DSM-5 SELF-EXAM

DSM-5 Self-Exam: Answers and Rationale

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I would like to introduce a new column for Psychiatric News titled *DSM-5 Self-Exam* Questions. The purpose of this column is to provide a series of questions concerning each of the categories of psychiatric disorders contained within *DSM-5*.

These questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at the Columbia University College of Physicians and Surgeons. Dr. Muskin and several of his colleagues at Columbia are the authors of the questions. The questions are not intended to be board review questions but were developed to focus on particular areas that they felt were important in the understanding of the new diagnostic criteria for *DSM-5*.

If you find these questions helpful, you may pre-order the book from which they come, *DSM-5 Self-Exam* Questions: Test Questions for the Diagnostic Criteria, at http://www.appi.org/SearchCenter/Pages/SearchDetail.aspx?ItemId=62467. The book will be published by American Psychiatric Publishing in August. It contains 500 questions for all the categories of psychiatric disorders and includes Section III. I believe you'll find these resources helpful in your understanding of the disorders contained within the *DSM-5*.

This column includes three questions concerning sleep-wake disorders. A number of changes occurred in *DSM-5* concerning sleep disorders. For instance, *DSM-5* removes the diagnosis of primary insomnia in favor of insomnia disorder to avoid the primary/secondary designation. *DSM-5* also distinguishes narcolepsy/hypocretin deficiency from other forms of hypersomnia. Breathing-related sleep disorders are divided into obstructive versus central form subtypes. The subtypes of circadian rhythm sleep disorders are expanded to include advanced sleep-phase syndrome, irregular sleep—wake type and free-running type while removing jet lag. These are just a few of the changes. The questions below will test your knowledge of these disorders and others contained within the manual.

1. The *DSM-IV* the diagnosis of breathing-related sleep disorder would be given to an individual complaining of excessive daytime sleepiness, with nocturnal polysomnography demonstrating episodic loss of ventilatory effort and resulting apneic episodes occurring 10 to 20 times per hour, whose symptoms cannot be attributed to another mental disorder, medication, substance, or a general medical condition. In *DSM-5*, what would be the most likely diagnosis for the same individual?

a) Breathing-related sleep disorder
b) Cataplexy
c) Obstructive sleep apnea
d) Central sleep apnea
e) Kleine-Levin syndrome

Answer: d. Central sleep apnea.

Rationale: The diagnosis of central sleep apnea is made on the basis of five or more central apneic episodes per hour on polysomnography and absence of another sleep disorder. Unlike *DSM-IV*, *DSM-5* codes central and obstructive sleep apnea syndromes as different diagnoses within a larger group of breathing-related sleep disorders that also includes sleep-related hypoventilation syndromes. Central apneas are characterized by a loss of respiratory drive rather than by mechanical obstruction. In cataplexy, there is a bilateral loss of muscle tone, but episodes are precipitated by laughter or jokes and occur while conscious rather than while asleep. Kleine-Levin syndrome is a rare form of episodic hypersomnia characterized by hyperorality, cognitive impairment, and hypersexuality, with episodes occurring for a few weeks at a time alternating with complete remission.

2. A 67-year-old woman complains of insomnia. She does not have trouble falling asleep between 10 p.m. and 11 p.m., but after one to two hours, she awakens for several hours in the middle of the night, sleeps again for two to four hours in the early morning, and then naps three or four times during the day for one to three hours at a time. She has a family history of dementia. On exam she appears fatigued and has deficits in short-term memory, calculation, and abstraction. What is her sleep disorder diagnosis?

a) Major neurocognitive disorder
b) Circadian rhythm sleep disorder, irregular sleep-wake type.
c) Psychophysiological insomnia
d) Insomnia disorder
e) Major depressive disorder

Answer: b. Circadian rhythm sleep disorder, irregular sleep-wake type.

Rationale: In *DSM-IV* the unspecified type of circadian rhythm sleep disorder included cases of irregular sleep-wake pattern. In *DSM-5* this subtype is specified. There is no major sleep period and no discernable circadian rhythm to the sleep/wake cycle. This subtype of circadian rhythm sleep disorder is frequently associated with neurocognitive disorder.

3. Which of the following is a non-REM sleep arousal disorder in *DSM-5*?

a) REM sleep behavioral disorder
b) Sleep terror
c) Nightmare disorder
d) Fugue
e) Confusional arousal

Answer: b. Sleep Terror.

Rationale: The *DSM-5* includes sleep terrors and sleepwalking in the diagnostic category of non-REM sleep arousal disorders. Sleep terrors are associated with a sense of terror and distress, but with incomplete awakening and poor recall, and tend to occur early in the major sleep period, when non-REM sleep predominates, REM sleep behavioral disorders occur in REM sleep, which is predominantly in the later part of the sleep episode, with complex behaviors that are often recalled as "acting out" of a dream, sometimes violently. Nightmares are also a REM phenomenon. Nightmare disorder patients awaken and rapidly reorient and achieve full alertness, in contrast to those with sleep terrors. Fugue states are not sleep disorders.

Confusional arousal is not included in *DSM-5*, as a disorder, but is listed in the International Classification of Sleep Disorders as a non-REM sleep arousal disorder and is characterized by recurrent incomplete awakenings from sleep, usually in the first third of the sleep period, usually only a few minutes in duration, without terror, and with vividly recalled dreams, autonomic arousal, or ambulation. PN