INSOMNIA IN NEUROLOGY FEDERICA PROVINI, CAROLINA LOMBARDI, AND ELIO LUGARESI pdf

1: Federica Provini â€" University of Bologna â€" Curriculum vitae

Insomnia in Neurological Diseases and Disorders Federica Provini, Carolina Lombardi, and Elio Lugaresi From: Clinical Handbook of Insomnia, Current Clinical Neurology.

Provided by the American Academy of Sleep Medicine. Concept of Sleep Medicine and of Neurosomnology 3 disorders, insomnia, and sleep problems related to internal medicine, neurology, and psychiatry. Sleep laboratories should be accredited by the AASM or an equivalent body. The program director is accountable for the operation of the program and should be fully comm itted to the fellowship program and its fellows. Faculty should be available to participate in consultation and teaching in disciplines related to Sleep Medicine including cardiology, neurology, otolaryngology, oral maxillofacial surgery, pediatrics, pulmonary medicine, psychiatry, and psychology. In addition, there should be participation in journal clubs, grand rounds, and research conferences. The program curriculum should be approved by the RRC. The program must be didactic and clinical and fellows should have the opportunity to participate in research. In addition, there should be seminars and conferences in all areas of sleep medicine and related specialties. The clinical skills should focus on interviewing patients, history taking, physical examination, formulating a differential diagnosis, diagnosis, treatment plans, and continuous care. Overall, fellows must have at the completion of their training formal instruc- tion, clinical experience and competence in all areas of Sleep Medicine. They should be able to work in outpatient and inpatient settings and effectively utilize health- care resources. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-hours call activities. One in seven days should be free from all educational and clinical responsibilities. It provides training and resources for those who work directly with patients. In , there were members, mostly in North America. The last ABSM exam will be given in the fall of The Association of Polysomnographic Technologists http: In , there were members mostly technologists. The Board of Registered Polysomnographic Technologists http: Exams are given annually. The World Federation of Neurology http: The next congress will take place in Bangkok in International Congresses of Sleep Medicine are also organized at the regional and world levels. The World Association of Sleep Medicine http: It was attended by almost registrants, indicating the vigor of the specialty at the international level. Regional international congresses in sleep medicine have been held at various times in the recent past organized by European, Latin American, and Asian societies. Much of that growth will come in the heels of the expansion of neurosomnology. Sleep is a Concept of Sleep Medicine and of Neurosomnology 5 function localized in brain structures, which follows the dynamics of maturation, evolution, and decay of other complex functions also localized in the brain, such as motor development, cognition, and language. There is no one cerebral center where sleep lodges but a multiplicity of structures tightly linked in a network of nuclei, tracts, and neurotransmitters that respond to the orchestrating mandates of the circadian rhythm. Basic research in the neurosciences will advance the under- standing of sleep as a ubiquitous function of the nervous system present in all vertebrates. The demands to comprehend and manage sleep dysfunctions, to study its pathology, and to develop treatment modalities will come from a variety of fronts, the most obvious of which has been sleep disorders as a medical discipline in which individual ailments such as narcolepsy, sleep apnea, and others are studied. Other fronts have appeared in government departments, where authorities are concerned about fatigue eroding safety on the road; in indus- try and labor, where leaders are asking for guidance in shift-work programs; and in aerospatial science, where jet-lag distortions of sleep and wakefulness create safety hazards. Inde ed, neurosomnology is destined to develop as a subspecialty of the neurosciences with a corporate structure of its own. American Academy of Sleep Medicine. Diagnostic and Coding Manual.

INSOMNIA IN NEUROLOGY FEDERICA PROVINI, CAROLINA LOMBARDI, AND ELIO LUGARESI pdf

2: Clinical handbook of insomnia [digital] in SearchWorks catalog

Insomnia in neurological diseases. Federica Provini, Carolina Lombardi, Elio Lugaresi. Insomnia is the most common sleep complaint. Insomnia is not a disease.

Journal of the Neurological Sciences. Suspected covert lorazepam administration misdiagnosed as recurrent endozepine stupor. Fatal familial insomnia in a new Italian kindred. Sudden arousals from slow-wave sleep and panic disorder. Official Journal of the Movement Disorder Society. Conclusions of the symposium. Brain Pathology Zurich, Switzerland. Molecular pathology of fatal familial insomnia. Neuronal apoptosis in fatal familial insomnia. The pathophysiology of fatal familial insomnia. Clinical features of fatal familial insomnia: REM sleep behaviour disorder differentiates pure autonomic failure from multiple system atrophy with autonomic failure. Journal of Neurology, Neurosurgery, and Psychiatry. EEG in anti-epileptic drug withdrawal in partial epilepsies [2] multiple letters Neurology. Recurring stupor linked to endozepine-4 accumulation. Epileptic drop attacks in partial epilepsy: Alterations of sleep and circadian blood pressure profile. Motor overactivity and loss of motor circadian rhythm in fatal familial insomnia: Botulinum toxin A improves muscle spasms and rigidity in stiff-person syndrome. Power spectral analysis of heart rate and diastolic blood pressure variability in migraine with and without aura. An International Journal of Headache. Undiagnosed sleep-disordered breathing among male nondippers with essential hypertension. Respiration; International Review of Thoracic Diseases. Motor disorders in sleep. Endozepine stupor in children. Allelic origin of the abnormal prion protein isoform in familial prion diseases. Genetic heterogeneity in autosomal dominant nocturnal frontal lobe epilepsy. Italian Journal of Neurological Sciences. Cerebral metabolism in fatal familial insomnia: REM sleep behavior disorders in multiple system atrophy. Propriospinal myoclonus upon relaxation and drowsiness: Respiratory deficient fibroblast-derived cybrid cell clones from a patient with bilateral optic atrophy and secondary lhon mtdna mutations Italian Journal of Neurological Sciences. Clinical and polygraphic features in 5 cases Italian Journal of Neurological Sciences. Evidence for the conformation of the pathologic isoform of the prion protein enciphering and propagating prion diversity. Science New York, N. Blood pressure rhythms in sleep disorders and dysautonomia. Annals of the New York Academy of Sciences. The prognostic value of the electroencephalogram in antiepileptic drug withdrawal in partial epilepsies. Pontine lesions in idiopathic narcolepsy. Celiac disease, epilepsy, and occipital calcifications: Histopathological study and clinical outcome Journal of Epilepsy. Journal of Sleep Research. Ethanol in biological fluids: Journal of Analytical Toxicology. Transient unresponsiveness in the elderly: Fatal familial insomnia and familial Creutzfeldt-Jakob disease: Biochemical and Biophysical Research Communications. Prevalence of excessive daytime sleepiness an open epidemiological problem. Plasma endogenous benzodiazepine-like activity in sleep disorders with excessive daytime sleepiness. Dissociated Hour patterns of somatotropin and prolactin in fatal familial insomnia Neuroendocrinology. Defective brain and muscle energy metabolism shown by in vivo 31P magnetic resonance spectroscopy in nonaffected carriers of mtDNA mutation. Regional distribution of protease-resistant prion protein in fatal familial insomnia. Daytime sleepiness and nasal continuous positive airway pressure therapy in obstructive sleep apnea syndrome patients: Sleep-wake cycle abnormalities in fatal familial insomnia. Evidence of the role of the thalamus in sleep regulation. Electroencephalography and Clinical Neurophysiology. Transient cognitive impairment due to glioblastoma. Determinants of the awakening rise in systemic blood pressure in obstructive sleep apnea syndrome. Clinical and EEG features of partial epilepsy with secondary bilateral synchrony Journal of Epilepsy. Reply from the authors: Idiopathic recurring stupor Neurology. Progressive disruption of the circadian rhythm of melatonin in fatal familial insomnia. The Journal of Clinical Endocrinology and Metabolism. Diurnal blood pressure variation and hormonal correlates in fatal familial insomnia Hypertension. Cardiovascular autonomic dysfunction in normotensive awake subjects with obstructive sleep apnoea syndrome. A novel mechanism of phenotypic heterogeneity demonstrated by the effect of a polymorphism on

a pathogenic mutation in the PRNP prion protein gene. Neurofibromatosis associated with central alveolar hypoventilation syndrome during sleep. Acta Paediatrica Oslo, Norway: Arylsulfatase A pseudodeficiency and Lafora bodies in a patient with progressive myoclonic epilepsy. Do autonomic cardiovascular reflexes predict the nocturnal rise in blood pressure in obstructive sleep apnea syndrome? Natural evolution of sleep apnoea syndrome: The European Respiratory Journal. Fatal familial insomnia and the widening spectrum of prion diseases. Paroxysmal periodic motor attacks during sleep: The thalamus and insomnia. Abnormal brain and muscle energy metabolism shown by 31P magnetic resonance spectroscopy in patients affected by migraine with aura. Brain 31P-magnetic resonance spectroscopy in mitochondrial cytopathies. Parkinsonian syndrome after long-term treatment with clebopride. Dystonic attacks related to sleep and exercise. Haemodynamic effects of short-term nasal continuous positive airway pressure therapy in sleep apnoea syndrome: Ophthalmic Paediatrics and Genetics. Cognitive effects of antiepileptic drug discontinuation. Abnormal sympathetic skin responses in thalamic lesions. Analysis of the prion protein gene in thalamic dementia. Endogenous benzodiazepine receptor ligands in idiopathic recurring stupor. Fatal familial insomnia, a prion disease with a mutation at codon of the prion protein gene. The New England Journal of Medicine. Isolated failure of noradrenergic transmission in a case with orthostatic hypotension and hyperactivity of gastro-colic reflex. Introduction and symposium overview Epilepsia. Sleep apneas, convulsive syncopes and autonomic impairment in type I Arnold-Chiari malformation. Clinical and neuropsychological comparison. Partial motor epilepsy with "negative myoclonus". Genetic, biochemical, and phosphorus magnetic resonance spectroscopy study in an italian family Neurology. Atrial natriuretic peptide and catecholamines in obstructive sleep apnea syndrome. Cardiovascular dysautonomia in fatal familial insomnia. Autonomic nervous system function in migraine without aura. Sleep and cranial dystonia.

INSOMNIA IN NEUROLOGY FEDERICA PROVINI, CAROLINA LOMBARDI, AND ELIO LUGARESI pdf

3: Thieme E-Journals - Seminars in Neurology / Abstract

Insomnia and Dementia. Good sleep is an important index of people's quality of life especially in the elderly. An inability to get to sleep, shorter sleep times, and changes in the normal circadian patterns can impact on an individual's overall well-being and they are increasingly common as people age.

The main objective of the first issue, published in September , was to provide a basic framework for understanding the major sleep disorders. This issue describes the functional neuroimaging techniques to study the science of sleep disorders, and discusses sleep disorders in association with other neurological disorders, including headache, chronic pain, neurodegenerative disorders, multiple sclerosis, neuromuscular disorders, and stroke. Patients with neurological disorders often present with symptoms that result from underlying sleep disorders. Their neurological disorder may be exacerbated or caused by a sleep disorder. The neurocognitive consequences of sleep deprivation are reviewed, as well as psychiatric disorders associated with sleep disruption and the physiology and psychology of dreams. Contributors to this issue come from all over the world and have made incredible contributions to medicine. This issue begins with an article by Dr. Nofzinger has pioneered the use of functional neuroimaging techniques such as positron emission tomography PET to define the brain mechanisms of insomnia, sleep apnea, sleep deprivation, aging, and several psychiatric conditions. Claudio Bassetti reviews sleep and stroke. Bassetti was a sleep fellow at our institution where he studied with Dr. Aldrich, and has since published extensively on the relationship between sleep apnea and stroke. He performed some of the first sleep recordings in patients with myotonic dystrophies and other muscular dystrophies. Chokroverty, Bhatt, and Podder address sleep in neurodegenerative disorders. I will provide a review of sleep disorders in the geriatric patient population. Fleming and Pollack discuss sleep disorders in multiple sclerosis patients. Fleming, a recent graduate from our sleep fellowship program, is currently in private practice in Washington State. He developed an interest in fatigue associated with multiple sclerosis after several encounters and successful management of these patients in our clinic. His current interests include telemedicine in the field of sleep disorders and the association between sleep apnea and cardiovascular diseases. He performed important research about sleep and aging and the use of stimulants in sleep disorders. Jeanetta Rains and Steven Poceta review sleep-related headache syndromes. Poceta is currently practicing at the Scripps Clinic. Few physicians have as extensive experience in sleep-related headaches as Dr. Considerations of insomnia in neurologic diseases are addressed by Drs. Lugaresi is credited with the discovery of the prion disease, fatal familial insomnia FFI in Later on, in , his group discovered that FFI is linked to a point mutation at codon which is also found in Creutzfeld-Jakob Disease. His group is actively involved in research focusing on sleep-related movement disorders, particularly restless legs syndrome RLS and sleep apnea. Psychiatric disorders associated with sleep disruption are reviewed by Dr. Krahn has evolved an interest in the overlap between sleep disorders and psychiatric conditions. Alan Eiser, a Clinical Psychologist in the Department of Neurology at the University of Michigan, has an extensive experience in the application of psychotherapy in sleep medicine. He has also been active in sleep medicine education and exposure to sleep medicine among psychiatrists. Eiser has studied dreaming in depression and the psychological aspects of sleep disorders in insomnia, parasomnias, and dreaming. Eiser reviews recent advancement in the understanding of the physiology and psychology of dreams, an area that has received little attention in the literature. Timothy Roehrs and Thomas Roth discuss sleep and pain. Roehrs, Director of Research at the Sleep Disorders and Research Center of Henry Ford Health System, studies the psychopharmacology of sleep and daytime alertness and the causes and consequences of daytime sleepiness. His research focuses on sleep loss and sleep fragmentation. Roth is a pioneer in the field of sleep medicine. The neurocognitive consequences of sleep deprivation are reviewed by Drs. Jeffrey Durmer and David Dinges. Dinges studies aspects of sleep need and circadian biology that induce excessive sleepiness and alter human neurobehavioral and cognitive functions, as well as health and safety. Their article helps shed light on

the politically charged topic of sleepiness and fatigue in graduate medical training. This issue concludes with case presentations composed by previous University of Michigan sleep fellows from to Clemons is a psychiatrist who along with Dr. Kirsch has since joined the faculty of the Department of Neurology at the University of Michigan. Clemons is interested in the application of sleep medicine in psychiatry and neurobehavioral models for the treatment of insomnia. Kirsch studies the quality-of-life measurements in patients with sleep disorders, and treatment alternatives for obstructive sleep apnea. Teodorescu is a research fellow at our institution with interests in studying the relationships between pulmonary disorders and primary sleep problems. His interests include upper airway physiology and sleep disorders in critically ill patients. I would like to thank all of the authors for their outstanding contributions and bringing this project to a successful completion. I would also like to thank Dr. Ronald Chervin, Director of the Michael S. Aldrich Sleep Disorders Laboratory for his creative ideas for topics, outstanding suggestions, support, and encouragement as a mentor and a good friend. I would also like to thank Linda Hagan for her excellent suggestions during numerous discussions of the work. I would like to give special thanks to Dr. She is truly an outstanding lecturer, charming and dynamic, warm and personable. Much of the success of Seminars in Neurology as a teaching-styled publication is owed to her Finally, on behalf of all the authors, I would like to dedicate the volumes on sleep to my teacher and mentor, Dr. Aldrich, who founded the University of Michigan Sleep Disorders Center, was a consummate clinician, researcher, and educator. Until his untimely death in July , Dr. Aldrich was a pioneer neurologist in the relatively young field of sleep medicine. Many of the authors have been privileged to meet and work with him in the past and remember him as a quiet, brilliant, magnificent human being. He continues to serve as role model for many of us who also find themselves fascinated by the scientific frontier defined by the intersection of sleep medicine and neurology.

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4: Sleep Disorders and Neurologic Diseases potx

Elio Lugaresi of University of Bologna, Bologna (UNIBO) with expertise in: Neurology and Sleep Medicine. Read 57 publications, and contact Elio Lugaresi on ResearchGate, the professional network.

Comment The use in this publication of trade names, trademarks, service marks, and similar terms, even if they are not identified as Most medical school curricula suffer a dearth of material on sleep medi- cine as well as Use in connection with any form of information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed is forbidden. The use in this publication of trade names, trademarks, service marks, and similar terms, even if they are not identified as such, is not to be taken as an expression of opinion as to whether or not they are subject to proprietary rights. Attarian To my parents, Carole and Warren Schuman, for a lifetime of love and support. The book was very well received. There has now been sufficient new information on the subject to warrant a second expanded edition of this very useful volume. Then, as now, the approach is to emphasize the frequent biological causes of insomnia rather than to attribute it primarily to underlying psychological and emotional factors. This new edition is an impressive major effort, having been expanded from 14 to 23 chapters including an extensive revision and updating of previous chapters with new references and the addition of many new authors. An entirely new section of the book deals with insomnia in special populations including teenagers, pregnancy, menopause, and the geriatric population. Other new topics include insomnia as encountered in primary care practice, the role of circadian rhythms, the contribution of sleep related movement disorders to insomnia, insomnia in pain disorders, and the interesting entity of paradoxical insomnia, in which there is a large discrepancy between the objective and subjective estimation of quantity of sleep. This collection within a single volume of practical information concerning a common but often neglected disorder remains a very useful addition to the armamentarium of the general or specialty physician who wishes to properly address insomnia in an informed and responsible manner. Persistent insomnia affects roughly more than one-third of the population and is a risk factor for significant psychiatric morbidity. Insomnia also leads to overutilization of health care services, decreased productivity in the workplace, more accidents, and more absenteeism from work. Hence, persistent insomnia is both a public health and an economic problem. Insomnia is not, however, one distinct illness. There are many causes and each naturally requires a different method of evaluation and treatment. Patients with insomnia frequently self-treat with alcohol or over- the-counter medications. There is no scientific evidence for the efficacy of these medications in insomnia. Additionally, those taking these medications may suffer impaired daytime functioning caused by lingering feelings of sedation. Most medical school curricula suffer a dearth of material on sleep medicine as well as insomnia. Primary care text and reference books often do not include chapters that address the evaluation and treatment of insomnia. When we published The Clinical Handbook of Insomnia 5 years ago, it represented the first clinically oriented, easily readable textbook dedicated to the evaluation and treatment of insomnia in the primary care setting. Our goal was to provide practitioners in general and primary care providers specifically with an easily accessible handbook to serve as a reference for the evaluation and treatment of this important yet poorly recognized medical problem. The volume was very well received by the medical community, so we decided to update and expand it with this current edition. The second edition of The Clinical Handbook of Insomnia is divided into five sections. The first includes updated chapters on definitions, differential diagnosis, the epidemiology and the pathophysiology of insomnia, and a new chapter geared for midlevel providers as a quick reference guide when confronted with patients complaining of poor sleep. The second section is entirely new in this edition and it focuses on the insomnias in special populations: Part III discusses the primary insomnias with updated chapters and Part IV has updated and expanded chapters on secondary insomnias with a new chapter on the relationship between chronic pain and insomnia. The last ix x Preface section reviews the pharmacological and behavioral treatments of insomnia. Most of the chapters are illustrated by case studies, charts and graphs to

better elucidate the points conveyed. We hope the Clinical Handbook of Insomnia, Second Edition, will continue to fill an important niche in the medical literature by providing the first comprehensive publication that addresses insomnia in its multiple forms, summarizes the findings published in different medical journals, and presents these to the practicing health care provider in an easily accessible format. Attarian, MD Catherine C. Ritu Grewal and Karl Doghramji 13 3. Physiological Basis of Insomnia Bonnet and Donna L. Differential Diagnosis of Insomnia Michael Saletu and Bernd Saletu 41 5. Behavioral Insomnias of Childhood: Lewin and Edward Huntley 7. John Garcia 73 93 8. Insomnia in the Geriatric Population Insomnia Caused by Medical Disorders Insomnia in Neurological Diseases and Disorders Insomnia in Psychiatric Disorders Circadian Rhythms and Insomnia Lack and Helen R. Insomnia and Pain Disorders Schuman and Melissa M. Clark Part V Treatments Cognitive-Behavioral Therapy for Insomnia Pharmacological Treatment of Insomnia Eisenstein, and James K. Walsh Part VI Appendix Perlis Abstract In the early s, insomnia was thought to be a symptom, not a disorder. After two decades or more of sleep research and sleep medicine, insomnia is considered a distinct nosological entity. Perhaps what is different in the modern era is that initially the distinction between primary insomnia and secondary insomnia allowed for difficulty initiating and maintaining sleep to be both a disorder in its own right and symptom of other disorders, while the most recent international classification of sleep disorders divides up the category of insomnia into 11 diagnostic entities based on etiological and pathophysiological criteria. Thus, it is no longer either a symptom secondary or a diagnosis primary but both. This is a more accurate definition especially given the large proportion of insomniacs with comorbid medical conditions, the most common being psychiatric illnesses. We are fortunate to have several nosologies that recognize insomnia as a primary disorder. The various classification systems provide us the wherewithal to differentiate types of insomnia both by presenting complaint as well as by the factors that are thought to precipitate or perpetuate the illness. Insomnia is once again considered a distinct From: Perhaps what is different in the modern era is that initially the distinction between primary insomnia and secondary insomnia allowed for difficulty initiating and maintaining sleep to be both a disorder in its own right and a symptom of other disorders; and the most recent international classification of sleep disorders divides up the category of insomnia into 11 diagnostic entities based on etiological and pathophysiological criteria [1], so it is no longer either a symptom secondary or a diagnosis primary but both. The earliest mention of it is in the pre-Hippocratic Epicurean tablets that list 70 cases one of which is a patient with insomnia. The first scientific approach is found in the writings of Aristotle from circa BC, and the first records of treatment of insomnia come from the first century BC Greek physician, Heraclides of Taras, who lived in Alexandria and recommended opium for the treatment of insomnia. Although there had been a significant amount of research and interest in insomnia in the twentieth century, it was not until the s that distinct diagnostic criteria were created to describe different forms of insomnia. The general consensus based on many population studies is that one third of adults have frequent trouble falling sleep, staying asleep, or overall poor sleep quality [2]. Insomnia is not defined by total sleep time but by the inability to obtain sleep of sufficient length or quality to produce refreshment the following morning [6]. Previously, the underlying psychiatric or 1 Defining Insomnia psychological condition was thought to be the most common cause of insomnia, but newer studies have refuted this theory. In fact untreated insomnia may adversely affect the course of the associated disorder [6]. Classifications There are three major classification systems used by professionals: The APA defines two types of insomnia, primary and secondary. The American Psychiatric Association specifies a duration criteria of 1 month and stipulates that the diagnosis be made when the predominant complaint is difficulty initiating or maintaining sleep or nonrestorative sleep. These are psychophysiologic insomnia, paradoxical insomnia, and idiopathic insomnia [1]. There are also eight others that are roughly equivalent to secondary insomnia as they are either due to another medical or psychologic disorder or due to acute stressors or sleep disruptive practices. The predominant symptom is difficulty initiating or maintaining sleep or nonrestorative sleep, for at least 1 month The sleep disturbance or associated daytime fatigue causes clinically significant distress or impairment in social, occupational, or other important areas of functioning The sleep

disturbance does not occur exclusively during the course of narcolepsy breathing-related sleep disorder, circadian rhythm sleep disorder, or a parasomnia The disturbance does not occur exclusively during the course of another mental disorder e. Perlis Psychophysiologic Insomnia The ICSD-2 definition of psychophysiologic insomnia is directly tied to the etiologic underpinnings of the disorder. Somatic arousal is characterized by peripheral nervous system activity which is commonly marked by increased muscle tension, rapid heart rate, sweating, etc. Idiopathic, or Childhood-Onset, Insomnia This condition presents as a chronic, serious inability to initiate and maintain sleep, which can often be traced back to the first few weeks of life [9]. Daytime features typically include decreased attention and vigilance, low levels of energy and concentration, and deterioration of mood that is usually described as grim and subdued rather than obviously depressed or anxious. The presumed underlying neurologic abnormality may vary from mild to severe, so the range of insomnia encountered also may vary from mild essentially, the patient is a light sleeper to severe and incapacitating. In mild or moderate idiopathic insomnia, psychological functioning is remarkably intact. Diagnostic and Coding Manual. The patient reports a chronic pattern of little or no sleep most nights with rare nights during which relatively normal amounts of sleep are obtained Sleep-log data during 1 or more weeks of monitoring show an average sleep time well below published age-adjusted normative values, often with no sleep at all indicated for several nights per week; typically there is an absence of daytime naps following such nights The patients show a consistent marked mismatch between objective findings from polysomnography or actigraphy and subjective sleep estimates derived either from self-report or a sleep diary At least one of the following is observed: The patient reports constant or near constant awareness of environmental stimuli throughout most nights The patient reports a pattern of conscious thoughts or rumination throughout most nights while maintaining a recumbent posture The daytime impairment reported is consistent with that reported by other insomnia subtypes, but it is much less The reported sleep disturbance is not better explained by another sleep disorder, medical or neurological disorder, mental disorder, medication use, or substance use disorder In severe cases, daytime functioning may be severely disrupted, and affected patients may be unable to hold a job. During childhood and adolescence, idiopathic insomnia is often associated with such neurologic signs as dyslexia and hyperactivity. Paradoxical Insomnia In this fascinating disorder, complaints of insomnia occur without any objective evidence of sleep disturbance. Patients may report that they have not slept at all in weeks, months, or years. However, on objective sleep studies, they sleep several hours per night [10]. Interestingly, none of the nosologies formally embrace the older descriptive clinical characterizations of insomnia in terms of initial, middle, and terminal late insomnia. Waking up feeling unrefreshed is commonly 7 8 H. We will adopt the more descriptive terminology when a more specific characterization of the presenting complaint is required. Typically, duration is framed dichotomously in terms of acute and chronic stages. Severity can be construed in one of two ways. In one case, standards are set for what constitutes significant deviance from population norms with respect to frequency and intensity of presenting symptoms. It is often associated with clearly defined precipitants such as stress, acute pain, or substance abuse. Insomnia is characterized as being chronic when symptoms persist unabated for a duration of at least 3 months, and more typically for durations of time which are 6 months or greater. Please note that these cutoffs are relatively arbitrary and correspond to traditional medical definitions of what constitutes short and long periods of time. At this time there are no studies which use risk models to evaluate the natural course of insomnia.

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5: Table of contents for Sleep disorders and neurologic diseases

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Department of Biomedical and Neuromotor Sciences Academic discipline: Federica Provini born in Bologna Italy on 14th January Academic qualifications - Graduated in Medicine and Surgery at the University of Bologna with marks out of cum laude - Post- graduate specialization in Neurology, University of Bologna with 70 marks out of 70 cum laude - PhD in Neurological Sciences, obtained at the University of Verona Italy with a thesis entitled: Participation in national and European research projects and grants Strategic research program funded by the Italian Ministry of Health. The continuum between healthy ageing and idiopathic Parkinson Disease with a propagation perspective of inflammation and damage: Using an integrated approach combining clinical observation and video-polysomnographic recording of electroencephalographic, motor and autonomic parameters during wake and sleep, she collected original data in different pathological conditions. In particular, she described in detail the clinical and video-polysomnographic characteristics of a sleep-related nocturnal epileptic syndrome Nocturnal Frontal Lobe Epilepsy. The publications on this topic are a point of reference for the specific diagnostic criteria of this disease, given the large number of cases observed the largest series in the world and the accuracy of the clinical analysis conducted. She characterized the motor pattern of periodic movements during sleep in patients with RLS and took an active part in the international validation of a scale for the diagnosis of the RLS. This scale is currently used worldwide for RLS diagnosis. Provini is actively involved in international studies on the search for genes associated with RLS and from to she took part in six international pharmacological clinical and polygraphic trials designed to assess the efficacy and tolerability of dopaminergic drugs Rotigotine and Ropinirole in RLS. The results of these studies were published in peer-reviewed journals. More recently she opened new frontiers describing for the first time new aspects of the behaviour of RLS patients: Provini described a new nosological entity: She demonstrated that this particular form of spinal myoclonus, strictly confined to the pre-dormitum, causes a severe chronic insomnia; she contributed to the inclusion of this new entity in the latest International Classification of Sleep Disorders. She has also collected original detailed data on the clinical and neurophysiological features of Fatal Familial Insomnia, Morvan Syndrome and Delirium Tremens, establishing their phenomenological similarities. She contributed to the development of the concept of "agrypnia excitata" as a nosological category defining a peculiar clinical condition characterized by loss of slow-wave sleep, oneiric stupor, motor and sympathergic activation. This concept led to a radical revision of hitherto accepted theories on the mechanisms regulating the sleep-wake cycle and other circadian rhythms. Resuming a line of research started during her PhD, Dr Provini has is currently involved in an in-depth study of slow eye movements SEMs. SEMs are typical of the sleep onset period and are a good and simple marker of sleepiness, matching with other validated tests. The goal of the research is to validate a new technology to detect involuntary sleep attacks or reductions of vigilance level during daily-life activities, especially among workers requiring a high level of alertness for prolonged periods of time e. Research Production and Impact Dr. Isolated motor phenomena and symptoms of sleep. Handb Clin Neurol ; In , together with Elio Lugaresi Dr. S2 devoted to sleep-related motor disorders. Reviewer of Scientific Journals to date: Peer Reviewer for Sleep Medicine.

6: - NLM Catalog Result

Insomnia is the most common sleep complaint. Insomnia is not a disease itself but mostly a clinical sign of an underlying disease. Degenerative and vascular diseases involving the central nervous.

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7: Clinical Handbook of Insomnia - www.enganchecubano.com

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8: Publications Authored by Elio Lugaresi | PubFacts

insomnia in special populations including teenagers, pregnancy, menopause, Federica Provini, Carolina Lombardi, and Elio Lugaresi Federica Provini, MD.

9: Elio Lugaresi - Publications

Concept of sleep medicine and of neurosomnology / Antonio Culebras --Disorders of development and maturation of sleep / Stephen H. Sheldon --Sleep disorders associated with mental retardation / Michael J. Rack --Insomnia in neurology / Federica Provini, Carolina Lombardi, and Elio Lugaresi --Delayed sleep phase disorder and other circadian.

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