
Information from your Patient Aligned Care Team

Insomnia

What is Insomnia?

Trouble falling asleep or staying asleep (usually called insomnia) is a problem for one out of every three American adults. If you have ever suffered from insomnia, you know how it can disturb your day and your night. It can make you feel fatigued during the day. It may cause you to have trouble focusing on tasks.

Treating insomnia requires you and your doctor to work as partners to explore the causes and effects of the problem. You will also need to keep track of how well treatments work for you. In many cases, insomnia is the result of a combination of factors. These factors may include how you think about sleep, lifestyle choices and where you sleep. In some cases medical or psychiatric problems are the cause of insomnia.

What are some Types of Insomnia?

Insomnia can occur in people of all ages. Most people have insomnia for a night or two, but sometimes it can last for weeks, months or even years. Insomnia is most common among women and older adults.

Adjustment Insomnia. Adjustment insomnia is a problem with falling asleep or staying asleep that lasts for a few nights. Adjustment insomnia lasts less than three months. This type of insomnia is usually brought on by excitement or stress. Children, for example, may toss and turn just before school starts in the fall. Insomnia can happen the night before an important exam or sports event. Adults often sleep poorly before an important business meeting or after an argument with a family member or close friend. People are more likely to have trouble sleeping when they are away from home. Travel across time zones can cause adjustment insomnia. Exercising too close to bedtime (within four hours) or being sick can also cause this type of insomnia. When the stressful situation eases up, or when the sleeper adjusts to it, sleep returns to normal.

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Chronic Insomnia. More than 20 million Americans complain of chronic insomnia. Chronic insomnia lasts as least one month. Most people with insomnia worry about their sleep. But it is wrong to blame all troubled sleep on worrying. A study by the American Academy of Sleep Medicine showed that patients with insomnia may have problems with breathing or abnormal muscle activity during sleep. A sleep specialist can help sort out the causes of insomnia and recommend effective treatments.

What Causes Insomnia?

Insomnia is a symptom of another problem, much like a fever or a stomach ache. It can be caused by any of a number of factors.

Psychological Factors

Tendency to Insomnia. Some people seem more likely than others to have insomnia during times of stress. Other people respond to stress by getting a headache or a stomach ache. Knowing that some people are likely to get insomnia and that it will not last too long can be helpful in dealing with it when it happens.

Persistent Stress. Relationship problems, a child with a serious illness or an unrewarding job may contribute to sleep problems. Learning to deal with stress can help treat insomnia.

Psychophysiological (learned) Insomnia. If someone sleeps poorly during times of stress, he/she may worry about not being able to function well during the day. He/she may decide to try harder to sleep at night. This usually makes things worse. After a few nights, some of the things that people do to get ready for bed may remind them of their trouble sleeping. Changing into their night clothes, turning off the lights and pulling up the blankets will suddenly make them wide awake. Some people with psychophysiological insomnia may fall asleep quickly when they are not in bed. They may drift off on the couch, while reading the newspaper or watching TV. Even a few nights of poor sleep during a month can trigger psychophysiological insomnia. Treatment includes “unlearning” the reminders of poor sleep and learning new sleep habits.

Lifestyle

Stimulants. Caffeine keeps people awake. If you have coffee in the evening your sleep will be less restful, even if it does not keep you from falling asleep. Nicotine also keeps people awake, and smokers may take longer to fall asleep than nonsmokers. Many medications have stimulants in them. These include weight loss, anti-allergy and asthma medications. Some cold remedies have stimulants in them.

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Alcohol. You may think that having a glass of wine at bedtime will help you sleep. But alcohol, while it may help you fall asleep quickly, is likely to make you wake up briefly throughout the night.

Work Hours. If you are a shift worker you are more likely to experience sleep problems. This includes workers who have changing shifts. It also includes people who work nights or early mornings. Keeping the same schedule, even on weekends, is important. It can help program your body to sleep at certain times and to stay awake at others. Waking up at the same time every morning is one way to stabilize your sleep pattern. Having a routine is important.

Exercise. You may think that resting and having a quiet lifestyle helps prevent insomnia. In fact, people who get little or no exercise may find it hard to sleep at night. Regular exercise helps people sleep better. The best time to exercise is the afternoon. Do not exercise close to bedtime. Leave at least two hours before bedtime for your heart rate to slow down after exercise.

Sleeping pills. Sleeping pills should be used as directed by your doctor. Some sleeping pills stop working after a few weeks if they are used every night. If you stop using them suddenly, however, your sleep may be worse for a time. This problem can be reduced by cutting back slowly on the use of sleeping pills. Your healthcare professional will help you with this. Studies have recently found that after slowly stopping sleep medication, a person's sleep may be no worse than when the individual was taking sleeping pills.

Environmental Factors

Noise. Keep the bedroom as quiet as possible. Passing traffic, airplanes, television and other noises can disturb your sleep even when they don't cause you to wake up.

Light. Use shades or heavy curtains to keep your bedroom dark. Light comes through your eyelids even when your eyes are closed. Light can disrupt your sleep. These factors should be considered if you find yourself feeling tired even though you think you slept soundly all night.

Physical /Psychiatric Illness

Many medical problems can disrupt sleep and lead people to complain that they have insomnia. Psychiatric problems, other sleep disorders and physical illnesses may change sleep in ways that can easily be mistaken for insomnia. Treating the medical disorder may treat the insomnia.

Psychiatric problems. One kind of insomnia -- waking up very early -- is one of the most common complaints of people with depression. If you have a psychiatric disorder you

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may sleep poorly. Treatment of the underlying disorder can help improve your sleep. Some of the medications used to treat psychiatric disorders may also cause insomnia.

Sleep Related Breathing Disorders. People with sleep apnea stop breathing during sleep. This can wake a sleeper dozens or even hundreds of times a night. The time when breathing stops can be as short as 10 seconds. Most people do not remember waking up. People with sleep apnea usually breathe normally when they are awake. A sleep study is needed to diagnose sleep apnea. Sleep related breathing problems are most common in men, overweight people, and older adults. People with sleep apnea often benefit from a treatment known as positive airway pressure (PAP). This treatment keeps the breathing passages open with a steady stream of air flowing through a mask worn over the nose during sleep.

Periodic Limb Movements. Periodic limb movements are brief muscle contractions. The contractions may cause leg jerks that last a second or two. The contractions occur in trains every 30 seconds or so, often for an hour or longer. Some people have several trains of leg jerks every night. These movements can cause hundreds of brief interruptions of sleep each night, resulting in restless sleep. Periodic limb movements become more frequent and severe as we grow older. Treatment can include medication, evening exercise, a warm bath, or a combination of these. Iron replacement may be helpful if our iron level is low.

Gastroesophageal Reflux (Heartburn). During sleep stomach contents may back up into the throat. This can awaken a person several times a night. This is commonly known as heartburn because of the pain or tightness it produces in the middle of the chest. When reflux occurs during the day, a few swallows and an upright position will usually solve the problem. During sleep, less-frequent swallowing and a lying-down position causes more reflux. Frequently the sleeper will wake up coughing and choking. If you have this problem, try raising your head with pillows. You can also raise the head of the bed on 6- to 8-inch blocks. Medications can also be used to treat reflux.

When Should Someone Seek Help?

It may be time to seek help if your sleep has been disturbed for more than a month and interferes with the way you feel or function during the day. See your doctor or ask for a referral to a sleep disorders specialist. Your medical history, a physical exam, and some blood tests may help identify certain causes of insomnia. Your bed partner and other household members may have useful information about your sleep. Ask them if you snore loudly or if you are restless during sleep. Your healthcare professional will also need to know whether insomnia makes you sleepy or depressed or affects your life in other ways. Sometimes insomnia can be helped through education and information. Some people naturally sleep less than others, and merely need to give up the idea that everyone needs eight hours of sleep. Counseling can help people when insomnia is due

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to poor sleep habits. In other cases, medication or evaluation at a sleep disorders center may be recommended. If you are told to get an evaluation at a sleep disorders center, you may be asked to keep a sleep diary showing sleeping and waking patterns for a week or two.

Can Sleeping Pills Help?

Sleeping pills can help you fall asleep and feel more alert the next day. Sleeping pills are not a cure for insomnia. Sometimes sleeping pills mask problems that may arise from another disorder. For example, sleeping pills may temporarily help some of the problems caused by sleep related breathing disorders. Insomnia needs to be properly diagnosed and treatment options discussed with a healthcare professional before treatment with medications is undertaken. There are many types of sleeping pills, including some that you can buy without a prescription. The different types of medications have advantages and disadvantages. For example, some are 'short-acting' and work best for trouble at first falling asleep. Others are 'long-acting' and work best keeping you asleep through the night. Talk to your healthcare professional to find out which kind of sleep medication is best for you.

Sleeping Pills May Help with the Following Conditions:

Jet lag. Flying across several time zones can trigger both insomnia and daytime sleepiness. It may take a week for your body to adjust to time zone changes. Taking a sleeping pill to help you sleep on the airplane during an overnight flight may improve sleep and reduce daytime sleepiness.

Shift work. Shift workers sometimes find sleeping pills make it easier to fall asleep and stay asleep for one to three nights during a shift change. This may reduce sleepiness during the day and help with adjustment to the new schedule.

Acute stress. Sleeping pills may prevent long term sleep problems by helping people who often have insomnia get through stressful times.

Predictable stresses. People who always toss and turn the night before a monthly sales meeting or before giving a speech may rest better if they take a sleeping pill at such times.

Chronic insomnia. Having sleeping pills on hand can help ease poor sleepers through periodic flare-ups and reduce the worry that goes along with sleeplessness. It is important to know that most sleeping pills work best when they are used for less than three weeks.

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What are some Behavioral Treatments?

There are four suggested behavioral treatments that have been well tested with insomnia. These are usually given by sleep specialists.

Sleep Restriction: Insomniacs may stay in bed for a long time hoping this will result in more sleep time. Instead, too much time in bed spreads sleep over a longer period, breaks up sleep, and increases frustration. Sleep restriction therapy limits the time spent in bed and helps to make sleep more efficient.

Stimulus Control: Stimulus control aims to make the bedroom an inviting setting for sleep. For some, the bedroom becomes a place where things such as paper work and worrying take place. These activities and thoughts often prevent sleep. At bedtime, the link between these activities and your bedroom keeps you awake. Stimulus control procedures reduce wake-related activities in the bedroom, including lying awake in bed. This is done in order to improve the chances of falling asleep quickly.

Relaxation Therapy: Relaxation therapy is a group of activities that try to produce a feeling of calm. These include trying to focus on pleasant thoughts in a quiet setting. Using relaxation therapy helps to increase the chances of falling asleep.

Cognitive Therapy: Many people have mistaken beliefs and attitudes about sleep. Some people think that bad things will happen to them if they get less than eight hours of sleep. Cognitive therapy uses methods of reasoning to correct these faulty ideas and thoughts. This helps to promote sleep and relieve daytime worrying and bedtime wakefulness.

Good Sleep Hygiene

Here are some tips for how you can improve your sleep hygiene:

1. Don't go to bed unless you are sleepy.

If you are not sleepy at bedtime, then do something else. Read a book, listen to soft music or browse through a magazine. Find something relaxing, but not stimulating, to take your mind off of worries about sleep. This will relax your body and distract your mind.

2. If you are not asleep after 20 minutes, then get out of the bed.

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Find something else to do that will make you feel relaxed. If you can, do this in another room. Your bedroom should be where you go to sleep. It is not a place to go when you are bored. Once you feel sleepy again, go back to bed.

3. Begin rituals that help you relax each night before bed.

This can include such things as a warm bath, light snack or a few minutes of reading.

4. Get up at the same time every morning.

Do this even on weekends and holidays.

5. Get a full night's sleep on a regular basis.

Get enough sleep so that you feel well-rested nearly every day.

6. Avoid taking naps if you can.

If you must take a nap, try to keep it short (less than one hour). Never take a nap after 3 p.m.

7. Keep a regular schedule.

Regular times for meals, medications, chores, and other activities help keep the inner body clock running smoothly.

8. Use your bed only for sleep and sex.

9. Do not have any caffeine after lunch.

10. Do not have a beer, a glass of wine, or any other alcohol within six hours of your bedtime.

11. Do not have a cigarette or any other source of nicotine before bedtime.

12. Do not go to bed hungry, but don't eat a big meal near bedtime either.

13. Avoid any tough exercise within six hours of your bedtime.

You should exercise on a regular basis, but do it earlier in the day. (Talk to your doctor before you begin an exercise program.)

14. Avoid sleeping pills, or use them cautiously.

Most doctors do not prescribe sleeping pills for periods of more than three weeks. Do not drink alcohol while taking sleeping pills.

15. Take time during the day to deal with things that make you worry.

Discuss your concerns with a family member or friend. Express your feelings by writing in a journal. If your worries are a constant problem, then talk to a therapist.

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16. Make your bedroom quiet, dark, and a little bit cool.

An easy way to remember this: it should remind you of a cave. While this may not sound romantic, it seems to work for bats. Bats are champion sleepers. They get about 16 hours of sleep each day. Maybe it's because they sleep in dark, cool caves.

Further Information about Insomnia

No More Sleepless Nights, Revised Edition, by Peter Hauri PhD, and Shirley Linde PhD (John Wiley and Sons, New York, 1996)

Say Goodnight to Insomnia, by G. D. Jacobs and H. Benson (Owl Books, 1999)

SleepManual: Training Your Mind and Body To Achieve the Perfect Night's Sleep, By W.R. Pigeon, PhD (Ivy Press, 2010)

American Academy of Sleep Medicine Patient Education Web Site: www.sleepeducation.com

The Center for Integrated Healthcare extends its sincere appreciation to Wilfred Pigeon, PhD, CBSM, Clinical Researcher, Center for Integrated Healthcare & Center of Excellence at Canandaigua & Assistant Professor of Psychiatry & Director, Sleep & Neurophysiology, University of Rochester Medical Center, Rochester, NY for his invaluable contributions to the preparation of this informational handout.