Are there different types of CRSD?
There are several types of CRSDs. They include delayed sleep phase, advanced sleep phase, jet lag, shift work disorder, free-running and irregular sleep-wake type. All types stem from the fact that our tendency to be sleepy or alert is to some degree regulated by a part of the brain that acts like a clock. This “clock” is reset on a daily basis by exposure to bright light and other regular activities such as meals or exercise. CRSDs occur when the sleep-wake cycle of our internal “clock” is different from the sleep-wake schedule we would like to follow.

If you have the delayed sleep phase type of CRSD, you are a “night owl”. You have difficulty falling asleep at a “normal” bedtime but go to sleep late (2 AM or even later). Because you still need your normal amount of sleep, you end up sleeping until later in the day. This is common in teens and young adults, but can be seen in any age group. This type of CRSD is not considered a “disorder” unless your sleep schedule causes you problems like being late for work, school or social events.

The CRSD that is the opposite of the delayed sleep phase disorder is the advanced sleep phase disorder. If you have this disorder, you are an “early bird” or “morning lark”. You prefer an early bedtime (6 to 9 PM) and wake up early in the morning, usually after a normal amount of sleep time. Advanced sleep phase is frequently seen in the elderly, but also occurs in younger age groups. In the elderly, this change in sleep timing is thought to result from age-related changes in the brain, while in younger individuals the tendency appears to be inherited. Just as in delayed sleep phase type, advanced sleep phase type is not considered a “disorder” unless it interferes with your desired or required sleep-wake schedule.

Traveling from one time zone to another can cause jet lag. Jet lag occurs because your internal “clock” remains set to the sleep-wake cycle of your original time zone. The main symptoms of jet lag are difficulty falling asleep at a bedtime that is normal for the new time zone and sleepiness during the day of the new time zone. Jet lag lessens as your internal “clock” resets to the new times of day and night. On average, our internal “clock” can shift about 1-2 hours each day, but some people handle time zone changes better than others, a trait that may be inherited. Older individuals tend to suffer more from jet lag than those in younger age groups.

Changes in the timing of your work shift can cause a CRSD called shift work type. Work schedules that require you to be awake during your normal sleep time and asleep during the normal hours you are awake, may cause sleepiness and poor performance during your working hours and difficulty sleeping during your daytime sleep period. Like jet lag, individuals differ in their ability to adjust to shift work. If you keep the same work schedule over long periods of time, the solution is to follow the same sleep-wake times during days off as are required for the work shift so that your internal “clock” resets to this new schedule. This may be difficult due to family and social factors. Adjusting your internal clock is even more of a problem if you frequently rotate shifts.

The CRSD known as free-running type or non-24 hour sleep-wake disorder can occur for many reasons. The most common cause of non-24 is blindness, but other causes include changes in light sensitivity, environmental factors, and hormonal factors. With this problem, your preferred sleep period changes daily, usually shifting 1-2 hours later each day. For unknown reasons, your internal “clock” tends to maintain a 25-hour “day”. With this disorder, resetting the “clock” does not happen unless attention is paid to...
other factors such as meals and other activities that can help reset the “clock.”

The last CRSD, irregular sleep-wake type can occur for several reasons. For example, irregular sleep-wake can occur when your exposure to bright light or daily activities vary (or are entirely missing), and when there are age-related changes in the brain (senile dementia). Without a set schedule, you may doze on and off throughout each 24 hour period. This problem is common in nursing home patients and for those with an extremely disorganized living pattern.

Why is it important for me to know if I have a circadian rhythm sleep disorders?
CRSDs make it harder for you to get high quality, refreshing sleep. Untreated CRSDs and increased sleepiness can increase your risk of accidents such as car crashes. They may also raise your risk of having heart attacks and diabetes (see ATS Patient Series on Heart Disease and Sleep Apnea at http://patients.thoracic.org/information-series/en/resources/osa.pdf). CRSDs may lead to poor work performance, social stresses and depression.

How do I know if I have a circadian rhythm sleep disorder?
You may have a CRSD if you find it hard to fall asleep during normal sleep times and you are sleepy at times when you should be awake. If your sleepiness is causing difficulties with work, school, or socially, you should be evaluated by a sleep specialist. Before seeing the sleep specialist, keep a detailed sleep history and a sleep log for 1 to 2 weeks. This will help the specialist determine if your sleep problem is from a CRSD or due to another sleep disorder or medical issue.

How are circadian rhythm sleep disorders treated?
Treatment varies depending on the specific CRSD. The goal of treatment is to fit your sleep pattern into a schedule that allows you to meet the demands of the lifestyle you want. Therapy usually includes several approaches:
• Allowing enough time for sleep
• Keeping regular bedtimes and wake up times (including days off)
• Adjusting your wake up time until you can fall asleep at the time you want
• Avoiding taking naps if you have difficulty falling asleep at your desired bedtime
• Sleeping in a dark, cool, quiet room
• Avoiding caffeine and alcohol within six hours of bedtime
• Taking melatonin (available over the counter) may be helpful in certain situations as recommended by your health care provider
• Using bright natural or artificial light soon after your desired wake up time, and scheduling meals and activities at regular times to help reset the sleep-wake cycle but avoiding bright light near bedtime

Different combinations of these treatments are used for the different CRSDs. Having good sleep habits will improve your CRSD symptoms. It is very important to keep regular wake up times and bedtimes. Often, CRSDs can be treated with simple solutions that result in your being awake and alert when you wish and able to sleep when required. You should contact your health care provider for guidance if you think you have a circadian rhythm sleep disorder.

Things you might do to help evaluate your CRSD are:
Step 1. If you are having difficulty falling asleep or staying awake, consider whether this is due to “bad habits” or a situation that will resolve by itself (e.g. travel to another time zone)
Step 2. Review the treatments for CRSDs listed above
Step 3. Ask for a referral to a sleep specialist if these suggestions don’t work. It is especially important to get evaluated if your sleepiness is affecting your safety such as falling asleep while driving or you’re your ability to function (unable to stay awake at work)

Authors: Jay Balachandran, MD and Brian Cade, PhD
Reviewers: Suzanne C. Lareau RN, MS, Lee Brown MD, Bonnie Fahy, RN, MN

Resources:
American Academy of Sleep Medicine
http://yoursleep.aasmnet.org/Hygiene.aspx
National Institute of General Medical Sciences
http://www.nigms.nih.gov/Education/Factsheet_CircadianRhythms.htm

Rx Action Steps
It is especially important to get help from your health care provider if you have any of the following.
✔ find yourself sleeping when driving or using dangerous equipment
✔ fall asleep at times that are not normal (at work or school)
✔ unable to wake up in time for work, school, or other activities
✔ unable to fall asleep within 1 hour after going to bed

Health Care Provider’s Contact Numbers/ E-mail Address:

The ATS Patient Information Series is a public service of the American Thoracic Society. The information appearing in this series is for educational purposes only and should not be used as a substitute for the medical advice one’s personal health care provider. For further information about this series, contact j.corn@thoracic.org.