

GANGGUAN TIDUR

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SLEEP AND HEALTH

SLEEP IS AN ESSENTIAL COMPONENT OF HEALTH

- body restitution
- cerebral consolidation of day's experience (memory, learning, etc.)

WE SLEEP IN ORDER TO BE ALERT AND REFRESHED THE DAY AFTER

- sleep affects the well being and quality of life of individuals

FUNGSI TIDUR

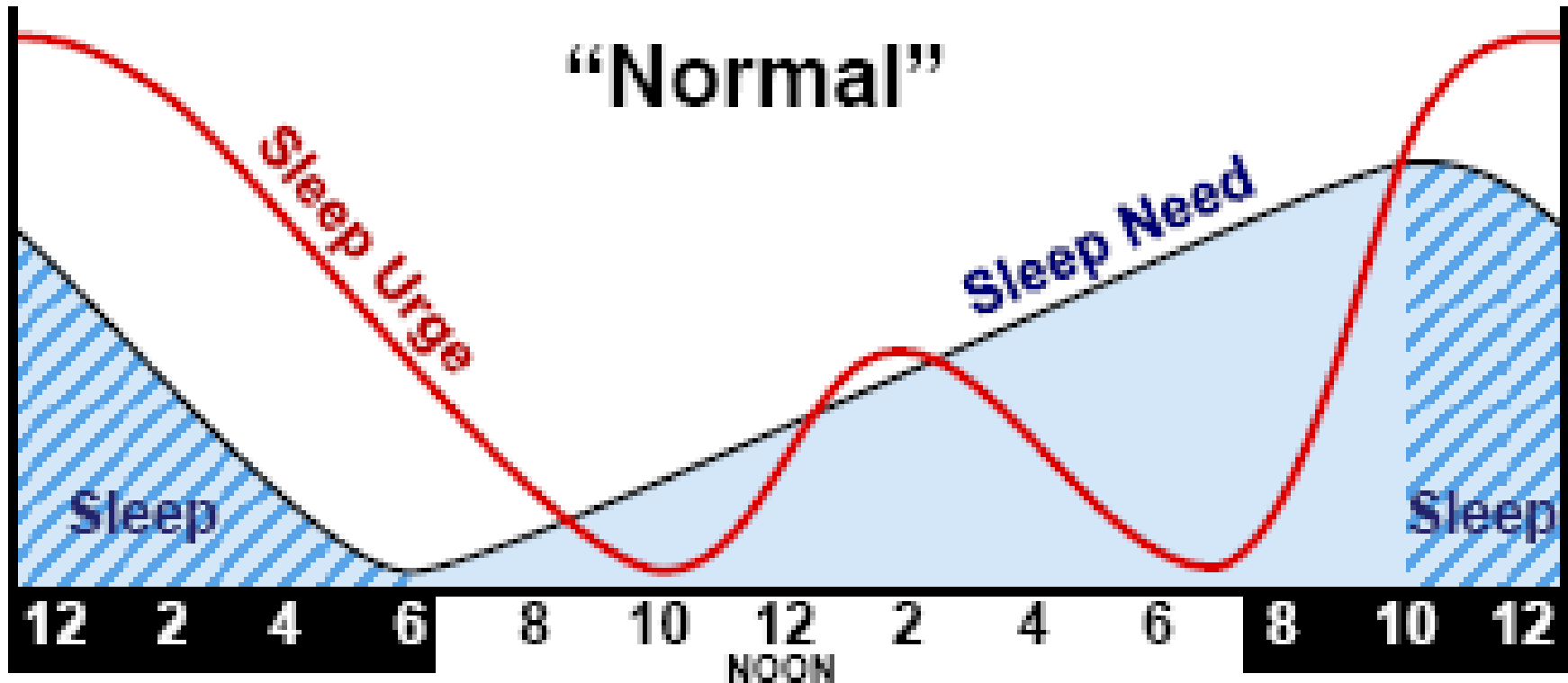
- Restoratif
- Homeostatik
- Termoregulasi
- Konservasi energi



**SLEEP
DEPRIVATION**

- Iritabilitas
- Letargi
- Disorganisasi ego
- Waham
- Halusinasi
- Norepinefrin meningkat
- Tiroksin menurun

“Normal”



Normal circadian sleep rhythm. Sleep urge is greatest at night with a small increase at mid day. Sleep need increases throughout the waking hours and is replenished during sleep.

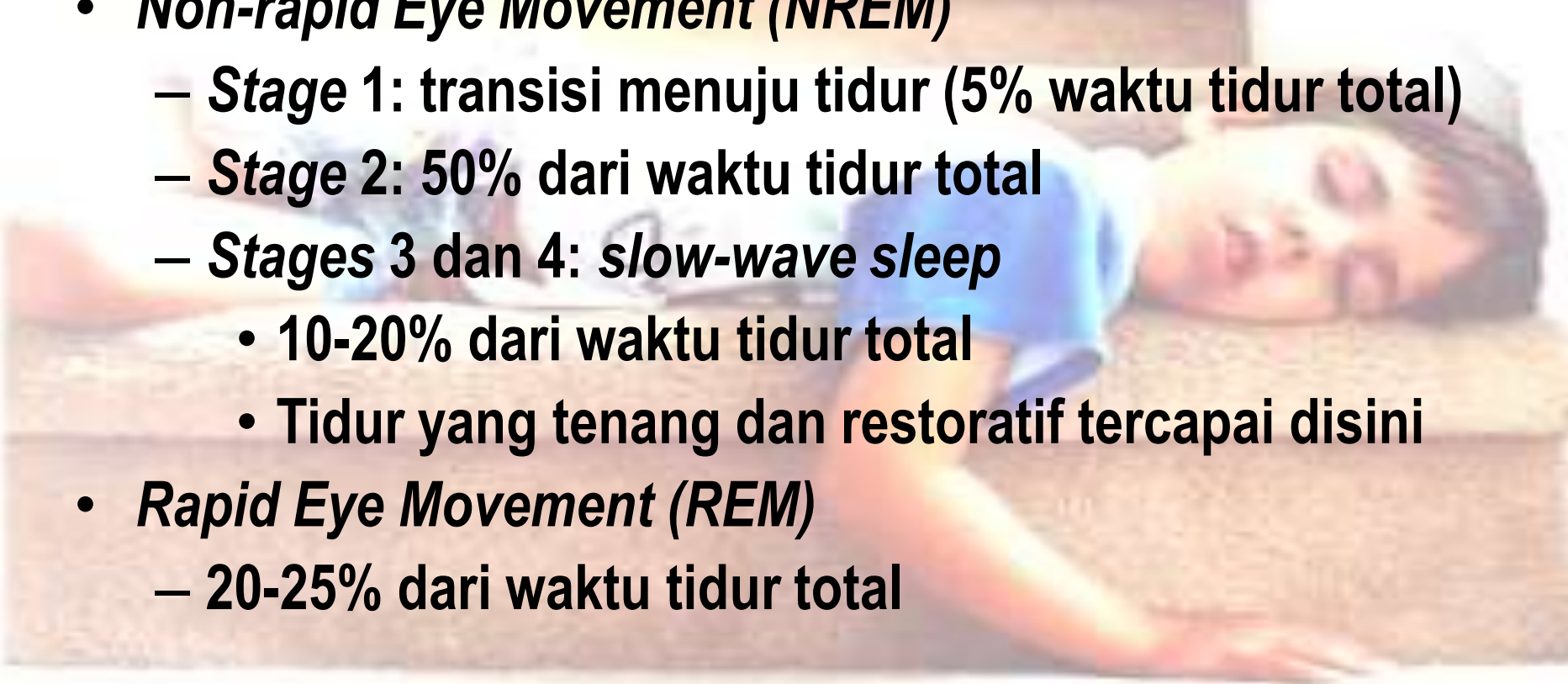
<http://www.ride4ever.org/images/normalsleep.gif>

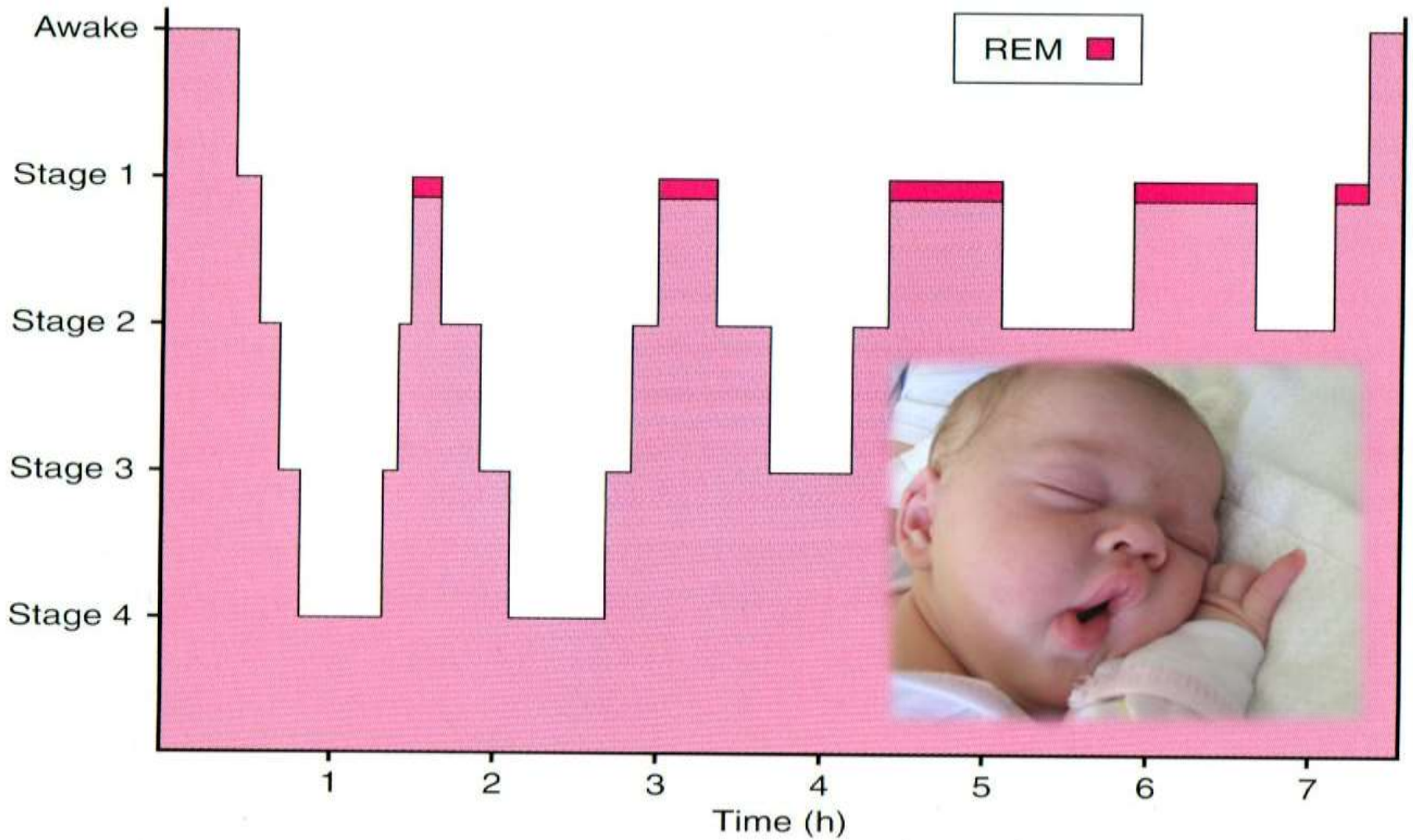
Tahapan Elektrofisiologik Tidur (1)

- ***Non-rapid Eye Movement (NREM)***
 - Sebagian besar fungsi fisiologik tubuh melambat
→ penurunan *heart rate*, respirasi, tekanan darah
 - Kadang ada gerakan tubuh episodik-involunter
- ***Rapid Eye Movement (REM)***
 - Aktivitas otak dan aktivitas fisiologik lain sama dengan saat bangun

Tahapan Elektrofisiologik Tidur (2)

- ***Non-rapid Eye Movement (NREM)***
 - **Stage 1: transisi menuju tidur (5% waktu tidur total)**
 - **Stage 2: 50% dari waktu tidur total**
 - **Stages 3 dan 4: *slow-wave sleep***
 - **10-20% dari waktu tidur total**
 - **Tidur yang tenang dan restoratif tercapai disini**
- ***Rapid Eye Movement (REM)***
 - **20-25% dari waktu tidur total**

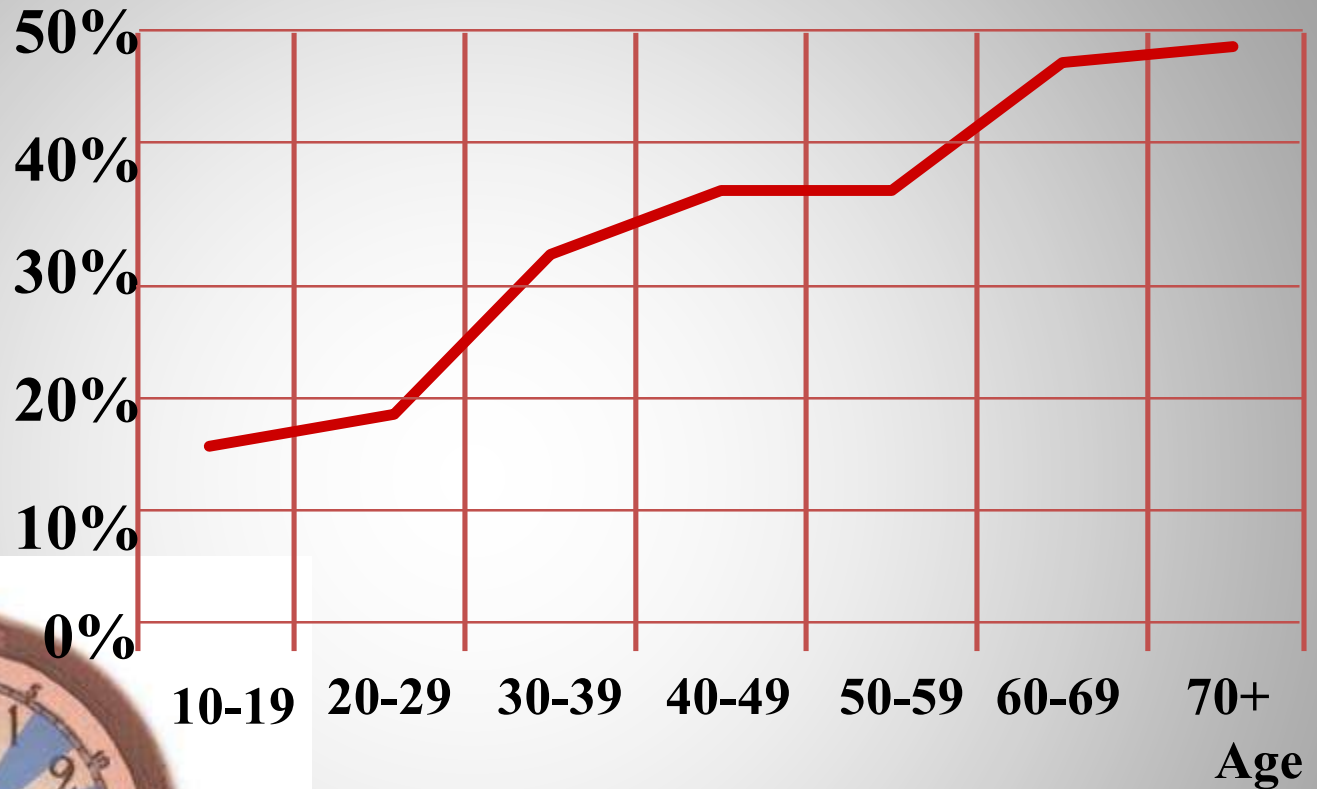




SIKLUS TIDUR NORMAL UNTUK DURASI 7,5 JAM

Changes in Sleep with Age

Sleep Problems



Irregular periods of sleep



Karacan et al., 1976

REGULASI TIDUR (SLEEP REGULATION)

- Pengaturan tidur terjadi melalui berbagai sistem yang saling berhubungan satu sama lain, antara lain :
 - Norepinephrin
 - Acetylcholine
 - Serotonin
 - Melatonin → suprachiasmatic nuclei → circadian pacemaker



KEBUTUHAN TIDUR MENINGKAT PADA:

- **Aktivitas fisik >>**
- **Sakit**
- **Hamil**
- **Stres mental umum**
- **Peningkatan aktivitas mental**
- **dll**

BEBERAPA GANGGUAN TIDUR (1)

1. Insomnia

- Keluhan terbanyak
- Bisa *transient* atau permanen
- Terapi dengan hipnotikum bersifat sementara !

2. Hipersomnia

- Tidur berlebihan, *excessive daytime sleepiness/somnolence*, atau keduanya
- Bisa karena kondisi metabolik, toksik, putus zat stimulan, intoksikasi *depressants*, dll





Narcolepsy

Unit 3: States of Consciousness
Chapter 18

Sleep Disorders

Periodic Legs Movement Syndrome



BEBERAPA GANGGUAN TIDUR (2)

3. Parasomnia

- Fenomena tak lazim yang terjadi tiba-tiba pada saat tidur atau perbatasan tidur-bangun → *poor recall***

4. Gangguan siklus tidur-bangun



INSOMNIA

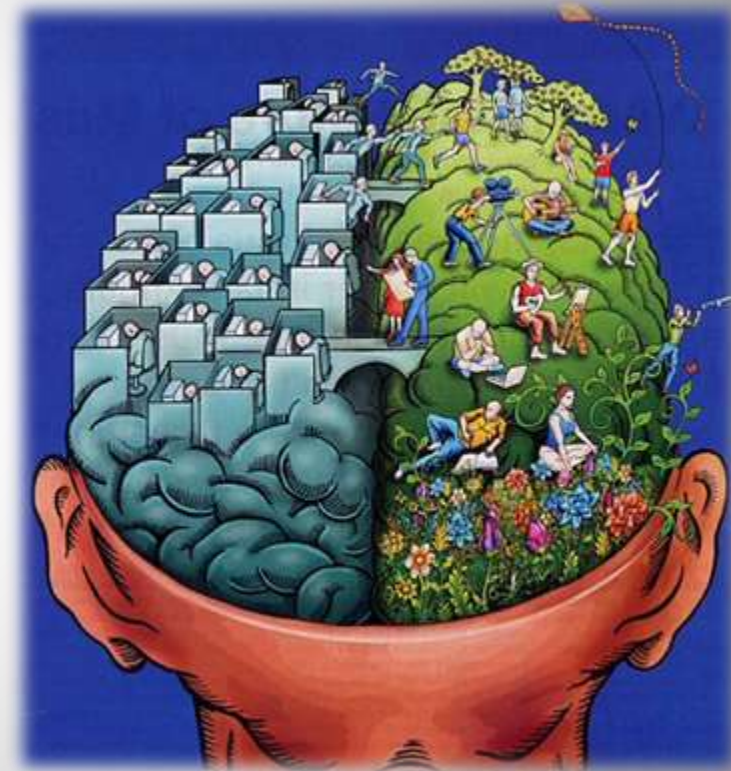




- **Insomnia adalah lampu kuning bagi para dokter!**
- **Banyak gangguan medik umum dan psikiatrik yang didahului dengan insomnia jangka pendek**
- **Lakukan pemeriksaan komprehensif dan teliti!**

Penyebab Psikiatrik dari Insomnia

- Depresi
- Ggn.Cemas Menyeluruh
- Stres
- PTSD (Ggn.Stres Pasca Trauma)
- Ggn.Obsesi Kompulsi
- Ggn.Penyesuaian
- Gangguan Kepribadian
- Gangguan Bipolar
- Distimia
- Kecemasan
- Psikosis termasuk Skizofrenia



Penyebab Medik Umum dari Insomnia

- **Sakit/rasa sakit**

- Neuropathy
- Fibromyalgia
- Osteoarthritis
- Rheumatoid arthritis
- Chronic back pain

- **Kardiovaskular**

- Congestive heart failure
- Dyspnea
- Nocturnal angina

- **Pernafasan**

- COPD
- Asthma
- Obstructive Sleep apnea
- Mixed Sleep apnea
- Obesity-hypoventilation Syndrome

- **Gastrointestinal**

- GastroEsophageal Reflux Disease (GERD)



Definisi Insomnia

- Pengalaman **subjektif** tidur yang tidak adekuat atau kualitas tidur yang kurang baik
- “I’M UP”
 - **I** - difficulty **I**nitiating sleep
 - **M** - difficulty **M**aintaining sleep
 - **U** - **U**nrefreshing sleep
 - **P** - **P**remature awakening





Faktor Resiko Insomnia

- Episode sebelumnya
- Wanita (1.3x)
- Usia > 65 (1.5x)
 - 50% populasi > 65 th
 - 40% dari resep hipnotik
- mengorok
- Depresi (mana yang muncul lebih dahulu ?)
- Status sosial ekonomi lebih rendah
- Cerai / berpisah
- Janda/duda
- Masalah medis yang bersamaan

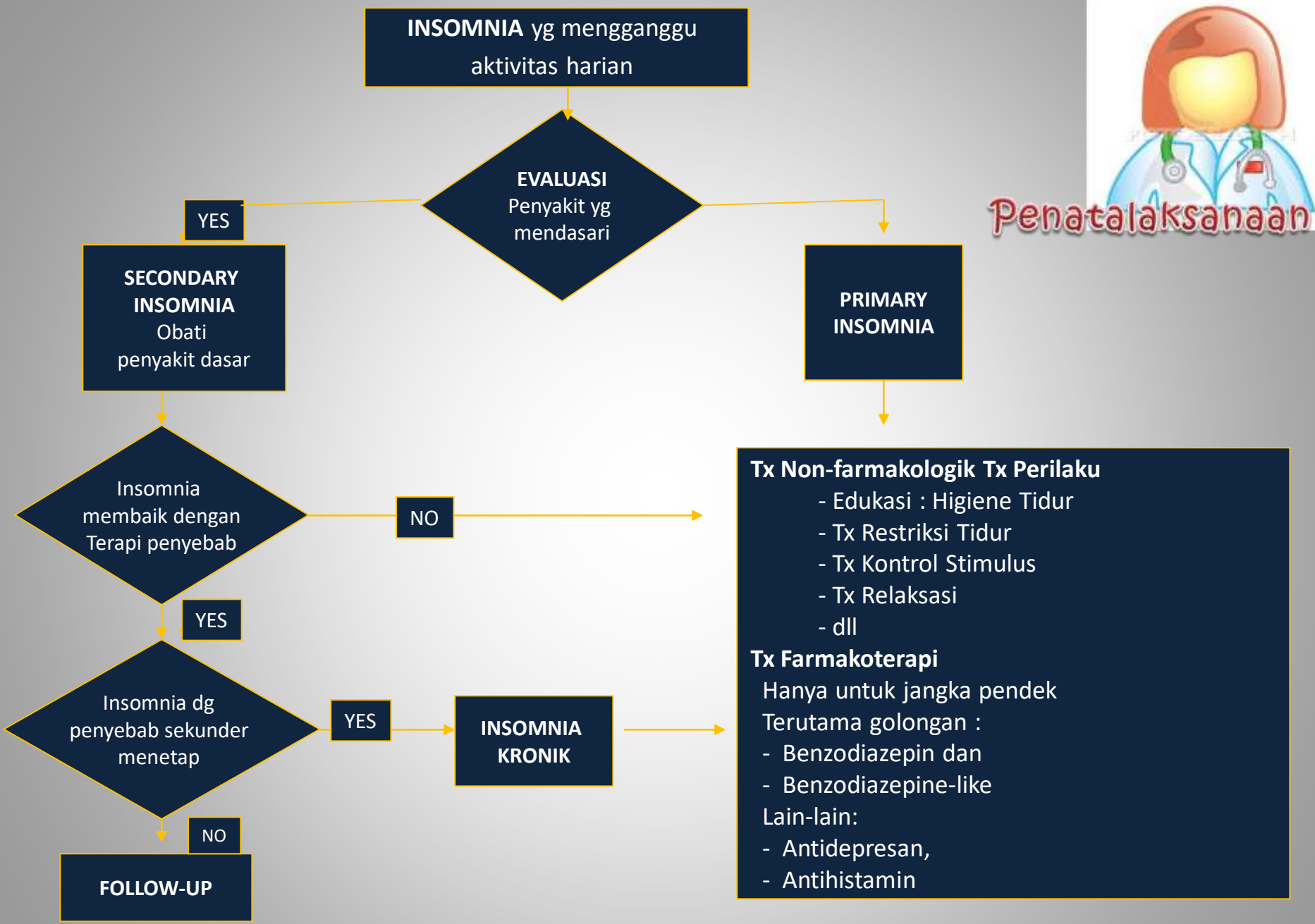
Diagnosis

- Anamnesis yang lengkap 'adalah segalanya'
- Fokuskan pada perubahan dalam keseharian pasien
- Cermati kemungkinan penyebab
- Apabila memungkinkan, partner tidur juga diikutsertakan
- Tanyakan daftar obat yang sedang diminum
- Jangan abaikan kemungkinan penyalahgunaan zat





Penatalaksanaan

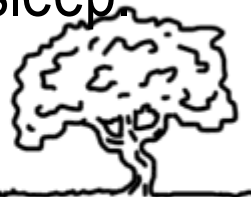




I'll have a
Café-Mocha-
Vodka-Valium-
Latte to go,
please.

Sleep Hygiene--Basics

- Don't spend excessive time in bed, including daytime napping.
- Get into bed when sleepy.
- Maintain a regular sleep/wake schedule
- Bed is for sleep and sex only, not TV!
- Increase exercise and fitness, but avoid exercise <2 hours before go to bed
- Avoid caffeine and nicotine at least 4-6 hours before going to bed
- Never use alcohol to go to sleep.
- Avoid excessive liquids or a heavy meal in the evening.
- Minimize noise, light, and temperature extremes during sleep
- Move alarm clock away from bed if it is distracting



love

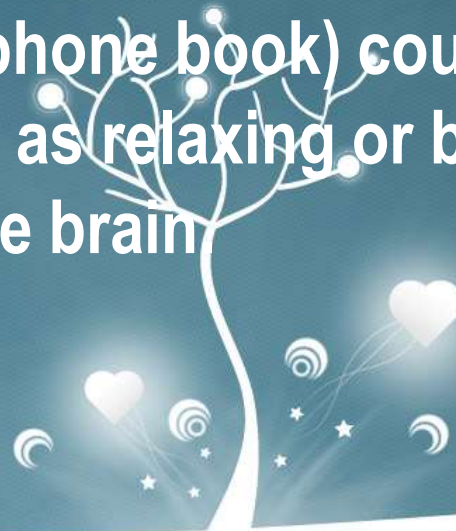
Sleep Hygiene--Relaxation

- **Plan a relaxation period before bed, develop a bedtime routine.**
- **Attempts to address somatic and cognitive arousal**
- **Relaxation Therapy:**
 - **Progressive muscle relaxation**
 - **EMG Biofeedback**
 - **Imagery training**
 - **Self-hypnosis**
 - **Diaphragmatic breathing**



Sleep Hygiene—Sleep Restriction

- If unable to fall asleep within an acceptable amount of time (15-20 min), leave the bedroom, engage in a relaxing activity until sleepy, and then return to bed. This is called sleep restriction
- Repeat as necessary.
- Boring activities (reading the phone book) count. TV/video games doesn't count as relaxing or boring—the flashing lights stimulate the brain



*If the only way to be together is in my dreams,
I will sleep forever*