Radek, J Sleep Disorders Ther 2013, 2:3 DOI: 10.4172/2167-0277.1000e118

Editorial Open Access

Psychiatry's DSM V and Sleep Disorder Diagnoses

Kathy Sexton-Radek*

Professor, Elmhurst College, USA

As the release of the new Diagnostic and Statistical Manual V (DSM V) approaches, questions arise on the impact to clinical work in related fields. The revision of the manual has taken place over the last fourteen years with commentary and feedback from varying groups such as consumers, family members, treatment providers and researchers. Rigorous field studies composed of representative groups have been carefully analyzed in the comprehensive attempts to improve this important, essential book. The organization of the DSM V will take the form of chapter sequences that state both vulnerabilities and symptoms to disorders. Developmental lifespan issues will be integrated into every chapter. There will be twenty chapters with some new conditions being considered and others being dropped. Reliability and prevalence data from the field trials has established this dimensional rather than categorical approach to accurate diagnoses [1].

The sleep-wake disorders in the DSM V will be approached categorically and dimensionally rather than dimensionally alone. Ten conditions manifested by sleep-wake disturbance are examined within the context of the altered daytime functioning that influences health, cognitive and social functioning. This having been said, there is a greater emphasis, overall, in the DSM V on sleep functioning for clinicians to be aware of [1,2]. Additionally, the new DSM V system is organized for listings of comorbidities, of which, sleep disturbance is expected to commonly listed. This form is purposeful for treatment planning to address both conditions.

All disorders included in the DSM V have empirical validation [1]. The DSM V Sleep Disorders are the following: Kleine Levin Syndrome, Obstructive Sleep Apnea Hypopnea Syndrome, Primary Central Sleep

Apnea, Primary Alveolar Hypoventilation, Rapid Eye Movement Behavior Disorder, Restless Leg Syndrome, Circadian Rhythm Sleep Disorder, and Disorders of Arousal [3].

The DSM V Sleep Disorders will provide the clinician with a broader sense of the symptom experience which will have better direct treatment planning. The empiricism of the DSM V provides for better clarity in professional communications about patient symptoms and enhanced measurement. For Sleep Disorders, the gold standard of the Pittsburgh Sleep Quality Index is recommended for qualifying the diagnosis based on patient self-report [4]. Additionally, Sleep Specialists with Board certifications based on specific study are essential to effective treatment and management of Sleep Disorders.

While the American Psychiatric system of diagnosis, the DSM V is a departure from previous editions, the changes are represent a scientifically based clinical system that will lead to accurate diagnosis. Given the profound impact on functioning from changes in sleep, including the onset of Sleep Disorders, the improved accuracy and incorporation of Sleep behaviors is welcomed.

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*Corresponding author: Kathy Sexton-Radek, Director, Psychological Services, Suburban Pulmonary & Sleep Associates, Elmhurst College, USA, E-mail: ksrsleep@aol.com

Received May 01, 2013; Accepted May 05, 2013; Published May 08, 2013

Citation: Radek KS (2013) Psychiatry's DSM V and Sleep Disorder Diagnoses. J Sleep Disorders Ther 2: e118. doi:10.4172/2167-0277.1000e118

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