

What is a sleep symptom?

A systematic analysis of generic self-reported screening questionnaires and of ICSD-3 and DSM-5 diagnostic criteria

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INTRODUCTION

Sleep disorders are defined based on **diagnostic criteria** presented in medical classifications.

However, no consensus has emerged nor on the exact **list of operational symptoms** that should be systematically investigated in the field of sleep medicine, nor on the organization of them and the relationship between symptoms.

METHODE

We propose:

- i) a systematic analysis of sleep symptoms that figure in a set of selfreported screening questionnaires adult populations, for multiple sleep disorders (generic questionnaires),
- ii) a specific exhaustive work on the general structure of the networks of symptoms of sleep disorders as described in the following diagnostic manuals:
 - a. the third edition of the International Classification of Sleep Disorders (ICSD-3),
 - b. the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The units of analysis (symptoms) were labelled from the item of generic and specific questionnaire and from the diagnostic criteria of the ICSD-3 and the DSM-5 using three rules ("Conservation", "Splitting", "Lumping").

The following analysis were performed:

- i) a content overlap (Jaccard Index) for symptoms extracted for generic questionnaires,
- ii) a network analysis for symptoms extracted from diagnostic criteria of the ICSD-3 and the DSM-5.

RESULTS

12 self-reported multiple sleep disorder screening questionnaires in adults were investigated: SDQ: Sleep Disorder Questionnaire, ASQ: Auckland Sleep Questionnaire, HSDQ: Holland Sleep Disorders Questionnaire, SDS-CL-25: Sleep Disorder Symptom Checklist 25, PSQI: Pittsburgh Sleep Quality Index, ISDI: Iowa Sleep Disturbances Inventory, GSAQ: Global Sleep Assessment Questionnaire, SDS-CL-17: Sleep Disorder Symptom Checklist 17, SSC: Sleep Symptom Checklist, BNSQ: Basic Nordic Sleep Questionnaire, OSQ: Oviedo Sleep Questionnaire.

Figure 1 present the extracted symptoms and their frequency in all the questionnaires.

The mean overlap among questionnaires indicates heterogeneity (**Figure 2**). The global measure of the sleep symptoms network shows that it can be considered as a small world in ICSD-3 and DSM-5 (**Figures 3 and 4**).

Daytime sleepiness and insomnia symptoms are the two most central sleep symptoms.

CONCLUSION

These results underline the need to standardize sleep symptom contents for sleep medicine in order to enhance the practicability, reliability, and validity of sleep disorder diagnoses.

Symptom network analysis provides a framework for better systematizing and organizing symptomatology in sleep medicine.

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Figure 1. Number of symptoms identified in the 12 selected self-reported multiple sleep disorder screening questionnaires in adults organized from the most frequent to the least frequent for all categories of sleep symptoms.

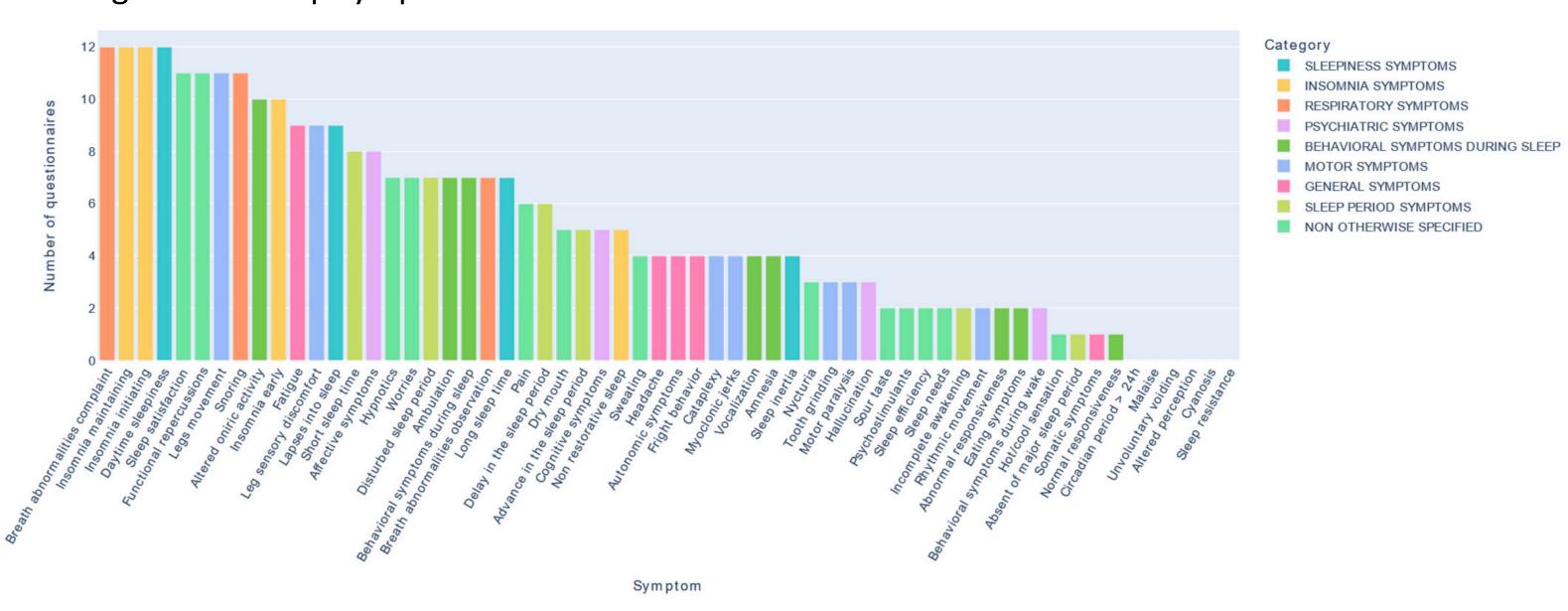
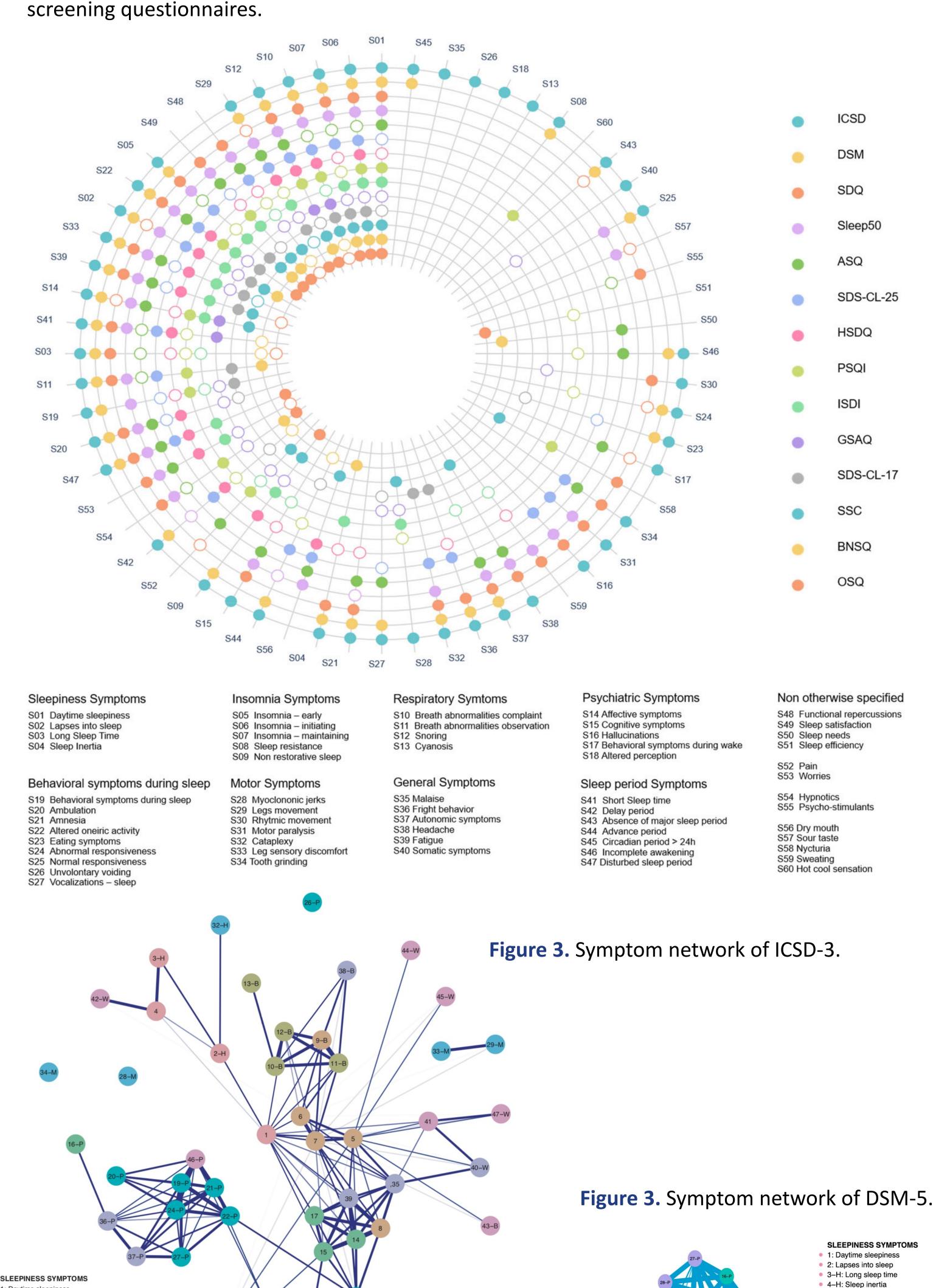


Figure 2. Content overlap of sleep symptoms in the 12 selected self-reported multiple sleep disorder screening questionnaires



INSOMNIA SYMPTOMS

5: Insomnia early

6: Insomnia initiating7: Insomnia maintaining

8: Non restorative sleep

RESPIRATORY SYMPTOMS

PSYCHIATRIC SYMPTOMS

13: Affective symptoms

14: Altered oniric activity15–Rem: Vocalization

16–P: Eating symptoms

20–P: Amnesia

22–P: Ambulation

23–N: Cataplexy

26–O: Fatigue

27–P: Fright behavior

34: Short sleep time

MOTOR SYMPTOMS

24–Res: Legs movement

GENERAL SYMPTOMS

28–P: Autonomic symptoms

SLEEP PERIOD SYMPTOMS
29–C: Absent of major sleep period
30–C: Advance in the sleep period
31–C: Circadian period > 24h
32–C: Delay in the sleep period
33–C: Disturbed sleep period

25–Res: Leg sensory discomfort

17–P: Incomplete awakening

19–P: Abnormal responsiveness

21: Behavioral symptoms during sleep

18: Normal responsiveness

10–O: Breath abnormalities complaint

11–O: Breath abnormalities observation

9–I: Sleep resistance

12–O: Snoring

1: Daytime sleepiness

INSOMNIA SYMPTOMS

RESPIRATORY SYMPTOMS

10: Breath abnormalities observation

11: Breath abnormalities complaint

PSYCHIATRIC SYMPTOMS

17: Behavioral symptoms during wake

19: Behavioral symptoms during sleep

BEHAVIORAL SYMPTOMS DURING SLEE

14: Affective symptoms

15: Cognitive symptoms

18: Altered perception

22: Altered oniric activity

25: Normal responsiveness

26: Unvolontary voiding

23: Eating symptoms

16: Hallucination

20: Ambulation

MOTOR SYMPTOMS

28: Myoclonic jerks

29: Legs movement

31: Motor paralysis

34: Tooth grinding

36: Fright behavior

32: Cataplexy

35: Malaise

39: Fatigue

30: Rhythmic movement

33: Leg sensory discomfort

GENERAL SYMPTOMS

37: Autonomic symptoms

40: Somatic symptoms

41: Short sleep time

SLEEP PERIOD SYMPTOMS

43: Absent of major sleep period

44: Advance in the sleep period

42: Delay in the sleep period

45: Circadian period > 24h

46: Incomplete awakening

47: Disturbed sleep period

2: Lapses into sleep

3: Long sleep time

4: Sleep inertia

Insomnia early

6: Insomnia initiating7: Insomnia maintaining

8: Sleep resistance

12: Snoring

13: Cyanosis