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Editorial

A Summary of Sleep Disorders

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EDITORIAL

A sleep disorder, also known as somnipathy, is a medical condition that affects a person's sleep habits. Some sleep disorders are severe enough to impair physical, mental, social, and emotional functions. For various sleep disorders, polysomnography and actigraphy are common testing. Sleep disturbances can result from a range of factors, including teeth grinding (bruxism) and night terrors. Insomnia is a condition in which a person has difficulty falling asleep and/or staying asleep for no apparent reason. Dysomnias, parasomnias, circadian rhythm sleep disorders involving sleep timing, and other disorders, including those induced by medical or psychiatric issues, are all types of sleep disorders. Insomnia is the most common sleep condition. Sleep apnea, narcolepsy, and hypersomnia (inappropriate drowsiness), sleeping sickness (disruption of sleep cycle owing to infection), sleepwalking, and night terrors are among the others. Sleep disruptions caused by mental, medical, or substance addiction issues should be treated as a result of the underlying diseases. Both children and adults suffer from primary sleep problems. However, because most occurrences of sleep problems go undiagnosed, there is a major lack of awareness among children with sleep disorders. Increased pharmaceutical use, age-related changes in circadian rhythms, environmental and lifestyle changes, and pre-diagnosed physiological disorders and stress are all typical causes in the emergence of a sleep disturbance. Sleep disordered breathing, periodic limb movements, restless legs syndrome, REM sleep behaviour abnormalities, insomnia, and circadian rhythm disruptions all enhance the likelihood of developing sleep disorders in the elderly. There are a variety of sleep disorders, some of which are listed below: Involuntary grinding or clenching of the teeth while sleeping is known as bruxism. Catathrenia is the term for night time groaning caused by extended exhalation.

Causes

Traumatic childhood experiences (such as family conflict or sexual trauma) were found to raise the likelihood of a variety of sleep disorders in adulthood, including sleep apnea, narcolepsy, and insomnia, according to a systematic study. Whether moderate alcohol use raises the risk of obstructive sleep apnea is currently unknown. Furthermore, an evidence-based synopsis reveals that idiopathic REM sleep behaviour disorder (iRBD) could be genetic. Self-report questionnaires were completed by 632 participants, half of whom had an iRBD and half of whom did not. According to the findings, those with iRBD are more likely than people of the same age and sex who do not have the disorder to report having a first-degree relative with the same sleep disorder. To further understand the hereditary nature of sleep problems, more research is needed.

People who have had a traumatic brain injury are among those who are at risk of developing sleep disturbances (TBI). A systematic review was done to combine the findings of various researchers who have focused on this topic. The findings show that people who have had a traumatic brain injury are more likely to develop narcolepsy, obstructive sleep apnea, excessive daytime sleepiness, and insomnia.

Multiple system atrophy (MSA), Parkinson's disease (PD), and Lewy body disease have all been linked to sleep problems, especially when the disease is characterised by aberrant alpha-syncline build up (LBD). For example, people diagnosed with PD frequently have sleep issues, such as insomnia (which affects around 70% of the PD population), hypersomnia (which affects more than 50% of the PD population), and REM sleep behaviour disorder (RBD), which affects around 40% of the PD population and is linked to increased motor symptoms. Furthermore, for some years, RBD has been identified as a powerful predictor of future development of those neurodegenerative disorders, which appears to be a huge possibility for enhancing disease treatments.

Alzheimer's disease (AD), which affects roughly 45 percent of the population, has been linked to sleep difficulties. This rate rises to over 70% when caregiver reports are taken into account. In AD patients, like in the PD population, insomnia and hypersomnia are common, and have been linked to beta-amyloid build up, Circadian Rhythms sleep disorders (CRSD), and melatonin disruption. In addition, changes in sleep architecture have been reported in Alzheimer's disease. Although sleep architecture tends to change naturally with age, it appears to be accelerated in Alzheimer's patients. SWS reduces (and is occasionally non-existent), spindles decrease, and the amount of time spent in REM sleep decreases, all while latency increases. Poor sleep start in Alzheimer's disease has been linked to dream-related hallucinations, increased restlessness, wandering, and agitation, all of which appear to be linked to sun downing, a common chronobiological event in the condition.

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