

# 수면장애의 치료

## Treatment of Sleep Disorders

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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

, 85~90%

가

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)

### 4. (Sleep Hygiene Education)

Boot-

zin(1)

47

### 2. (Leep Restriction)

가

4~5 5.

Spielman(2)

90%

15~20

가 ,

85%

15~20

3가

## 6. (Light Therapy)

(phase delay)

(phase advance)

1. 가

Thyroid hormone  
Antidepressants  
Progestational agents  
Almitrine  
Acetazolamide  
Nicotine  
Theophylline

lopalatopharyngoplasty(UPPP),

## (Pharmacological Treatment of Sleep Disorders)

acetazolamide, clomipramine

가

1. 10  
가 ,

가

,  
(central)  
( ) 가  
(obstructive) 가

1

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

42%  
60  
(nasal continuous posi-  
tive airway pressure, CPAP)

34%  
17%  
11%  
uvu-

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%

3.

(Sleep Disturbance Secondary to Dementia)

가

가

12%

6%

가

가 (3).

65	44%	11%, 30%	15~20%,

가

carbamazepine, GABA  
opioid, propranolol,  
clonidine

2  
clonazepam 0.5 mg

baclofen, L - dopa,  
L - dopa

done  
REM dyscontrol  
clonazepam, selective do-  
pamine antagonists

lorazepam  
Trazo-

4. (REM Sleep Behavior Disorder)

### 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%

, 9.1% 50~

60

### 5. (Narcolepsy)

(REM)

biperidine 4가

, propranolol reserpine

levodopa

0.06%

3 가

가

가

가

가 ,

가

“acted out”

Clonazepam

0.5~1.0 mg

clonazepam

가 . Am-

phetamine 1 20 mg(5~60 mg) Methyl-

phenidate, 1 18.75~112.5 mg Pemoline

가

Provigil(modafinil)

1 - tryptophan 1 20 mg

4.

Agent	Dose (mg)	Half - life(h)	2
NONBENZODIAZEPINES			
Zaleplon	5 (elderly) 10 (adults)	~1	가
Zolpidem	5 (elderly) 10 (adults)	1.4~4.5	
Zopiclone	7.5	3.8~6.5	2)
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, Protryptyline

Tricyclic antidepressants . MAOIs 3)  
가 . type A inhibitor Phe- 4)  
nelzine(Nardil) type B  
selective inhibitor selegiline(Deprenyl) ( 4).

가 . - adrenergic blocking 5)

Viloxazine hydrochloride 가

Fluvoxamine, Zimeldine, Fluoxetine(Prozac) 6)

SSRI 가 7)

(physical activities)

(4).

8)

1

1)

(5).

9)

10)

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1. Bootzin RR, Epstein D, Wood JM. Stimulus control instructions.

In Case Studies in Insomnia. Ed by Hauri P, New York. NY : Plenum, 1991 : 19 - 28

11)

가

12)

2~3

2~3

가

2. Spielman AJ, Saskin P, Thorpy MJ. Treatment of chronic insomnia by restriction of time in bed. *Sleep* 1987; 10 : 45 - 56
3. Jacobs D, Ancoli - Israel S, Parker L, Kripke DF. Twenty - four hour sleep - wake patterns in a nursing home population. *Psychol Aging* 1989 ; 4 : 352 - 6
4. Roth T, Roehrs T, Koshorek G, Sicklesteel J, Zorick F. Sedative effects of antihistamine. *J Allergy Clin Immunol* 1987 ; 80 : 94 - 8
5. Benca RM. Mood disorders. In : Kryger MH, Roth T, Dement WC, ed. *Principles and Practice of Sleep Medicine*. Philadelphia : WB Saunders, 1994 : 899 - 913