Tina's Tables: Sleep-Wake Dx: Insomnia & Hypersomnolence

Feature	Insomnia Disorder	Hypersomnolence Disorder	Narcolepsy
Anchor mnemonic & gist	**INSOMNIA** → **I**nability to sleep, **N**ight awakenings, **S**hort sleep, **O**nset/maintenance issues, **M**ust impair function, **N**ot due to another disorder, **I**mpairment ≥3x/wk, **A**t least 3mos	**HYPER** → **H**igh need for sleep, **Y**awning daytime, **P**rolonged episodes, **E**xcessive despite ≥7h, **R**ecurrent naps	**NAP** → **N**eed sudden sleep attacks, **A**bnormal REM intrusions, **P**ersistent ≥3x/wk, ≥3m
Core criteria & duration	Difficulty initiating, maintaining sleep, or early awakening ≥3 nights/wk for ≥3m, despite adequate opportunity	Excessive sleepiness ≥3x/wk for ≥3m despite ≥7h sleep; prolonged main sleep or frequent naps	Irrepressible sleep attacks ≥3x/wk for ≥3m + ≥1: cataplexy, hypocretin deficiency, REM latency ≤15 min on PSG/MSLT
Impairment & pattern	Daytime fatigue, irritability, poor concentration, ↓ work/school performance	Sleep inertia ("sleep drunk"), long naps, unrefreshing sleep	Cataplexy (emotion-triggered loss of tone), hypnagogic hallucinations, sleep paralysis
Red Flags/ Risk Factors	Stress, mood/anxiety disorders, maladaptive sleep habits	Often mistaken for depression, common in adolescents/young adults	Onset in teens/early 20s, HLA-DQB1*06:02 association
Exclusions & differentials	Not due to OSA, circadian disorder, or substance.	Not just insufficient sleep	Not sleep deprivation, OSA, or circadian disorder
Treatment pearls	CBT-I first-line; sleep hygiene; short-term hypnotics if severe	Modafinil/armodafinil, stimulants; scheduled naps	Sodium oxybate for cataplexy; modafinil/stimulants; naps
Board traps	Must be ≥3 nights/wk × 3mos	Sleep ≥7h but still sleepy	Cataplexy = pathognomonic

©Harpreet (Tina) Johl – CHE - Continuing Health Education – App: CHEducation – https://continuinghealtheducation.com.
No permission to share, copy, reproduce, or distribute without permission. ***Included in PMHNP QBank or Internship/Preceptorship***

Tina's Tables: Sleep-Wake Dx: Breathing-Related Sleep Dx			
Feature	**Obstructive Sleep Apnea Hypopnea**	**Central Sleep Apnea (CSA)**	**Sleep-Related Hypoventilation**
Anchor mnemonic & gist	**OSA** → **O**bstruction, **S**noring, **A**pneas/hypopneas, daytime sleepiness	**CENTRAL** → **C**ontrol failure, **E**pisodes w/o effort, **N**euro/cardiac cause, **T**ime ≥5/h, **R**espiratory pause, **A**pneas, **L**ow drive	**VENT** → **V**entilation low, **E**levated CO_2, **N**ot due to OSA/CSA, **T**ime ≥ sleep, impairment
Core criteria & duration	PSG: ≥5 obstructive events/h with symptoms or ≥15 regardless of symptoms	PSG: apneas/hypopneas without effort, ≥5/h with symptoms	Sleep-related hypercapnia unexplained by other disorders
Impairment & pattern	Daytime fatigue, cognitive decline, hypertension, arrhythmias	Cheyne–Stokes pattern in CHF; opioid-related CSA	Chronic hypercapnia, hypoxemia, morning headaches
Red Flags/ Risk Factors	Obesity, age, male sex, family hx, alcohol use	CHF, brainstem lesions, chronic opioid use	COPD, neuromuscular disorders, severe obesity
Exclusions & differentials	Not CSA or narcolepsy	Not OSA or insomnia	Not OSA or CSA
Treatment pearls	CPAP = gold standard; weight loss, mandibular device, surgery	CPAP or adaptive servo-ventilation; reduce opioids	Treat underlying disease, noninvasive ventilation, oxygen if needed
Board traps	OSA = respiratory effort present	CSA = effort absent	Hypoventilation = ↑CO_2 hallmark

©Harpreet (Tina) Johl – CHE - Continuing Health Education – App: CHEducation – https://continuinghealtheducation.com.
No permission to share, copy, reproduce, or distribute without permission. ***Included in PMHNP QBank or Internship/Preceptorship***

Tina's Tables: Circadian Rhythm Sleep-Wake Disorders

Feature	Delayed Sleep Phase Type	Advanced Sleep Phase Type	Irregular Sleep-Wake Type	Non-24-Hour Sleep-Wake Type
Anchor mnemonic & gist	**DELAY** → **D**elayed bedtime, **E**xcessively late, **L**asts ≥3m, **A**ffects school/work, **Y**outh risk	**ADVANCE** → **A**dvanced bedtime, **D**awn awakening, **V**ery early, **A**dults/ elderly, **N**ot flexible, **C**hronic	**IRREGULAR** → **I**nappropriate schedule, **R**andom naps, **R**estless nights, **E**rratic timing, **G**reat impairment	**NON-24** → **N**on-entrained circadian rhythm, **O**ver-24h drift, **N**ot aligned with day/night, **24**h+ cycle
Core criteria & duration	Sleep delayed ≥2h vs desired; ≥3m	Sleep/wake earlier than desired; ≥3m	No clear circadian pattern; fragmented sleep/wake	Daily shift forward, cycle >24h; common in blind
Impairment & pattern	Trouble waking for school/work	Early morning awakening, daytime fatigue	Chaotic sleep pattern, naps frequent	Daily drift → insomnia or hypersomnolence
Red Flags/ Risk Factors	Adolescents, evening Chronotypes	Elderly, morning chronotypes	Neurodegenerative disease, TBI	Blindness, no light perception
Exclusions & differentials	Not insomnia	Not MDD	Not OSA	Not other sleep disorder
Treatment pearls	Bright-light therapy, melatonin at bedtime, CBT-I	Light therapy in evening, melatonin in late afternoon	Fixed schedule, light therapy, behavioral interventions	**Tasimelteon** FDA-approved; melatonin useful
Board traps	Must persist ≥3m	Must persist ≥3m	Fragmented cycle, no single sleep period	Blind patients = most common

©Harpreet (Tina) Johl – CHE - Continuing Health Education – App: CHEducation – https://continuinghealtheducation.com.
No permission to share, copy, reproduce, or distribute without permission. ***Included in PMHNP QBank or Internship/Preceptorship***

Tina's Tables: Sleep-Wake Dx: Parasomnias

Feature	Non-REM Sleep Arousal Disorders	Nightmare Disorder	REM Sleep Behavior Disorder	Restless Legs Syndrome
Anchor mnemonic & gist	**TERROR** → **T**ypical arousal, **E**pisodes sleepwalking/terrors, **R**ecurrent, **R**ecall absent, **O**ut of REM, **R**esult distress	**NIGHTMARE** → **N**ighttime distress, **I**mages vivid, **G**reat recall, **H**appens in REM, **T**riggers awakening, **M**ust impair	**REM ACT** → **R**EM sleep, **E**nact dreams, **M**ovements violent, **A**cting out, **C**hronic, **T**rauma risk	**LEGS** → **L**eg urge, **E**vening worse, **G**ets better moving, **S**leep disrupted
Core criteria & duration	Recurrent incomplete awakenings, inappropriate behavior (walking, screaming), no recall, distress	Repeated well-remembered nightmares, cause awakening, distress	Repeated dream-enactment behaviors in REM; not explained by another disorder	Urge to move legs with uncomfortable sensations, worse at rest/evening, relieved by movement; ≥3x/wk ≥3m
Impairment & pattern	Injury risk, family disruption	Distress, insomnia, avoidance of sleep	Injury to self/partner, fragmented sleep	Daytime fatigue, insomnia from disrupted sleep
Red Flags/ Risk Factors	Common in kids (benign); adult onset = pathology	PTSD, anxiety disorders, SSRIs	Associated with Parkinson's, Lewy body dementia	Iron deficiency, pregnancy, CKD, neuropathy
Exclusions & differentials	Not epilepsy, OSA, PTSD	Not PTSD flashbacks	Not epilepsy, OSA, nocturnal seizures	Not cramps, arthritis, neuropathy
Treatment pearls	Safety (locks, alarms), scheduled waking, low-dose benzos if severe	Imagery rehearsal therapy, CBT; prazosin for PTSD	Clonazepam first-line; melatonin; environmental safety	Iron replacement if deficient, dopamine agonists, gabapentin
Board traps	Amnesia for event = NREM	Vivid recall = REM	Acting out REM dreams = hallmark	Relief with movement = hallmark

©Harpreet (Tina) Johl – CHE - Continuing Health Education – App: CHEducation – https://continuinghealtheducation.com.
No permission to share, copy, reproduce, or distribute without permission. ***Included in PMHNP QBank or Internship/Preceptorship***

Tina's Tables: Sleep-Wake Dx: Insomnia & Hypersomnolence		
Feature	**Other Specified Sleep-Wake Disorder**	**Unspecified Sleep-Wake Disorder**
Anchor mnemonic & gist	**SPECIFY SLEEP** → Sleep symptoms with distress but reason stated (short duration, atypical)	**UNSPEC SLEEP** → Sleep symptoms with impairment but insufficient info
Core criteria & duration	Distress/impairment but doesn't meet full criteria; clinician documents why	Symptoms present but not enough info; used in ED/acute care
Impairment & pattern	Subthreshold but impairing	Placeholder, often acute/limited data
Red Flags/ Risk Factors	Prodrome to full disorder, chronic stress	Acute stress, ED presentations
Exclusions & differentials	Not malingering, not solely medical	Same
Treatment pearls	Supportive therapy, sleep hygiene, follow-up	Stabilize, reassess, clarify dx later
Board traps	Must document reason	Only used when truly insufficient info

©Harpreet (Tina) Johl – CHE - Continuing Health Education – App: CHEducation – https://continuinghealtheducation.com.
No permission to share, copy, reproduce, or distribute without permission. ***Included in PMHNP QBank or Internship/Preceptorship***