DOWNLOAD PDF SLEEP DISORDERS CHARLES M. MORIN AND JACK D. EDINGER

Chapter 1 : Sleep Disorders Classification and Diagnosis - Oxford Handbooks

Jack D. Edinger and Charles M. Morin The Oxford Handbook of Sleep and Sleep Disorders Edited by Charles M. Morin and Colin A. Espie.

To present an expert consensus, standardized, patient-informed sleep diary. Sleep diaries from the original expert panel of 25 attendees of the Pittsburgh Assessment Conference 1 were collected and reviewed. A smaller subset of experts formed a committee and reviewed the compiled diaries. Items deemed essential were included in a Core sleep diary, and those deemed optional were retained for an expanded diary. Secondly, optional items would be available in other versions. A draft of the Core and optional versions along with a feedback questionnaire were sent to members of the Pittsburgh Assessment Conference. The feedback from the group was integrated and the diary drafts were subjected to 6 focus groups composed of good sleepers, people with insomnia, and people with sleep apnea. The data were summarized into themes and changes to the drafts were made in response to the focus groups. The resultant draft was evaluated by another focus group and subjected to lexile analyses. The lexile analyses suggested that the Core diary instructions are at a sixth-grade reading level and the Core diary was written at a third-grade reading level. The Consensus Sleep Diary was the result of collaborations with insomnia experts and potential users. The adoption of a standard sleep diary for insomnia will facilitate comparisons across studies and advance the field. The proposed diary is intended as a living document which still needs to be tested, refined, and validated. Sleep diary , insomnia , sleep assessment INTRODUCTION Insomnia is a very prevalent and significant sleep disorder associated with reduced quality of life, increased healthcare costs, and increased risks for serious psychiatric and medical comorbidities. This research has advanced our understanding of the manifestations and management of insomnia. Yet, as noted in a previous consensus report, 1 the collective impact of these studies has been limited by a lack of standardization in insomnia research methodologies. This lack of standardization, in turn, has contributed to inconsistencies in study findings that have hindered our ability to translate research findings into clinical practice. This lack of standardization spilled over to some of the most basic tools used in insomnia research, such as the sleep diary. While there is widespread agreement that a sleep diary should routinely be included in insomnia research, 1 the absence of a standardized and widely used sleep diary has compromised the ability to fully interpret and integrate results of previous studies. Researchers agree that having insomnia sufferers prospectively self-monitor or record their sleep on a night-by-night basis with a sleep diary is a useful methodology for assessment and for tracking treatment effects. On the other hand, researchers have not agreed on the format of the sleep diary. Diaries also vary as to whether respondents were asked to provide estimates of all of the key parameters or whether some parameters, such as TST and WASO, were calculated from other parameters. Finally, researchers have used various definitions and different calculations for indices such as SE and WASO including or not including the final awakening , the primary measures of interest in many insomnia clinical trials. Clearly the adoption of a standard sleep diary would be a major step toward moving the field forward. Based on these considerations, the development of a standardized, consensually supported sleep diary is long past due. The considerable diversity among the sleep diaries used in previous research suggests that there are many different points of view about: Reaching consensus among insomnia researchers would be an important first step. Qualitative research on the acceptability of the diary by patients and research subjects would also be important to determine and has not been carried out for existing diary versions for example, whether they understand the diary questions as intended and if they able to complete the diary easily over extended self-monitoring periods without incurring undue burden. Food and Drug Administration has suggested that soliciting patient-reported outcomes PROs is an important piece in the development and validation of measures to be used in labeling studies. Recognizing the challenges these considerations pose, a workgroup was formed to develop and propose a consensus-based standardized sleep diary. The specific aims of this work-group were to: METHODS The consensus sleep diary

project was an outgrowth of the Insomnia Assessment Conference which resulted in a publication with recommendations for standard research assessment of insomnia. Lichstein, and Charles M. Morin and 20 invited insomnia experts selected for their research contributions to the field of insomnia as well as for their broad representation of different types of insomnia research. Beginning in , the five members of the organizing committee and two additional insomnia researchers Colleen E. Carney and Andrew D. Krystal participated in a workgroup convened to develop a consensus sleep diary. This workgroup held a number of conference calls for planning purposes and then convened for a face-to face meeting in Chicago, IL, on April , to discuss general objectives and strategies for developing a consensus sleep diary. The group agreed on the following decisions concerning the general purpose and format of the diary to be developed. Additionally, the group agreed upon the method whereby items would be evaluated: However, the structure of the CSD would also be general enough to be useful for clinical and research applications for all sleep disorders as well as for good sleepers. The CSD would build upon sleep diaries previously used in insomnia research to facilitate comparisons across past and future studies. Recommendations regarding the CSD from the larger group of insomnia experts who attended the Pittsburgh Assessment Conference 1 would also be captured. For example, there would be consistency in the calculation of sleep indices described in Buysse et al. Alternate forms of the CSD would be developed to offer researchers optimal flexibility in addressing research questions. Previously developed diaries would be solicited from the insomnia research community, including Pittsburgh Assessment Conference members, and these diaries would be analyzed, compared, and discussed among the CSD Workgroup members to identify those items most commonly used and likely to be supported by the insomnia research community. The Core CSD would be designed to fit on a single 8. This was primarily a practical solution that was made in order to both save paper and to appear less daunting to a diary user. The wording of the diary items would be in past tense since they are most often completed the morning after the night being reporting upon. The workgroup then solicited copies of sleep diaries from all 25 members of the original Pittsburgh Assessment Conference. Items from the submitted diaries were grouped according to item content and placed together on a worksheet for review. The worksheet had no indication of the original sources. Members were also permitted to suggest new wording if no choices were desirable. For example, if an item set contained no options worded in the past tense or second person, new items were constructed. The results of the item rating and the rewording process were circulated among members, who were blind to the identity of the person suggesting the reworded items. The workgroup then reviewed the results of the item ratings and rewording via teleconference and agreed upon the final wording of each item. In many cases there was a high degree of agreement. For cases in which the group was divided about the optimal item wording, consensus was achieved through discussion. The workgroup also discussed whether each item would be included as part of the Core CSD or remain as an optional item on the expanded CSD. The results of this teleconference yielded an initial draft of the core and expanded CSD items. The items were then entered into a self-report tabular format which was discussed on a subsequent teleconference. The workgroup agreed to include guidelines for respondents within the diary itself to decrease the likelihood of common mistakes. For instance, the workgroup agreed it was important to include indicators for whether a time was AM or PM, denoting whether the number refers to minutes or hours, and including tick boxes next to qualitative Likert scale items. A sample column was included to model the desired format of responses. Once the format was agreed upon, instructions for the diary were written. In formulating these instructions, workgroup members discussed their clinical observations of common pitfalls in completing diaries. It was agreed that the instructions needed to be explicit and written at or below an eighth-grade reading level. The first author CEC then drafted a set of instructions for the diaries and circulated them for the other members to discuss in a subsequent teleconference on which the instructions were further revised to ensure they were sufficiently clear. The reading level tool in Microsoft Office Word was used to determine the reading level. Draft versions of the core and expanded i. In addition to the CSD and instructions, a questionnaire was also included. The diaries and instructions were re-edited based on the responses. Rationale and Procedures Previous research on focus groups suggested that

obtaining participant input via methods such as focus groups is a crucial component of developing patient reported outcomes PRO. In general, focus groups consist of small groups of people who are asked in general terms about their perceptions, opinions, beliefs, and attitudes towards methods for evaluating the construct in question. Specifically, focus group discussions help the research team discover the vocabulary and the thinking patterns of the target group in a format that encourages free communication. Although the results of focus groups can be described in quantitative terms, they are best viewed as hypothesis-generating rather than hypothesis-testing procedures. As the optional versions had the same items with differing instructions, only one of the sleep diaries with all optional items later referred to as the Consensus Sleep Diary, Morning administration or CSD-M was used. Six focus groups were conducted: Diagnosis was based on self-identification. Participants were recruited from local sleep clinics, research registries, and advertisements. Following a scripted introduction explaining the purpose of sleep diaries, each focus group was asked a set of structured questions designed to elicit descriptions of sleep and daytime activities and events related to sleep. In particular, they were asked how they would describe their sleep in quantitative terms e. Finally, each group was shown the proposed sleep diary, and asked for their comments regarding its utility, format, and adequacy for describing their sleep. The facilitator and a co-facilitator each took notes and developed a set of summary comments for each group. These notes and summary comments were reviewed by the CSD workgroup along with an external consultant with expertise in focus group methodology Dr. McShane , which resulted in a set of major themes. Lexile Analysis The core CSD as well as the expanded, optional version later referred to as CSD-M of the sleep diary and the instruction sets were both submitted to lexile analysis http: Three members did not respond to multiple contact attempts. Of the 22 sleep diaries that were submitted, only 16 were unique, as some versions were in use across more than one site. The next question asked: The last question asked: One respondent requested the addition of an adherence item e. Another suggestion was to include direct estimate of TST as a Core rather than optional item; however the decision was made to derive this variable from other information in the diary, as recommended by Buysse et al.

Chapter 2 : racedaydvl.com- Importance of sleep | Neuropsychological Assessment

Jack D. Edinger, PhD, is an insomnia specialist at National Jewish Health. Dr. Edinger is in the Section of Sleep Medicine and Department of Medicine.

Journal of Clinical Sleep Medicine, Vol. Chair ; David Kristo, M. Hauri, PhD, and Charles M. The Flinders Fatigue Scale: Bootzin, PhD; Daniel J. Edinger, PhD; Colin A. Espie, PhD; Kenneth L. Zwart and Stephen A. Edinger, PhD; William K. Wohlgemuth, PhD; Andrew D. Krystal, MD; John R. Edinger, PhD; Jenna L. Gress, BA; Melanie G. Jacobs, PhD; Edward F. Edinger, PhD, William K. Wohlgemuth, PhD, Rodney A. Radtke, MD, Gail R. Marsh, PhD, and Ruth E. Journal of Consulting and Clinical Psychology, , Vol. Remmers, Rollin Brant, W. Haynes, Augustus Adams, and Michael Franzen. Journal of Abnormal Psychology, , 90 6 , Peppard, and Daniel J. A Meta-Analysis Douglas R. Murtagh and Kenneth M. Journal of Consulting and Clinical Psychology, , 63 1 , The Insomnia Severity Index: The microstructure of sleep in primary insomnia: International Journal of Psychophysiology 89 â€" Misperception of sleep can adversely affect daytime functioning in insomnia Christina Neitzert Semlera and Allison G. Bastien, and Colin A. A Survey Study Deirdre A. Journal of Consulting and Clinical Psychology, , 65 2 , Safety behaviors and dysfunctional beliefs about sleep: Journal of Psychosomatic Research 60 â€" Secondary insomnia: McCrae and Kenneth L. Lichstein Sleep Medicine Reviews, Vol. Borbely and Peter Achermann. Saunders Company, Sleeping with the enemy: Clock monitoring in the maintenance of insomnia Nicole K. Anne Schmidtb, and Allison G. Todd Arnedt, Michaela S. Rogier Hoendersb, Albertine J. Oldehinkela, and Peter de Jongea. Journal of Behavioral Medicine, Vol. Journal of Behavioral Medicine, , Vol. The Natural History of Insomnia: Sleep Med Res , 2: Am J Psychiatry ; Birds of a Feather? Current Pharmaceutical Design, , 14, The long-term management of chronic insomnia: Pigeon and Michael L. Andrews, and Donna E. Smith and Michael L. Perlis Health Psychology, , Vol. Vaughn McCall, Carla R. Current conceptualizations and future directions Jason G. Ellis, Philip Gehrman, Colin A. Espie, Dieter Riemann, and Michael L. Perlis Sleep Medicine Reviews Are there sleep-specific phenotypes in patients with chronic fatigue syndrome? Bastien, Maria Gardani; and Colin A. The natural history of insomnia: Ellis, Vincent Deary, and Wendy M. Troxel Behavioral Sleep Medicine, Barclay and Jason G. Commentary on Kuna et al. Barclay, PhD; Jason G.

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Chapter 3 : About the Book | Sink Into Sleep

The Oxford Handbook of Sleep and Sleep Disorders Edited by Charles M. Morin and Colin A. Espie Oxford Library of Psychology. Includes current, population-specific chapters and its impact on school performance.

A socio-economic perspective on sleep disorders Damien Leger Forensic aspects of sleep disorders Rosalind D. Sleep disorders classification and diagnosis Jack D. Edinger and Charles M. Clinical assessment of sleep-wake complaints James K. Cvengros, and Jason C. Therapeutic Approaches Kenneth L. Vander Wal, and Haley R. Sleep and medical disorders Leanne Fleming and Judith R. Sleep and substance abuse disorders J. Todd Arnedt, Deirdre A. Conroy, and Kirk J. Night terrors and somnambulism Antonio Zadra and Mathieu Pilon Circadian rhythm disorders I: Lack and Helen R. Circadian rhythm disorders II: Sleep-related breathing disorders Terri E. Weaver and Lichuan Ye Hypersomnia and narcolepsy Yves Dauvilliers and Sophie Bayard Restless legs syndrome and periodic limb movements Richard P. Sleep and Special Populations Sleep-related problems in childhood Melisa Moore and Jodi A. Sleep-related problems in adolescence Amy R. Wolfson and Edward B. Sleep disturbances in elderly Jeanne E. Maglione and Sonia Ancoli-Israel Sleep disturbances and learning disability mental retardation Luci D. Sleep Disturbance and Chronic Pain: Biobehavioral Interactions Michael T. Smith, Adeel Nasir, Claudia M. Morin and Colin A. Espie Author Information Charles M.

Chapter 4 : Consensus Sleep Diary: Standardizing Prospective Sleep Self-Monitoring | Sleep | Oxford Aca

Jack D Edinger of National Jewish Health, CO with expertise in Clinical Psychology. Charles M Morin. Jack D Edinger. (International Classification of Sleep Disorders, Second Edition.

Toward morning, there is an increase in rapid eye movement, or REM sleep, when the muscles are relaxed and dreaming occurs, and recent memories may be consolidated in the brain. The experts say that hitting a snooze alarm over and over again to wake up is not the best way to feel rested. The restorative value of rest is diminished, especially when the increments are short, said psychologist Edward Stepanski, PhD who has studied sleep fragmentation at the Rush University Medical Center in Chicago. This on and off again effect of dozing and waking causes shifts in the brain-wave patterns. Sleep-deprived snooze-button addicts are likely to shorten their quota of REM sleep, impairing their mental functioning during the day. New York Times, October 12, Certain therapies, like cognitive behavioral therapy teach people how to recognize and change patterns of thought and behavior to solve their problems. Recently this type of therapy has been shown to be very effective in getting people to fall asleep and conquer insomnia. According to a study published in the October issue of The Archives of Internal Medicine, cognitive behavior therapy is more effective and lasts longer than a widely used sleeping pill, Ambien, in reducing insomnia. The study involved 63 healthy people with insomnia who were randomly assigned to receive Ambien, the cognitive behavior therapy, both or a placebo. The patients in the therapy group received five minute sessions over six weeks. They were given daily exercises to recognize, challenge and change stress-inducing thoughts and were taught techniques, like delaying bedtime or getting up to read if they were unable to fall asleep after 20 minutes. The patients taking Ambien were on a full dose for a month and then were weaned off the drug. At three weeks, 44 percent of the patients receiving the therapy and those receiving the combination therapy and pills fell asleep faster compared to 29 percent of the patients taking only the sleeping pills. Two weeks after all the treatment was over, the patients receiving the therapy fell asleep in half the time it took before the study and only 17 percent of the patients taking the sleeping pills fell asleep in half the time. New York Times, October 5, According to leading sleep researchers, there are techniques to combat common sleep problems: Almost one third of people with insomnia achieve normal sleep and most reduce their symptoms by 50 percent and sleep an extra minutes a night. When insomnia exists along with other psychological disorders like depression, say the experts, the initial treatment should address the underlying condition. But sometimes even after resolving the underlying condition, the insomnia still exists, says psychologist Jack Edinger, Ph. From his clinical experience, he has found that most patients with insomnia should be examined for specific behaviors and thoughts that may perpetuate the sleep problems. When people develop insomnia, they try to compensate by engaging in activities to help them get more sleep. They sleep later in the mornings or spend excessive times in bed. These efforts usually backfire, said Edinger. From his clinical work and research on sleep, psychologist Charles M. Bedtime, waking time, time to fall asleep, number and durations of awakening, actual sleep time and quality of sleep are documented by the person suffering from insomnia. A person can develop poor sleep habits i. Some patients also develop a fear of not sleeping and a pattern of worrying about the consequences of not sleeping, said Morin. Treatments that address the poor sleep habits and the faulty beliefs and attitudes about sleep work but sometimes, said Morin, medication may play a role in breaking the cycle of insomnia. But behavioral therapies are essential for patients to alter the conditions that perpetuate it. A person can keep a sleep diary for a couple of weeks and a clinician can monitor the amount of time spent in bed to the actual amount of time sleeping. Then the clinician can instruct the patient to either go to bed later and get up earlier or visa versa. This procedure improves the length of sleeping time by imposing a mild sleep deprivation situation, which has the result of reducing the anxiety surrounding sleep. To keep from falling asleep during the day, patients are told not to restrict sleep to less than five hours. Standardizing sleep actually helps a person adjust his or her homeostatic mechanism that balances sleep, said Edinger. Therefore, if you lose sleep,

your homeostatic mechanism will kick in and will work to increase the likelihood of sleeping longer and deeper to promote sleep recovery. This helps a person come back to their baseline and works for the majority. A person can also establish more stimulus control over his or her bedroom environment, said Dr Morin. Finally, a person can incorporate relaxation techniques as part of his or her treatment. For example, a person can give herself or himself an extra hour before bed to relax and unwind and time to write down worries and plans for the following day. In CBT, said Morin, breaking the thought process and anxiety over sleep is the goal. After identifying the dysfunctional thought patterns, a clinician can offer alternative interpretations of what is getting the person anxious so a person can think about his or her insomnia in a different way. Interestingly, the length of the circadian cycle stays roughly the same over the lifespan but the amplitude of the circadian rhythm may decline somewhat with aging.

Chapter 5 : Reviews | Sink Into Sleep

Sink Into Sleep is an invaluable resource for anyone with sleep difficulties and for therapists treating them." â€"Charles M. Morin, PhD, Professor of Psychology, Canada Research Chair on Sleep Disorders.

Chapter 6 : Adult Psychopathology and Diagnosis (, Hardcover, Revised) | eBay

sleep, vol. 29, no. 11, review introduction insomnia is a prevalent complaint both in the general population and in clinical practice.

Chapter 7 : Publications Authored by Jack D Edinger | PubFacts

/ Helen S. Driver --Sleep and the psychology curriculum / Jason Ellis --The epidemiology of sleep / Kevin Morgan --A socioeconomic perspective of sleep disorders (insomnia and obstructive sleep apnea) / Damien Leger --Forensic aspects of sleep medicine / Rosalind D. Cartwright --Sleep disorders classification and diagnosis / Jack D. Edinger and.

Chapter 8 : Society of Behavioral Sleep Medicine Bibliography Resources

Sleep Disorders Classification and Diagnosis Jack D. Edinger and Charles M. Morin Clinical Assessment of Sleep-Wake Complaints James K. Wyatt, Jamie A. Cvengros, and Jason C. Ong Insomnia I: Etiology and Conceptualization Philip Gehrman, James Findley, and Michael Perlis.

Chapter 9 : - NLM Catalog Result

Bibliography Resource. Cognitive Behavioral Therapy for Insomnia Resource Articles. Compiled from the U Penn Behavioral Health Department of Psychiatry Website with special thanks to Michael Perlis, PhD.