



ELSEVIER  
SAUNDERS

SLEEP  
MEDICINE  
CLINICS

Sleep Med Clin 1 (2006) 437–442

# Index

Note: Page numbers of article titles are in **boldface** type.

## A

- Abuse liability, with benzodiazepine receptor agonists prescribed for insomnia, 402–403
- Actigraphy, in assessment of insomnia patients, 325
- Adolescents, insomnia in, epidemiology of, 309–313
  - mental disorders and, 313
  - natural course of, 312
  - prevalence, 309–312
  - variation by time, place, and personal characteristics, 312–313
- normal sleep in, 426–427
- Advanced sleep phase, and insomnia in older adults, 412–413
  - treatment of, 417–418
- Aging. *See* Older adults.
- Alcoholism, insomnia associated with, 363–364
  - clinical treatment of, 363–364
- Amitriptyline, for insomnia, efficacy of, 393
  - safety of, 404–405
- Antidepressants, efficacy of, for insomnia, 392–394
  - amitriptyline, 393
  - doxepin, 393
  - mirtazapine, 393–394
  - trazodone, 392–393
  - safety of sedating, for insomnia, 404–405
  - sedating, for insomnia in older adults, 416–417
- Antihistamines, for insomnia therapy, in pediatric patients, 432
  - safety of, for insomnia, 405
- Antipsychotics, safety of, for insomnia, 405
- Anxiety, association of insomnia with, 309
  - generalized anxiety disorder, insomnia associated with, 362–363
- Arousal, as model for insomnia and consequences, 354–355
- Assessments, patient, with insomnia, 319–332
  - conceptual framework for, 321

- current nosologies for, 320
- differential diagnoses, medical conditions and medications/substances, 326–327
  - other sleep disorders, 327–329
  - psychiatric conditions, 327
- postinterview assessments, 324–326
  - actigraphy, 325
  - medical assessments, 326
  - Multiple Sleep Latency Test, 326
  - neurobehavioral testing, 326
  - other psychologic assessments, 326
  - polysomnography, 326
  - sleep diaries, 324–325
- strategies for, 321–324
  - case formulation, 324
  - preliminary, 322
  - sleep history, 322–324

## B

- Behavioral insomnia, of childhood, 427–428
- Benzodiazepine receptor agonists, insomnia therapy with, efficacy of, 389–390
  - in older adults, 416
  - in pediatric patients, 431
- safety of, 400–404
  - abuse liability, 402–403
  - cognitive impairment, 401–402
  - discontinuation effects, 402
  - falls, 403
  - idiosyncratic side effects, 403–404
  - psychomotor impairment, 401

## C

- Challenge paradigms, role of, in insomnia, 339
- Chronic obstructive pulmonary disease, comorbid insomnia, 368

- Circadian rhythm sleep disorders, in patients with insomnia, 328
- Clonidine, for insomnia therapy, in pediatric patients, 431–432
- Cognitive impairment, with benzodiazepine receptor agonists prescribed for insomnia, 401–402
- Cognitive processes, role in evolution of insomnia, 344–345
- Cognitive therapy, of insomnia, 378–379
- Cognitive-behavioral therapy of, of insomnia, 375–385
  - cognitive therapy, 378–379
  - in older adults, 416
  - outcome evidence, 379–383
    - challenges and areas of uncertainty, 382–383
    - combined with medication, 381
    - for efficacy, 379–380
    - in comorbid insomnia, 380–381
    - practical considerations, 381–382
    - short-term *vs.* long-term, 380
  - rationale, objectives, and indications, 376–377
  - relaxation-based interventions, 378
  - sleep hygiene education, 379
  - sleep restriction, 377
  - stimulus control therapy, 377–378
- Comorbid insomnia, 367–374
  - chronic obstructive pulmonary disease, 368
  - conditions causing pain, 367–368
  - depression, 370
  - gastroesophageal reflux, 368
  - heart failure, 369–370
  - HIV infection, 368
  - narcolepsy, 371
  - neurologic diseases, 368–369
  - nocturia, 369
  - restless legs syndrome and periodic limb movements, 370–371
  - sleep breathing disorder, 370
- Comorbidity, as trigger of insomnia, 334

## D

- Definition, of insomnia, 320
- Depression, association of insomnia with, 309
  - comorbid insomnia, 370
  - major, insomnia associated with, 360–362
  - clinical treatment of, 361–362
- Diaries, sleep, in assessment of insomnia patients, 324–325
- Diathesis-stress nature, of insomnia, 335
- Discontinuation effects, with benzodiazepine receptor agonists prescribed for insomnia, 402
- Doxepin, efficacy of, for insomnia, 393

## E

- Elderly patients. *See* Older adults.
- Environmental factors, in insomnia in older adults, 414
- Epidemiology, of insomnia, 305–317
  - directions for future study of, 313–314
  - in adolescents, 309–313
    - mental disorders and, 313
    - natural course of, 312
    - prevalence, 309–312
    - variation by time, place, and personal characteristics, 312–313
  - in general adult population, 306–309, 308
    - association with depression and anxiety, 309
    - incidence, 306
    - prevalence, 306
    - recent advances in, 307–309
    - variation by time, place, and individual characteristics, 306–307
- Evaluation. *See* Assessments, patient.
- Evolution, of insomnia. *See* Predisposition, in evolution of insomnia.

## F

- Falls, with benzodiazepine receptor agonists prescribed for insomnia, 403

## G

- Gastroesophageal reflux, comorbid insomnia, 368
- Gender differences, in rates of insomnia, 308–309
- Generalized anxiety disorder, insomnia associated with, 362–363
  - clinical treatment of, 363
- Geriatrics. *See* Older adults.

## H

- Heart failure, comorbid insomnia, 369–370
- Herbal treatments, for insomnia in older adults, 417
- History, sleep, in evaluation of insomnia patients, 322–324
- HIV infection, comorbid insomnia, 368
- Hyperarousal, as a predisposition to insomnia, 337
- Hypnotic medications, for insomnia, efficacy of, 387–397
  - benzodiazepine receptor agonists, 389–390
  - melatonin receptor ligands, 390–392

## I

- Idiosyncratic side effects, with benzodiazepine receptor agonists prescribed for insomnia, 403–404

- Incidence, of insomnia, 306
- Infants, normal sleep in, 425–426
- Insomnia, 305–435
- cognitive-behavioral therapy of, 375–385
    - cognitive therapy, 378–379
    - outcome evidence, 379–383
      - challenges and areas of uncertainty, 382–383
      - combined with medication, 381
      - for efficacy, 379–380
      - in comorbid insomnia, 380–381
      - practical considerations, 381–382
      - short-term *vs.* long-term, 380
    - rationale, objectives, and indications, 376–377
    - relaxation-based interventions, 378
    - sleep hygiene education, 379
    - sleep restriction, 377
    - stimulus control therapy, 377–378
  - comorbid, 367–374
    - chronic obstructive pulmonary disease, 368
    - conditions causing pain, 367–368
    - depression, 370
    - gastroesophageal reflux, 368
    - heart failure, 369–370
    - HIV infection, 368
    - narcolepsy, 371
    - neurologic diseases, 368–369
    - nocturia, 369
    - restless legs syndrome and periodic limb movements, 370–371
    - sleep breathing disorder, 370
  - consequences of, 351–358
    - arousal as a model for, 354–355
    - implications, 356
    - objective measures of sleep and sleepiness, 353
    - physiology in, 355–356
    - psychomotor performance, 352
    - quality of life, 353
    - sleep-deprivation protocols for comparisons of patients with insomnia and normal sleepers, 353–354
    - subjective reports, 352–353
  - definition of, 320
  - epidemiology, 305–317
    - in adolescents, 309–313
    - in general adult population, 306–309
  - evaluation of patients with, 319–332
    - assessment strategies, 321–324
    - conceptual framework for, 321
    - current nosologies for, 320
    - differential diagnoses, 326–329
    - postinterview assessments, 324–326
  - in older adults, 409–421
    - comorbidities, 411–414
    - consequences of, 410–411
    - in the nursing home setting, 418
    - prevalence, 409–410
    - treatment of, 414–418
  - pediatric, 423–436
    - clinical definitions of, 427–430
    - etiology, 424
    - evaluation, 432–433
    - future directions, 433
    - impact, 425–427
    - pharmacologic agents in, 430–432
    - prevalence, 424–425
  - pharmacotherapy of, efficacy, 387–397
    - antidepressants, 392–394
    - benzodiazepine receptor agonists, 389–390
    - melatonin receptor ligands, 390–392
    - nonprescription medications, 394
    - other prescription medications, 394
  - safety of, 399–407
    - benzodiazepine receptor agonists, 400–404
    - nonbenzodiazepine receptor agonist hypnotics, 404
    - other drugs, 404–405
  - predisposition in evolution of, 333–349
    - comorbidity as trigger of, 334
    - conceptualization and importance of, 336–337
    - current research on, 338–339
    - diathesis-stress nature of, 335
    - etiologic models of, 335–336
    - hyperarousal as a predisposition to, 337
    - identification and characterization of individuals predisposed to, 340–341
    - individual differences in sleep response to stress, 339–340
    - link between premorbid sleep reactivity and chronic insomnia, 341–343
    - maintaining factors and treatment strategies, 345
    - other candidates for predisposing factors, 337–338
    - proposed mechanisms of, 343
    - role of challenge paradigms in, 339
    - role of cognitive processes in, 344
    - transient to chronic, kindling hypothesis for, 343–344
  - psychiatric comorbidity, 359–365
    - alcoholism, 363–364
    - generalized anxiety disorder, 362–363
    - major depression, 360–362
    - risks of untreated and self-treated, 400
- Insufficient sleep, in evaluation of insomnia patients, 327–328

## K

Kindling hypothesis, for transient to chronic insomnia, 343–345

**M**

- Major depression. *See* Depression.
- Medical assessments, in evaluation of insomnia patients, 326
- Medications. *See* Pharmacotherapy.
- Melatonin receptor ligands, insomnia therapy with, efficacy of, 390–392
  - in older adults, 416
  - in pediatric patients, 432
  - safety of, 404
- Men, gender differences in rates of insomnia, 308–309
- Mental disorders, in adolescents, association of insomnia with, 313
- Mirtazapine, for insomnia, efficacy of, 393–394
  - safety of, 405
- Multiple Sleep Latency Test, in assessment of insomnia patients, 326

**N**

- Narcolepsy, comorbid insomnia, 371
- Neurobehavioral testing, in assessment of insomnia patients, 326
- Neurodevelopmental disorders, insomnia in children with, 428–429
- Neurologic diseases, comorbid insomnia, 368–369
- Nocturia, comorbid insomnia, 369
- Normal sleep. *See* Sleep, normal.
- Nosologies, for insomnia, 320–321
- Nursing homes, insomnia in residents of, 418

**O**

- Older adults, insomnia in, 409–421
  - comorbidities, 411–414
    - advanced sleep phase, 412–413
    - inadequate sleep hygiene, 414
    - medical conditions, 411–412
    - medications, 412
    - primary sleep disorders, 413–414
    - psychiatric conditions, 412
    - psychosocial and environmental factors, 414
  - consequences of, 410–411
    - impairment of cognition, 410–411
    - morbidity and mortality, 411
  - in the nursing home setting, 418
  - prevalence, 409–410
  - treatment of, 414–418
    - combination therapies, 417
    - for advanced sleep phase, 417–418
    - nonpharmacologic therapies, 414–416
    - pharmacologic therapies, 416–417
- Outcome evidence, in cognitive-behavioral therapy of insomnia, 379–383
  - challenges and areas of uncertainty, 382–383
  - combined with medication, 381

- for efficacy, 379–380
- in comorbid insomnia, 380–381
- practical considerations, 381–382
- short-term vs. long-term, 380

Over the counter medications, for insomnia in older adults, 417

**P**

- Pain, conditions causing, comorbid insomnia, 367–368
- Pediatric patients, insomnia in, 423–436
  - clinical definitions of, 427–430
    - behavioral insomnia, 427–428
    - in special populations, 428–430
    - psychophysiological insomnia, 428
  - etiology, 424
  - evaluation, 432–433
  - future directions, 433
  - impact, 425–427
  - pharmacologic agents in, 430–432
    - antihistamines, 432
    - benzodiazepines, 431
    - clonidine, 431–432
    - melatonin, 432
    - pyrimidine agents, 431
    - tricyclic antidepressants, 431
  - prevalence, 424–425
  - normal sleep in, 425–427
    - adolescents, 426–427
    - infants, 425–426
    - middle childhood, 426
    - preschoolers, 426
    - toddlers, 426
- Periodic limb movement disorder, comorbid insomnia, 370–371
  - in older adults, 413
  - in patients with insomnia, 328
- Pharmacotherapy, of insomnia, combined with cognitive-behavioral therapy, 381
  - efficacy, 387–397
    - antidepressants, 392–394
      - amitriptyline, 393
      - doxepin, 393
      - mirtazapine, 393–394
      - trazodone, 392–393
    - benzodiazepine receptor antagonists, 389–390
    - melatonin receptor ligands, 390–392
    - nonprescription medications, 394
    - other prescription medications, 394
  - in pediatric patients, 430–432
  - safety of, 399–407
    - benzodiazepine receptor agonists, 400–404
    - nonbenzodiazepine receptor agonist hypnotics, 404
    - other drugs, 404–405
- Physiology, in insomnia, 355–356

- Polysomnography, in assessment of insomnia patients, 326
- Predisposition, in evolution of insomnia, 333–349  
 Comorbidity as trigger of, 334  
 conceptualization and importance of, 336–337  
 current research on, 338–339  
 diathesis-stress nature of, 335  
 etiologic models of, 335–336  
 hyperarousal as a predisposition to, 337  
 identification and characterization of  
 individuals predisposed to, 340–341  
 individual differences in sleep response to stress, 339–340  
 link between premorbid sleep reactivity and chronic insomnia, 341–343  
 maintaining factors and treatment strategies, 345  
 other candidates for predisposing factors, 337–338  
 proposed mechanisms of, 343  
 role of challenge paradigms in, 339  
 role of cognitive processes in, 344  
 transient to chronic, kindling hypothesis for, 343–344
- Preschoolers, normal sleep in, 426
- Prevalence, of insomnia  
 around the world, 308  
 in adolescents, 309–312  
 in adults, 306  
 in childhood, 424–425  
 in men *vs.* women, 308–309  
 in older adults, 409–410
- Psychiatric conditions, as comorbidity with insomnia, 359–365  
 alcoholism, 363–364  
 generalized anxiety disorders, 362–363  
 major depression, 360–362  
 in evaluation of insomnia patients, 327  
 insomnia in children with, 429–430
- Psychological assessments, in evaluation of insomnia patients, 326
- Psychomotor impairment, with benzodiazepine receptor agonists prescribed for insomnia, 401
- Psychomotor performance, consequences of insomnia for, 352
- Psychophysiological insomnia, in children and adolescents, 428
- Pyrimidine agents, for insomnia therapy, in pediatric patients, 431
- Rapid eye movement behavior disorder, insomnia due to, in older adults, 413–414
- Relaxation-based interventions, in cognitive-behavioral therapy of insomnia, 378
- Restless legs syndrome, comorbid insomnia, 370–371  
 in patients with insomnia, 328  
 insomnia and, in older adults, 413

## S

- Safety, of insomnia pharmacotherapy, 399–407  
 benzodiazepine receptor agonists, 400–404  
 nonbenzodiazepine receptor agonist hypnotics, 404  
 other drugs, 404–405
- Sedating antidepressants. *See* Antidepressants.
- Sleep, normal, in pediatric patients, 425–427  
 adolescents, 426–427  
 infants, 425–426  
 middle childhood, 426  
 preschoolers, 426  
 toddlers, 426
- Sleep breathing disorder, comorbid insomnia, 370
- Sleep diaries, in assessment of insomnia patients, 324–325
- Sleep disorders, other, in patients with insomnia, 327–329  
 circadian rhythm sleep disorders, 328  
 insufficient sleep, 327–328  
 periodic limb movement disorder, 328  
 restless legs syndrome, 328  
 sleep-disordered breathing, 328–329
- Sleep history, in evaluation of insomnia patients, 322–324  
 characterization of insomnia complaint, 323  
 current sleep patterns and daytime consequences, 323  
 current/past treatments and treatment response, 323  
 evaluation of comorbid conditions, 324  
 family and psychosocial history, 324  
 significant other report, 324  
 sleep-incompatible thoughts and behaviors and sleep hygiene, 323–324
- Sleep hygiene, inadequate, insomnia in older adults due to, 414  
 education on, as therapy, 415
- Sleep hygiene education, for insomnia, 379
- Sleep restriction, in cognitive-behavioral therapy of insomnia, 377
- Sleep restriction therapy, for insomnia in older adults, 415–416
- Sleep-deprivation protocols, for comparison of patients with insomnia and normal sleepers, 353–354

## Q

Quality of life, consequences of insomnia for, 353

## R

Ramelteon. *See* Melatonin receptor ligands.

Sleep-disordered breathing, in patients with insomnia, 328–329

Stimulus control therapy, for insomnia in older adults, 415

- in cognitive-behavioral therapy of insomnia, 377–378

Subjective reports, of consequences of insomnia for, 352–353

**T**

Toddlers, normal sleep in, 426

Trazadone, for insomnia, efficacy of, 392–393

- safety of, 404

Tricyclic antidepressants, for insomnia therapy, in pediatric patients, 431

**W**

Women, gender differences in rates of insomnia, 308–309