

Sleep-Wake Disorders						
	Insomnia Disorder	Hypersomnolence Disorder	Narcolepsy	Obstructive Sleep Apnea Hypopnea	Central Sleep Apnea	Sleep-Related Hypoventilation
Phenomenology	DISSATISFACTION WITH SLEEP (1+) 1. Initiating sleep difficulty 2. Maintaining sleep difficulty 3. Early-awakening + unable to return	EXCESSIVE SLEEPINESS, SELF-REPORT, MAIN SLEEP PERIOD >7 HRS (1+) 1. Recurrent sleep/lapses within day 2. Nonrestorative main sleep >9 hrs 3. Difficulty being fully awake after abrupt awakening	RECURRENT PERIODS NEED TO SLEEP, SAME DAY, 3X/WK, PAST 3 MOS, (1+) 1. Irrepressible need to sleep 2. Lapsing into sleep 3. Napping	Either: 1) 5+ OBSTRUCTIVE HYPOP/APNEAS PER HR OF SLEEP ON PSG (either) 1. Nocturnal breathing disturbances • Snoring, snorting, gasping, breathing pauses 2. Daytime sleepiness/fatigue • Despite sufficient opportunity • Not due to AMC/mental disorder 2) 15+ OBSTRUCTIVE HYPOP/APNEAS PER HR OF SLEEP ON PSG • Regardless of accompanying sx	• 5+ central apneas per hour of sleep • Evidence by polysomnography (PSG)	• Episodes of decr respiration • Assoc with elevated CO2 levels • OR persistent low Hb O2 saturation, (not with apneic/hypopneic events)
	• Adequate opportunity for sleep		One of following: 1) CATAPLEXY, FEW X/MO (either) 1. If long-standing (>6 mo): • Brief episodes (sec-mins) • Sudden bilat loss of muscle tone • Maintained consciousness • Precipitated by laughter/joking 2. If <6 mo onset, or child (either): i. Spontaneous grimaces ii. Jaw-opening + tongue thrusting iii. Global hypotonia • No obvious emotional triggers 2) HYPOCRETIN-1 DEFICIENCY • CSF <1/3 normal or <110 pg/ml • Not due to acute brain injury, inflammation, infection 3) SHORTENED SLEEP LATENCY (1+) i. REM latency <15 mins (on PSG) ii. Mean sleep latency <8 mins AND 2+ sleep-onset REM periods (on multiple sleep latency test)			
Dur	• 3+ nights per week • Duration >3 months	• 3+ nights per week • Duration >3 months				
Fxn	• Sig distress/fxn impairment	• Sig distress/fxn impairment				
Excl	• Not due to AMC/substance/mental disorder/sleep-wake disorder	• Not due to AMC/substance/mental disorder/sleep-wake disorder				
	• Not only during another sleep-wake disorder	• Not only during another sleep-wake disorder			• Not due to another sleep disorder	• Not due to another sleep disorder
Specifiers	• With non-sleep disorder mental comorbidity • With other medical comorbidity • With other sleep disorder • Episodic (1-3 months) • Persistent (>3 months) • Recurrent (2+ episodes in 1 year)	• With mental disorder • With medical condition • With another sleep disorder • Acute (<1 month) • Subacute (1-3 months) • Persistent (>3 months) • Mild (1-2 days/week) • Moderate (3-4 days/week) • Severe (5-7 days/week)	• Narcolepsy without cataplexy, but with hypocretin deficiency - Also shortened sleep latency • Narcolepsy with cataplexy, but without hypocretin deficiency - Rare subtype - Also shortened sleep latency • Autosomal dominant cerebellar ataxia, deafness and narcolepsy - Exon 21 DNA mutation - Late onset (30-40yo) • Autosomal dominant narcolepsy, obesity, and type 2 diabetes - Myelin oligodendrocyte glycoprotein gene mutation - Late onset (30-40yo) • Narcolepsy secondary to AMC	Severity (apnea hypopnea index) • Mild (<15) • Moderate (15-30) • Severe (>30)	• Idiopathic central sleep apnea - Repeated episodes - Variability in respiratory effort - No airway obstruction • Cheyne-Stokes breathing - Crescendo-decrescendo variation in tidal volume - Frequent arousal • Central sleep apnea comorbid with opioid use - Opioid effect on respiratory rhythm generator in medulla - Differential effects of hypoxic vs hypercapnic respiratory drive Severity based on frequency of breathing disturbances, extent of oxygen desaturation, sleep fragmentation	• Idiopathic hypoventilation - Not due to any condition • Congenital central alveolar hypoventilation - Rare, presents in perinatal period - Shallow breathing, cyanosis, apneas • Comorbid sleep-related hypoventilation - Due to AMC (pulmonary, neuromuscular, medications) - Obesity (BMI >30) Severity based on degree of hypoxemia and hypercarbia during sleep, evidence of end-organ damage, blood gas abnormalities during wakefulness

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Phenomenology	Circadian Rhythm Sleep-Wake D/Os	Non-REM Sleep Arousal Disorders	Nightmare Disorder	REM Sleep Behavior Disorder	Restless Legs Syndrome	Sub/Med-Induced Sleep Disorder
	<p>SLEEP DISRUPTION PATTERN (either)</p> <ol style="list-style-type: none"> 1. Altered circadian system 2. Misalignment of circadian rhythm and sleep-wake schedule required 	<p>INCOMPLETE AWAKENINGS, USUALLY DURING 1ST THIRD OF SLEEP, WITH (1+)</p> <ol style="list-style-type: none"> 1. Sleepwalking: <ul style="list-style-type: none"> • Blank, staring face • Relatively unresponsive to others • Great difficulty to awaken 2. Sleep terrors: <ul style="list-style-type: none"> • Abrupt arousals • Often begin with panicky scream • Intense fear • Autonomic arousal (mydriasis, tachycardia/pnea, sweating) • Relatively unresponsive to others 	<ul style="list-style-type: none"> • Extremely dysphoric dreams • Well-remembered • Involve efforts to avoid threats • Usually during 2nd half of sleep 	<ul style="list-style-type: none"> • Arousals during sleep, assoc with • Vocalizations OR • Complex motor behaviors 	<p>RECURRENT BINGE EATING (both)</p> <ol style="list-style-type: none"> 1. Eating abnormally large amounts in discrete period of time 2. Lack of control over eating episode 	<p>RECURRENT BINGE EATING (both)</p> <ol style="list-style-type: none"> 1. Eating abnormally large amounts in discrete period of time 2. Lack of control over eating episode
	<ul style="list-style-type: none"> • Excessive sleepiness OR • Insomnia 			<p>DURING REM SLEEP</p> <ul style="list-style-type: none"> • >90 mins after sleep onset • More freq in later sleep • Uncommon during daytime naps 	<ul style="list-style-type: none"> • Inapprop compensatory behaviors to prevent weight gain (self-induced vomiting, laxatives, diuretics, fasting, excessive exercise) 	<p>ASSOCIATED SX (3+)</p> <ol style="list-style-type: none"> 1. Eating more rapidly 2. Eating until uncomfortably full 3. Large amounts when not hungry 4. Eat alone b/c embarrassed 5. Feeling disgusted/guilty
		<ul style="list-style-type: none"> • Limited dream recall 		<p>OTHER SIGNIFICANT EVIDENCE (either)</p> <ol style="list-style-type: none"> 1. REM sleep without atonia (on PSG) 2. Established synucleinopathy dx (Parkinson's disease, MSA) 	<ul style="list-style-type: none"> • Body shape/wt has undue influence on self-evaluation 	<ul style="list-style-type: none"> • Marked distress
		<ul style="list-style-type: none"> • Amnesia of episode 	<ul style="list-style-type: none"> • Rapidly oriented + alert upon awakening 	<ul style="list-style-type: none"> • Completely oriented + alert upon awakening 	<ul style="list-style-type: none"> • 1+ per week • >3 months 	<ul style="list-style-type: none"> • 1+ per week • >3 months
Fxn	<ul style="list-style-type: none"> • Sig distress/fxn impairment 	<ul style="list-style-type: none"> • Sig distress/fxn impairment 	<ul style="list-style-type: none"> • Sig distress/fxn impairment 	<ul style="list-style-type: none"> • Sig distress/fxn impairment 		
Excl		<ul style="list-style-type: none"> • Not due to substance 	<ul style="list-style-type: none"> • Not due to substance 	<ul style="list-style-type: none"> • Not due to substance 		
Specifiers		<ul style="list-style-type: none"> • Not due to AMC • Not due to another mental disorder 	<ul style="list-style-type: none"> • Not due to AMC • Not due to another mental disorder 	<ul style="list-style-type: none"> • Not due to AMC • Not due to another mental disorder 	<ul style="list-style-type: none"> • Not exclusively during AN 	<ul style="list-style-type: none"> • Not exclusively during AN/BN • No recurrent inappropriate compensatory behaviors
	<ul style="list-style-type: none"> • Delayed sleep phase type <ul style="list-style-type: none"> - Delayed onset + awakening - Inability to sleep/wake at desired or conventional earlier time o Familial o Overlapping with non-24-hour sleep-wake type • Advanced sleep phase type <ul style="list-style-type: none"> - Advanced onset + awakening - Inability to remain awake/asleep until desired or conventional later o Familial • Irregular sleep-wake type <ul style="list-style-type: none"> - Temporarily disorganized pattern - Sleep/wake periods variable • Non-24-hour sleep-wake type <ul style="list-style-type: none"> - Sleep-wake cycles not in sync with 24-hour environment - Consistent daily drift to later times • Shift work type <ul style="list-style-type: none"> - Insomnia in major sleep period - Excessive sleepiness during wake - Assoc with shift work schedule • Unspecified type <ul style="list-style-type: none"> • Episodic (1-3 mos) • Persistent (>3 mos) • Recurrent (2+ episodes within 1 yr) 	<ul style="list-style-type: none"> • Sleepwalking type <ul style="list-style-type: none"> o With sleep-related eating o With sleep-related sexual behavior (sexsomnia) • Sleep terror type 	<ul style="list-style-type: none"> • During sleep onset • With assoc non-sleep disorder • With assoc other medical condition • With assoc other sleep disorder • Acute (<1 month) • Subacute (1-3 months) • Persistent (>3 months) • Mild (<1 episodes/week) • Moderate (1+ episodes/week) • Severe (nightly episodes) 	<p>None</p>	<ul style="list-style-type: none"> • In partial remission <ul style="list-style-type: none"> - No longer meets all criteria • In full remission <ul style="list-style-type: none"> - No longer meets any criteria <p>Severity based on frequency of inappropriate compensatory behaviors</p> <ul style="list-style-type: none"> • Mild (1-3 episodes/week) • Moderate (4-7 episodes/week) • Severe (8-13 episodes/week) • Extreme (14+episodes/week) 	<ul style="list-style-type: none"> • In partial remission <ul style="list-style-type: none"> - No longer meets all criteria • In full remission <ul style="list-style-type: none"> - No longer meets any criteria <p>Severity based on frequency of inappropriate compensatory behaviors</p> <ul style="list-style-type: none"> • Mild (1-3 episodes/week) • Moderate (4-7 episodes/week) • Severe (8-13 episodes/week) • Extreme (14+episodes/week)

Sleep-Wake Disorders						
Phenomenology	Other Specified Insomnia Disorder	Unspecified Insomnia Disorder	Other Specified Hypersomnolence	Unspecified Hypersomnolence	Other Specified Sleep-Wake Disorder	Unspecified Sleep-Wake Disorder
	<ul style="list-style-type: none"> Eating non-nutritive, non-foods >1 month 	<ul style="list-style-type: none"> Repeated regurgitation of food >1 month May be re-chewed/swallowed, spit 	EATING/FEEDING DISTURBANCE NOT MEETING NUTRITIONAL NEEDS (1+) <ol style="list-style-type: none"> Sig wt loss (or gain/growth failure) Sig nutritional deficiency Supplement dependence Psychosocial impairment 	<ul style="list-style-type: none"> Restriction of energy intake Leading to sig low body weight (less than minimally normal/expected) 	RECURRENT BINGE EATING (both) <ol style="list-style-type: none"> Eating abnormally large amounts in discrete period of time Lack of control over eating episode 	RECURRENT BINGE EATING (both) <ol style="list-style-type: none"> Eating abnormally large amounts in discrete period of time Lack of control over eating episode
	<ul style="list-style-type: none"> Inapprop to developmental level 					
	<ul style="list-style-type: none"> Not due to cultural/social practice 					
Dur			<ul style="list-style-type: none"> Not due to lack of food Not due to cultural practice 	<ul style="list-style-type: none"> Fear of gaining wt, becoming fat Behavior that interferes with wt gain 	<ul style="list-style-type: none"> Inapprop compensatory behaviors to prevent weight gain (self-induced vomiting, laxatives, diuretics, fasting, excessive exercise) 	ASSOCIATED SX (3+) <ol style="list-style-type: none"> Eating more rapidly Eating until uncomfortably full Large amounts when not hungry Eat alone b/c embarrassed Feeling disgusted/guilty
Fxn	<ul style="list-style-type: none"> If another mental disorder/AMC, sufficiently severe for clinical attn (IDD, ASD, SCZ, pregnancy) 	<ul style="list-style-type: none"> If another mental disorder/AMC, sufficiently severe for clinical attn (IDD, neurodevelopmental disorder) 	<ul style="list-style-type: none"> If another mental disorder/AMC, sufficiently severe for clinical attn 	<ul style="list-style-type: none"> Disturbed body wt/shape experience Undue influence on self-evaluation Lack of recognition of seriousness 	<ul style="list-style-type: none"> Body shape/wt has undue influence on self-evaluation 	<ul style="list-style-type: none"> Marked distress
Excl		<ul style="list-style-type: none"> Not due to AMC/GI condition 	<ul style="list-style-type: none"> Not due to AMC Not due to another mental disorder 			
		<ul style="list-style-type: none"> Not only during AN/BN/BED/ARFID 	<ul style="list-style-type: none"> Not exclusively during AN/BN Not due to body wt/shape concerns 		<ul style="list-style-type: none"> Not exclusively during AN 	<ul style="list-style-type: none"> Not exclusively during AN/BN No recurrent inappropriate compensatory behaviors
Specifiers	<ul style="list-style-type: none"> In remission 	<ul style="list-style-type: none"> In remission 	<ul style="list-style-type: none"> In remission 	<ul style="list-style-type: none"> Restricting type <ul style="list-style-type: none"> Past 3 mos, no binge/purge Mainly via diet, fasting, exercise Binge-eating/purging type <ul style="list-style-type: none"> Past 3 mos, recurrent binge/purge In partial remission <ul style="list-style-type: none"> No longer meets Criteria A Still meets Criteria B or C In full remission <ul style="list-style-type: none"> No longer meets any criteria Mild (BMI ≥ 17) Moderate (BMI 16-16.99) Severe (BMI 15-15.99) Extreme (BMI <15) 	<ul style="list-style-type: none"> In partial remission <ul style="list-style-type: none"> No longer meets all criteria In full remission <ul style="list-style-type: none"> No longer meets any criteria Severity based on frequency of inappropriate compensatory behaviors <ul style="list-style-type: none"> Mild (1-3 episodes/week) Moderate (4-7 episodes/week) Severe (8-13 episodes/week) Extreme (14+episodes/week) 	<ul style="list-style-type: none"> In partial remission <ul style="list-style-type: none"> No longer meets all criteria In full remission <ul style="list-style-type: none"> No longer meets any criteria Severity based on frequency of inappropriate compensatory behaviors <ul style="list-style-type: none"> Mild (1-3 episodes/week) Moderate (4-7 episodes/week) Severe (8-13 episodes/week) Extreme (14+episodes/week)