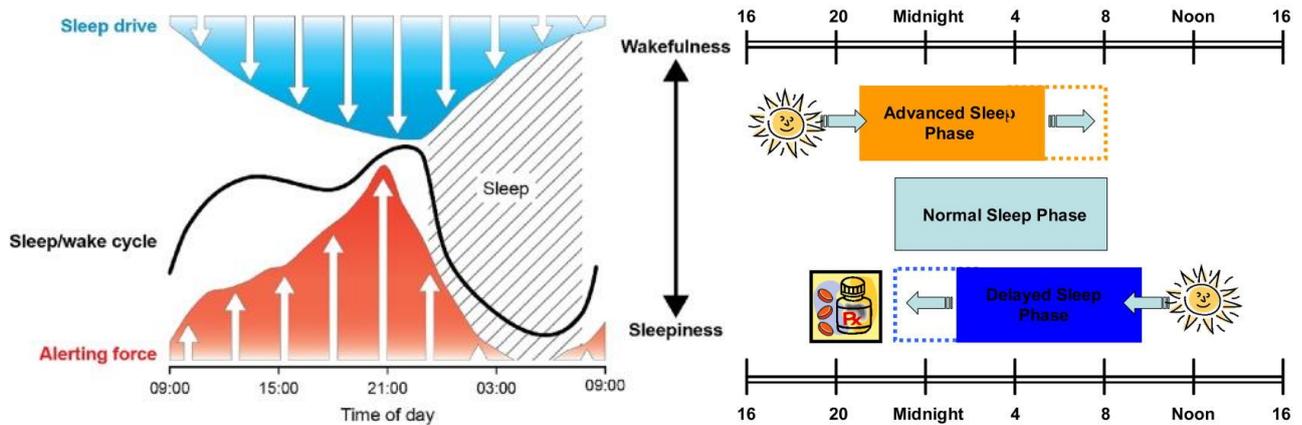


Delayed Sleep Phase Disorder

Diagnosis of Delayed Sleep Phase Disorder (DSPD)

- **Diagnostic Criteria:** DSPD is characterized by a significant delay in the sleep-wake cycle, leading to difficulty falling asleep and waking up at socially acceptable times. According to ICSD-3, DSPD is diagnosed when there is a significant delay in sleep timing, symptoms persist for at least three months, and sleep improves when allowed on a free schedule. Actigraphy and sleep logs are recommended for at least seven days. Not explained by other disorders.



- **Comorbidities:** DSPD is often associated with psychiatric disorders, which can complicate diagnosis and treatment. It is important to assess for comorbid conditions like mood disorders or ADHD.
- **Challenges:** Variability in circadian markers and the presence of comorbidities like depression or substance misuse can complicate diagnosis. Sleep diaries should be collected during periods of unrestricted sleep to accurately assess phase delay

Treatment of Delayed Sleep Phase Disorder (DSPD)

- **Melatonin:** Administered in the early evening to advance the circadian phase. Timing is crucial for effectiveness, and individual phase response curves should be assessed. Generally taking between 19:00 and 20:00 depending on target sleep time (about 5-6 hours before natural sleep onset). About 1-3mg of melatonin is sufficient. 4 weeks duration. Potential side effects at high doses include headache, somnolence, GI issues.
- **Bright Light Therapy:** Morning exposure to bright light can advance the sleep phase. The timing, intensity, and duration of light exposure affect the magnitude of the phase shift. Typically administered for 30 minutes to 2 hours immediately upon awakening. Can also be administered 1-3 hours before spontaneous awakening using a light timer.
- **Cognitive Behavioural Therapy (CBT):** Can be an adjunct to light therapy. Components: stimulus control, sleep hygiene education, cognitive restructuring, mindfulness
- **Chronotherapy:** This is often used with light therapy or melatonin have not yielded sufficient results. The benefit of this form of therapy is that it can help quickly shift sleep schedule. The challenge however is that it requires significant commitment and can be disruptive to daily life. This involves gradually shifting the sleep schedule. Over the course of 6-7 days, the patient's bedtime and wake time are delayed by 2-3 hours each day.
- **Combination Therapy:** Combining melatonin and light therapy may produce additive effects, though results are mixed in DSPD patients
- **Other Treatments:** Hypnotics may help with sleep onset but have limited evidence in phase shifting.