THE WETC PSYCHOLOGY NEWSLETTER

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Sleep Disorders and Psychiatric Injuries

"a forensic practitioner in psychology and psychiatry who diagnoses a sleep disorder without the objective evidence of a polysomnographic sleep study is truly skating on very thin ice."

One of the most frequent complaints found in individuals who have had either physical and/or psychological injuries is difficulty sleeping. However, since sleep problems occur as a concomitant of many psychological disorders, and since the DSM-IV-TR is very clear in indicating that at least some of the sleep disorders are only correctly diagnosed when they are "sufficiently severe to warrant independent clinical attention," it behooves the medical-legal examiner to be especially cautious in diagnosing a sleep disorder. Unfortunately, psychologists and psychiatrists are usually not in a good position to diagnose any of the DSM-IV-TR sleep disorders in the context of a medical-legal evaluation.

The main reason for forensic psychologists and psychiatrists having difficulty diagnosing sleep disorders is that unlike psychological disorders that are characterized by signs and symptoms of depression, anxiety or other relatively easily observed psychopathology, it is normally impossible to directly observe any objective signs of sleep disorders in the doctor's consulting room. The only possible exceptions to this are the sleep disorders of Narcolepsy and Hypersomnia, described below. Moreover, there are no useful objective psychological tests for assessing sleep disorders. For example, the Epworth Sleepiness Scale, recommended in the Fifth Edition of the *AMA Guides to the Evaluation of Permanent Impairment,* is nothing more than a self-report rating questionnaire that at best can measure only daytime sleepiness and therefore cannot be used to diagnose the wide variety of DSM-IV-TR sleep disorders. Further, the Epworth Sleepiness Scale has no validity scales to measure truthfulness and consequently is of little use in a medical-legal context.

Accordingly, in order to determine if a person who presents with a significant complaint of sleeping difficulty is truly suffering from a sleep disorder it is usually necessary to have them evaluated by a competent sleep laboratory. In such a laboratory the individual is first screened and if the doctor determines that their history and medical presentation requires it, they can recommend a sleep study. In such a study the individual can be directly observed while asleep, or attempting to sleep, over a period of one or two nights, or even during the day, and objective physiological recordings can be made to ascertain if the person has a sleep disorder and if so, which one. These polysomnographic studies involve monitoring a variety of eletrophysiological parameters during sleep including EEG activity, eye movements, muscle movements, oral and/or nasal airflow and exhalation concentrations. By measuring these dimensions the doctor is able to draw conclusions about how much the individual sleeps vs. how much they are awake, how long it takes them to fall asleep, and the temporal distribution of the various stages of sleep. It is only with these and other objective data in hand that it is possible to arrive at a realistic and firm diagnosis of a sleep disorder.

Another good reason to have a sleep study done by a specialist in that area is that there are a multitude of sleep disorders in the DSM-IV-TR. In fact, it is not even possible to determine how many sleep disorders exist because some of those disorders are diagnosed only when one of a variety of general medical conditions is found, such as Parkinson's disease, hypothyroidism, or rheumatoid arthritis, to name just a few. Similarly, there are many other sleep disorders that are only diagnosed when the disturbance in sleep is due to the direct physiological effects of a multitude of legal and illegal substances known to produce such pathology. In fact, in order to arrive at a credible sleep disorder diagnosis it is necessary for the sleep specialist not only to take a complete history but to consider any physical or mental disorders that might be present as well as any substance use, including prescription medications, that may be responsible for a sleep disturbance. Perhaps the best way to provide a feel for the complexity of the issues occurring in sleep disorders, which can also serve as a practical reference for the future, is to describe the diagnostic criteria for various DSM-IV-TR sleep disorders. This is done, below.

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The DSM-IV-TR describes four classes of sleep disorders and categorizes them by their cause. The four classes are:

1. Primary Sleep Disorders
2. Sleep Disorders Related to Another Mental Disorder
3. Sleep Disorders Due to a General Medical Condition
4. Substance-Induced Sleep Disorders

Primary Sleep Disorders involve disturbances of sleep that are not due to another mental disorder, a general medical condition or a substance. Primary Sleep Disorders are further classified as either Dyssomnias, in which the person exhibits abnormalities in the amount, quality or timing of sleep, or Parasomnias, in which they show abnormal behaviors and/or physiological events during sleep.

To complicate matters, there are five different types of Dyssomnias.

1. Primary Insomnia (307.42) is a disorder that is diagnosed correctly when the person exhibits difficulty in initiating and/or in maintaining sleep and/or is experiencing nonrestorative sleep.
2. Primary Hypersomnia (307.44) is a disorder that is characterized by excessive sleepiness as shown by prolonged sleep episodes and/or by daytime sleep episodes that have been occurring daily or almost daily for at least a month.
3. Narcolepsy (347) is a disorder characterized by the occurrence of irresistible episodes of refreshing sleep that have occurred daily over a period of at least three months.
4. A Breathing-Related Sleep Disorder (780.59) is characterized by a disruption of sleep that leads to excessive sleepiness and/or insomnia that is the result of abnormal breathing during sleep.
5. A Circadian Rhythm Sleep Disorder (307.45) is characterized by a persistent and/or recurrent disruption of sleep that occurs as a result of a mismatch between an individual's normal, internal circadian sleep-wake pattern and the environmental demands placed on the individual relating to the time and duration of their sleep.

Fortunately, there are only three different types of Parasomnias to become familiar with.

1. A Nightmare Disorder (307.47) is one in which there is the repetitious awakening from sleep as a result of frightening dreams.
2. A Sleep Terror Disorder (307.46) that is characterized by the repetitious awakening from sleep with a "panicky scream" or cry.
3. Sleepwalking Disorder (307.46), which is diagnosed correctly when the individual presents with repeated episodes of complex motor behaviors that begin during sleep and include getting up from their bed and walking about.

According to the DSM-IV-TR, there are two different types of Sleep Disorders Related to Another Mental Disorder. They are: Insomnia Related to Another Mental Disorder (307.42) and Hypersomnia Related to Another Mental Disorder (307.44).

1. In Insomnia Related to Another Mental Disorder (307.42) the individual presents with evidence of insomnia that is related to or due to another mental disorder. Additionally, it is important to note that the name of this disorder actually incorporates the name of the Axis I or Axis II mental disorder. For example, if the insomnia is due to an Adjustment Disorder With Depressed Mood then the sleep disorder is diagnosed as: Insomnia Related to an Adjustment Disorder With Depressed Mood (307.42).
2. In Hypersomnia Related to Another Mental Disorder (307.44) the individual must present with evidence of excessive sleepiness that is related to or due to another mental disorder. Once again, it is important to note that the name of this disorder actually incorporates the name of the Axis I or Axis II disorder. For example, if the sleepiness or hypersomnia is due to an Adjustment Disorder With Depressed Mood then the sleep disorder is diagnosed as: Hypersomnia Related to an Adjustment Disorder With Depressed Mood (307.44).

According to the DSM-IV-TR, Sleep Disorders Due to a General Medical Condition (780.xx) are characterized by a prominent disturbance in sleep that is sufficiently severe to warrant independent clinical attention and is due to a general medical condition.

There are four subtypes of a Sleep Disorder Due to a General Medical Condition (780.xx). As described below, the four Sleep Disorders Due to a General Medical Condition are denoted with a numerical diagnostic code beginning with "780." The "xx" in the parentheses above indicates that it is up to the diagnosing practitioner to determine which of the four categories is present and then to use the appropriate verbal descriptions of the disorders and provide the appropriate numerical diagnostic codes. The diagnosing practitioner also must specify the general medical condition that is present by providing the name of that condition in the verbal designation of the disorder. For example, they may diagnose a Sleep Disorder Due to Rheumatoid Arthritis, Insomnia Type (780.52). Note that the diagnosing practitioner must specify both the general medical condition and the type of sleep disturbance.

1. Sleep Disorder Due to a (Specify the General Medical Condition), Insomnia Type (780.52).
2. Sleep Disorder Due to a (Specify the General Medical Condition), Hypersomnia Type (780.54).
3. Sleep Disorder Due to a (Specify the General Medical Condition), Parasomnia Type (780.59).
4. Sleep Disorder Due to a (Specify the General Medical Condition), Mixed Type (780.59).

Lastly, according to the DSM-IV-TR, a Substance-Induced Sleep Disorder is diagnosed correctly when there is a prominent disturbance in sleep that is due to the direct physiological effects of a substance such as a drug of abuse, a medication or a toxin.

It is important to note that in diagnosing this disorder the doctor must incorporate the name of the substance that has induced the sleep disorder and also specify the nature of the disorder by noting if the sleep disturbance is of the Insomnia Type, the Hypersomnia Type, the Parasomnia Type or the Mixed Type. In the case of the Mixed Type, more than one sleep disturbance type is present but none is predominant. Additionally, the doctor can specify if the disorder had its onset with intoxication or during withdrawal. For example, one such diagnosis is an Alcohol-Induced Sleep Disorder, Insomnia Type, With Onset During Withdrawal (291.89). A full discussion of the specific verbal descriptions of the various disorders and their numerical codes, which all begin with either 291 or 292, is found on page 656 of the DSM-IV-TR and is beyond the scope of this newsletter. However, the names of the four basic disorders a given below.

1. (Name of the Substance) - Induced Sleep Disorder, Insomnia Type (291.89 or 292.89; depending on the substance).
2. (Name of the Substance) - Induced Sleep Disorder, Hypersomnia Type (291.89 or 292.89; depending on the substance).
3. (Name of the Substance) - Induced Sleep Disorder, Parasomnia Type (291.89 or 292.89; depending on the substance).
4. (Name of the Substance) - Induced Sleep Disorder, Mixed Type (291.89 or 292.89; depending on the substance).

Overall, given the obvious complexities that arise from the number of sleep disorders and the number of general medical conditions and substances that can produce sleeping problems, as well as the lack of ease in collecting objective data, a forensic practitioner in psychology and psychiatry who diagnoses a sleep disorder without the objective evidence of a polysomnographic sleep study is truly skating on very thin ice.