

# Quick Reference

FOR SLEEP, SEX, AND EATING DISORDERS

Table 1. Overview of Parasomnias

Characteristic	Non-REM Parasomnias				REM-Related Parasomnias	
	Confusional Arousals	Sleepwalking	Sleep Terrors	SRED	RBD	Nightmare Disorder
Stage of arousal	II, III, IV	III, IV	III, IV	II, III, IV	REM	REM
Time of night	Anytime	First 2 hours	First 2 hours	Anytime	Anytime	Anytime
EEG profile with event	NA	Mixed	Mixed	Mixed	Characteristic of REM	NA
EMG activity with event	High	High	High	High	High, variable	NA
Relative unresponsiveness during event	Yes	Yes	Yes	Yes	Yes	Yes
Autonomic activity	Low	Low	High	Low	High	High
Amnesia	Yes	Yes	Yes	Partial	No	No
Confusion following episode	Yes	Yes	Yes	Yes	No	No
Family history of parasomnias	Yes	Yes	Yes	Yes	No	No

REM=rapid eye movement; EEG=electroencephalogram; EMG=electromyogram; NA=not available; SRED=sleep-related eating disorder; RBD=REM sleep behavior disorder

Source: Winkelman JW: Parasomnias, in Sleep Disorders and Psychiatry. Edited by Buysse DJ. Washington, DC, American Psychiatric Publishing, 2005, p 165

Table 2. The Primary Circadian Rhythm Sleep Disorders

Type	Typical Sleep-Wake Times <sup>a</sup>	Patient Population	Treatment Options
Delayed sleep phase type	Delayed bed/wake times Bedtime: 2:00–6:00 a.m. Wake time: 10:00 a.m.–1:00 p.m.	More commonly found in adolescents	<i>Melatonin:</i> 5–10 mg, 5 h before bedtime <i>Bright light therapy:</i> Morning: 1–2 h, 2,000–10,000 lux <i>Chronotherapy:</i> Progressively delay bedtimes
Advanced sleep phase type	Advanced bed/wake times Bedtime: 6:00–9:00 p.m. Wake time: 2:00–5:00 a.m.	Rare; especially unusual in the young; more common in older adults	<i>Bright light therapy:</i> Evening: 1–2 h, 2,000–10,000 lux <i>Chronotherapy:</i> Progressively advance bedtimes
Nonentrained type	Bedtimes and wake times progressively occur at a later time each day	High prevalence in the blind; very rare in sighted individuals Maintain a regular schedule	<i>Melatonin:</i> 10 mg before desired bedtime <i>Structured activity:</i>
Irregular sleep-wake type	No regular bedtimes or wake times; frequent short naps throughout the day and night	Most commonly seen in patients with underlying neurologic dysfunction, e.g., head trauma, dementia	<i>Bright light:</i> Morning bright light <i>Structured activity:</i> Increase physical and social activity during the day

<sup>a</sup> When patients are allowed to sleep at their desired times without social restrictions

Source: Zee P, Manthana P: Circadian rhythm sleep disorders, in Sleep Disorders and Psychiatry. Edited by Buysse DJ. Washington, DC, American Psychiatric Publishing, 2005, p 192

Table 3. Representative Instruments for Assessment of Eating Disorders

<b>Instrument</b>	<b>Completion Time (min)</b>	<b>Comments</b>
<b>Clinician-administered measures</b>		
Eating Disorders Examination (EDE) (1)	30–60	Measures the presence and severity of eating disorder features and provides operational DSM-IV diagnoses
Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS) (2, 3)	10–15	Includes a 65-item symptom checklist plus 19 questions, covering 18 general categories of rituals and preoccupations; requires a trained administrator
<b>Self-report measures</b>		
Diagnostic Survey for Eating Disorders (DSED) (4)	30–40	Twelve sections cover demographics, weight history and body image, dieting, binge eating, purging, exercise, related behaviors, sexual functioning, menstruation, medical and psychiatric history, life adjustment, and family history
BULIT-R (5)		Brief (36-item) measure designed to assess eating behaviors and attitudes related to bulimia
Eating Attitudes Test (EAT) (6, 7)	5–10	Brief (26-item), standardized, self-report screening test of symptoms and concerns characteristic of eating disorders
Eating Disorders Examination (EDE-Q) (8)	8–10	Self-report version of the EDE, designed for situations in which an interview cannot be used; validated against the EDE
Eating Disorders Inventory (EDI-II) (9–11)	15–20	Standardized measure of psychological traits and symptom clusters presumed to have relevance to understanding and treatment of eating disorders; 11 subscales presented in 6-point, forced choice format; three scales assess attitudes and behaviors concerning eating, weight, and shape; eight more scales assess more general psychological traits
Eating Disorders Questionnaire (EDQ) (12)	45–60	Questions address eating disorders symptoms, associated symptoms, time course, treatment
Questionnaire on Eating and Weight Patterns (QEWP) (13, 14)	5–15	Measures the nature and quantity of binge eating to assess binge-eating disorder

Source: Adapted from American Psychiatric Association: Practice Guideline for the Treatment of Patients With Eating Disorders, 3rd ed. Washington, DC, APA, in press

#### References

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