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Triennial Report of the WPA Section on Psychiatry and Sleep-Wakefulness Disorders

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Executive Overview

Sleep and wakefulness disturbances represent a critical crossroad in modern mental healthcare. Insomnia is recognized not only as a distinct psychiatric disorder in its own right—and the most frequent sleep-related complaint in the general population—but also as a pervasive, high-burden symptom across the spectrum of psychiatric illness. Disturbed sleep frequently precedes the clinical onset of psychiatric disorders, escalates as mental health conditions progress, and routinely persists as a treatment-resistant residual symptom following primary intervention.

In light of these clinical realities, the WPA Section on Psychiatry and Sleep-Wakefulness Disorders continues its dedicated work to bridge the gap between sleep medicine and general psychiatric practice worldwide.

Mission and Interdisciplinary Core

Sleep medicine is inherently interdisciplinary. A core priority of our Section is unifying sleep specialists, clinical psychiatrists, researchers, educational institutions, and public healthcare bodies across the globe. By establishing active collaborative networks, the Section works to:

1. Disseminate evidence-based information on sleep and circadian biology to mental health professionals.

2. Optimize diagnostic accuracy and screening protocols within psychiatric settings.

3. Promote integrated, patient-tailored therapeutic interventions that address both sleep disruption and comorbid mental illness.

Advances in Assessment Methods

To address the clinical complexity of sleep-wakefulness disorders, our Section highlights and promotes the integration of advanced objective diagnostic tools. Beyond polysomnography

(PSG), actigraphy, and daytime vigilance testing (MSLT/MWT), significant diagnostic progress includes: central hypersomnolence assessment, circadian rhythm monitoring, biomarker identification.

Evolving Treatment Paradigms

The Section actively promotes a dual, integrated model combining evidence-based psychotherapy, modern pharmacotherapy, and behavioral lifestyle interventions:

First-Line Psychotherapy: Cognitive Behavioral Therapy for Insomnia (CBT-I)—comprising sleep restriction, stimulus control, cognitive restructuring, and relaxation—remains the gold standard first-line treatment for chronic insomnia, including cases with complex psychiatric comorbidity.

Targeted Pharmacotherapy: Where medication is indicated, the Section emphasizes modern, mechanism-specific agents that target underlying sleep- and wakefulness-regulating circuitry rather than offering broad, non-specific sedation.

Behavioral Pillars: Sustained clinical improvement relies on foundational behavioral routines, particularly enforcing a consistent wake-up time, paired with routine daytime physical activity.

Forward Strategic Vision

Looking ahead, our Section will focus on participating in international scientific symposia, fostering research collaborations across low-, middle-, and high-income countries, and updating educational guidelines for practicing psychiatrists. By establishing early detection and targeted sleep interventions, we aim to attenuate the course of psychiatric illness, lower relapse rates, and substantially improve patient quality of life worldwide.

References

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