

수면장애의 치료

Treatment of Sleep Disorders

571 126 - 1

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Abstract

Sleep medicine is a relatively new field to which medical practitioners have a limited exposure. During the last 20 years, many categories of sleep disorders have been defined. Sleep disorders produce various, sometimes serious, symptoms that cause physical, neuropsychological, and psychiatric problems. Medical doctors should recognize what symptoms are related to sleep disorders and make a first step to establish treatment plans that can help the patients. Based on sleep pharmacology we can understand the mechanisms of sleep physiology and ultimately can make appropriate prescriptions for patients. In Korea, actually, the physicians usually prescribe hypnotics indiscriminately for sleep problems, without considering any various sleep disorders and precise diagnostic procedures. Insomnia is not a simple homogenous disease entity, thus the exact diagnosis is essential for appropriate treatment. Especially, primary insomnia has a psychophysiological origin. Hypnotic medication is just one of the several treatment modalities for insomnia. To certain patients, behavioral modifications, rather than hypnotics, are effective. In fact, antidepressants and benzodiazepines can aggravate certain sleep disorders. In this article, the author reviews nonpharmacological treatment of insomnia, the medication specific to different sleep disorders, and treatment guidelines of hypnotics.

Keywords : Sleep disorders; Insomnia; Cognitive - behavioral treatment; Pharmacological treatment; Hypnotics

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가 . 가 .

3. (Elaxation Training)

(EMG biofeedback),
(progressive muscle relaxation),
(autogenic training) .
(meditation), (imagery training),
(thought stopping), 가,

(Non - pharmacological Therapy of Insomnia)

가

1. (Stimulus Control)

(stimuli or cues)

. Boot-

4. (Sleep Hygiene Education)

zin(1)

47a

2. (Leep Restriction)

가

가 .

4~5

5.

. Spielman(2)

90%

15 ~ 20

가 ,

85%

15 ~ 20

37a

6. (Light Therapy)

(phase delay)

(phase advance)

(Pharmacological Treatment of Sleep Disorders)

1. -

10

가

(central)

() 가

(obstructive)

가

42%

(nasal continuous positive airway pressure, CPAP)

uvu-

1. 가

Thyroid hormone
Antidepressants
Progestational agents
Almitrine
Acetazolamide
Nicotine
Theophylline

lopalatopharyngoplasty(UPPP),

acetazolamide, clomipramine

가

가

1

2. (Periodic Limb Movements Disorder, PLMD) (Restless Legs Syndrome, RLS)

60

34%

가

가

17%

11%

2.
- Step 1 : DA Agonist - Pramipexole

Step 2 : DA Precursors - Levodopa

Step 3 : Clonazepam

Step 4 : Opiates - Oxycodone

Step 5 : Antiepileptic Drugs - Tegretol, Gabapentin

20~30% . ,

6%

11%, 15~20%, 30%

65 44%

가 .

clonazepam, carbamazepine, GABA baclofen, L - dopa, opioid, propranolol, clonidine .

2 . L - dopa

clonazepam 0.5 mg . , ,

3.
- (Sleep Disturbance Secondary to Dementia)

가 가 .

12%

가

가 (3).

lorazepam . Trazo-

done 가 .

REM dyscontrol clonazepam, selective do-
pamine antagonists

(3).

4.
- (REM Sleep Behavior Disorder)

가

3.

Correction of medical causes	. 1~4 gm	.
Environmental manipulation		.
REM dyscontrol : clonazepam, selective dopamine antagonists		.
Dysfunction of chronobiological or homeostatic sleep - wake regulation :		.
Behavioral therapies, Pharmacological(zolpidem, antipsychotics), Melatonin		.

39.2%	,	5. (Narcolepsy)	
	가 9.1%	. 50~	-
60	.		(REM)
.		,	,
biperidine	4가		.
, propranolol reserpine			.
,	levodopa		.
,	-	0.06%	
.		3	가
	가	.	
		,	가,
가		가	
가		.	.
.		가	.
:		.	.
,		.	.
"acted out"		.	.
.	가	.	Am-
Clonazepam	phenamine 1	20 mg(5~60 mg)	Methyl-
0.5~1.0 mg	phenidate, 1	18.75~112.5 mg	Pemoline
.		.	가
. clonazepam		Provigil(modafinil)	.
.		.	.
. 1 - tryptophan	1	20 mg	.

4.

Agent	Dose (mg)	Half - life(h)	2
NONBENZODIAZEPINES			
Zaleplon	5 (elderly)	~1	가
	10 (adults)		
Zolpidem	5 (elderly)	1.4~4.5	2)
	10 (adults)		
Zopiclone	7.5	3.8~6.5	
BENZODIAZEPINES			
Short - acting Triazolam	0.25	1.5~5.5	
Intermediate - acting Temazepam	7.5, 15, or 30	3.5~18.4	
Long - acting Flurazepam HCl	30	47~100	가 가

Imipramine, Clomipramine, Protryptiline

Tricyclic antidepressants . MAOIs 3)

가 . type A inhibitor Phenelzine(Nardil) type B selective inhibitor selegiline(Deprenyl) (4).

가 . - adrenergic blocking 5)

Viloxazine hydrochloride가 , , .

Fluvoxamine, Zimeldine, Fluoxetine(Prozac) 6)

SSRI 가 . 7)

, , , (physical activities) . (4).

, , , 가 8)

, .

1) ; (5).

1

9) .

10) -

;

. 가

11)

가

12)

2~3

. 2~3

가 : ㉔

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