Schizophrenia & Psychotic Disorders:** Insomnia during periods of psychosis. Sleep apnea that is secondary to certain medications used to treat the disorder.

**Seasonal Affective Disorder:** Insomnia or hypersomnia related to depression during the winter months. Circadian shifts during the winter months related to reduced daylight.



## Common Sleep Disorders In Mental Illness

Insomnia  
Hypersomnia  
Nightmares

Circadian Disturbance  
Sleep Apnea  
Insufficient Sleep Syndrome

## Mental Illness and Sleep Mechanics

Anxiety is the most common reason for sleep problems in mental illness. Diligence in treating the underlying psychiatric illness minimizes sleep problems, in many instances. The ability to sleep soundly at night may be further compromised by isolation. The less active we are during the day, the less likely we will be to sleep at night. Adding to the challenge of sleeping at night followed by daytime wakefulness is the balance of medication.



## Need more information?

Visit the SleepMedicine Education web site at: [sleepmedicineeducation.com](http://sleepmedicineeducation.com) for additional publications. See also:

**SleepIssues:** "Sane Sleep"  
"Can't Sleep?"

**SleepGuides:** "Treating Sleep Disorders"

To schedule an appointment at any Sleep Medicine Centers location, visit [www.sleepmedicinecenters.com](http://www.sleepmedicinecenters.com) or call:

(716)92-DREAM  
(877)53-SNORE

## Did You Know?

According to Harvard Health Publications, 65% to 90% of adults with major depression experience some kind of sleep problem. Sleep problems were also found to increase the risk of developing depression.

Numerous studies suggest that insomnia worsens just prior to a manic episode, in those with Bi-polar Disorder. During the manic episode, 70% of individuals report total insomnia or less need for sleep.

According to the National Heart, Lung and Blood Institute, individuals with PTSD have higher incidents of sleep-disordered breathing and dream disturbances in both REM and NREM sleep.

The Journal of Psychiatric Research reports several studies linking chronic sleep problems to higher rates of suicide.

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## Risks for Mental Illness Related Sleep Problems

- ✓ Mental illness associated with severe anxiety
- ✓ Untreated psychiatric disorders
- ✓ Misuse of medication
- ✓ Use of recreational drugs
- ✓ Failure to report sleep-related symptoms to doctors or counselors

## Effects of Mental Illness Related Sleep Problems

- ✓ Worsening mental health symptoms
- ✓ Worsening sleep problems

