



Insomnia

Introduction

Our sleep needs vary. Most people need seven or eight hours of sleep a night to feel rested and function well during the day. Others need as little as six hours or as much as 10 hours of sleep to feel rested. Many people have occasional sleepless nights, but they can still function during the day.

You have insomnia if you have difficulty sleeping on a regular basis. This regular lack of sleep may interfere with the ability to feel alert and rested during the day. Insomnia is usually a symptom; it is rarely a disease in itself.

Symptoms of insomnia may include:

- Inability to get restful sleep
- Difficulty falling asleep
- Waking up too often
- Waking up too early
- Waking up feeling tired, even after a long period of sleep
- Fatigue or sleepiness when awake
- Irritability

If you have insomnia for longer than one month, talk to your health care provider about finding the cause and getting treatment.

Diagnosis of Insomnia

The cause of insomnia can be hard to diagnose because so many things can affect sleep. Sometimes insomnia has no obvious cause.

To diagnose the type and cause of your insomnia, your health care provider may ask you questions about the following:

- Your sleep patterns such as:
 - How long and when you sleep
 - How long you've had symptoms
 - Whether the symptoms happen every night
- Whether you snore
- How well you function during the day
- If you take medications
- If you have health problems
- If you have a lot of stress in your life

Your health care provider may ask you to fill out a questionnaire to help assess the level of your insomnia and its possible cause.

Types and Causes of Insomnia

Secondary insomnia

Secondary insomnia

The most common type of insomnia is called secondary insomnia because it has other causes, such as the ones listed here.

- **Psychological problems**, such as:
 - Increased stress from work or home
 - Marital conflict
 - Worrying too often about how much sleep you are getting
 - Other persistent stress factors
- **Poor sleep or health habits**, such as:
 - Changing sleep times frequently
 - Working too late in the evening
 - Not allowing time to wind down before bedtime
 - Drinking too much caffeine
 - Eating too much before bedtime
 - Not getting enough physical activity during the day
- **Psychiatric disorders**, such as:
 - Depression
 - Anxiety
- **Medical conditions**, such as:
 - Allergies
 - Arthritis
 - Chronic pain
 - Restless legs syndrome (uncontrollable urge to move your legs)
 - Sleep apnea (disorder in which breathing stops and starts during sleep)
 - Hot flashes
 - Persistent cough or shortness of breath
- **Drug or substance problems** such as:
 - Stopping or starting medications
 - Abuse of alcohol and drugs

Primary insomnia

When all other causes of insomnia have been ruled out, you are diagnosed as having primary insomnia. The three types of primary insomnia are:

- **Idiopathic insomnia** — Usually starts in childhood and persists through adulthood. Idiopathic means the cause is unknown.
- **Psychophysiologic insomnia** (also called learned insomnia) — May continue for many years. It starts with an event that causes severe stress such as a death in your family. The stress regularly keeps you from sleeping well. After time passes and the stress lessens, the insomnia continues because the mind has learned to associate the night with waking rather than sleeping.
- **Paradoxical insomnia** — Happens when you think you are getting very little sleep but when observed in a sleep study, you've slept many more hours than you realize. It is rarer than other types.

Other causes of insomnia

As you get older, changes can happen that may affect your sleep. You may have changes in:

Sleep patterns — After age 50, sleep often becomes less restful. Because you're sleeping lightly, you're also more likely to wake up. With age, your internal clock often speeds up, which means you may get tired earlier in the evening and then wake up earlier in the morning.

Activity level — You may be less physically or socially active. You may also have more free time and, because of this, you may drink more caffeine or alcohol, stay in bed too long or take a daily nap.

Health — Chronic pain conditions such as arthritis or back problems as well as depression, anxiety and stress can interfere with sleep. Older men often develop noncancerous enlargement of the prostate gland (benign prostatic hyperplasia), which can cause the need to urinate frequently, interrupting sleep. In women, hot flashes during menopause can keep you awake. Sleep apnea and restless legs syndrome also become more common with age.

Treatments for Insomnia

Your health care provider may recommend making some behavior changes as the first step to eliminating your insomnia. Keep in mind what helps one person sleep better might cause very poor sleep for another. For example, some people sleep much better at night after a daytime nap; others sleep much worse. You are the best judge of what helps you sleep better.

Suggestions for improving your sleep

Cut down on your time in bed — Lying in bed awake for long periods can make your sleep less restful. Try spending one less hour or so in bed each day. It will be hard for two or three weeks, but gradually you may begin to sleep more soundly.

Establish a regular time you go to bed and a regular time you get up — Choose a time that is comfortable and convenient for you to go to bed each night and a time you will wake each day. Allow enough time to get the amount of sleep you need, but do not stay in bed longer than that.

Avoid trying to sleep — The more you lie in bed and try to sleep, the more awake you may become. If you have tried to fall asleep and, instead, become frustrated, get up and do something else. Read or watch television until you become drowsy and can fall asleep naturally.

Avoid clock watching — Set an alarm clock if needed, then put it under your bed. You may sleep better when you are not counting the minutes.

Exercise — Exercising during the day may help you sleep more soundly. However, exercise at least five to six hours before going to bed. Before beginning a new exercise routine, talk to your health care provider.

Think about your sleep environment — Some people need absolute darkness and use heavy drapes on the windows. Others need an open window. Some need constant noise such as an air conditioner or a sound machine. Some people sleep best when the room is cold; others, when it is warm. Try to keep pets out of the bedroom since they may wake you with noise or movement. Find out what helps you most. If you're not sleeping well, try changing the environment.

Avoid alcohol — Although alcohol can make you fall asleep, it will also cause you to wake up more times during the night once its sedative effect wears off.

Limit caffeine intake — Avoid all caffeine-containing beverages and products such as coffee, cola drinks, tea and chocolate. Do not eat or drink caffeine-containing products less than eight hours before you want to go to sleep.

Avoid tobacco and nicotine — Smoking disturbs sleep. Studies have shown smokers sleep more poorly than nonsmokers.

Try to deal with your worries before bedtime — If you often worry in bed, set aside 30 minutes during the day to address your worries. Write down your worries, think about each one and write down potential ways to solve the problems you're facing. Then try to set aside your worries before going to bed. If you find you have been trying to fall asleep and, instead, continue to worry, get up and try doing something else for awhile such as reading or watching television.

Check your medications — If you take medications, talk to your health care provider about whether they may be keeping you awake. Read the labels of over-the-counter products to see if they contain caffeine or other stimulants such as pseudoephedrine. Talk to a pharmacist if you are not sure which products are stimulants. Do not stop taking prescription medications unless your health care provider tells you to do so.

Don't put up with pain — Pain can affect your sleep. If pain is a problem, talk to your health care provider about the best way to manage your pain and lessen its effects on your sleep.

Find ways to relax — Relaxation techniques such as a warm bath three hours before bedtime, a gentle massage or listening to soothing music may help you sleep better.

Other Treatments for Insomnia

Besides the behavior change suggestions, some people with insomnia benefit from relaxation training, stress management classes or other forms of behavioral treatment. Others may benefit from treatment of their medical problem, while still others need counseling for managing day-to-day worries.

Medication

Sleeping pills can provide an occasional night of good sleep. They are generally used for a short period so you can sleep through a particularly hard time. Tell your health care provider if you are taking prescription medications, over-the-counter medications or supplements before taking sleeping pills.

In the past, if you took sleeping pills for a long time, the medication may have stopped working after awhile. When you stopped taking the medication, your insomnia may have gotten worse for a few days or weeks. Newer forms of sleep medications are less likely to have these effects. If you are not sleeping better after improving your sleep habits, talk to your health care provider about sleep medications.

When insomnia is caused by an illness, taking the medication for your condition may also help relieve insomnia. For example, antidepressants may help you sleep if you are depressed; pain medications may help if your insomnia is caused by pain.

Melatonin

Melatonin is a hormone produced in your brain, then released into your bloodstream in increasing amounts starting at dusk and tapering off toward morning. Over-the-counter melatonin supplements have been used for various medical conditions, including insomnia. Current research is inconclusive about how melatonin works and the potential long-term risks of taking it as a supplement. Talk with your health care provider before taking melatonin or other supplements.

Note on using supplements

People often turn to supplements for many conditions. Most supplements have not been formally tested, and their effectiveness is unknown. Some supplements can interfere with other medications. To avoid possible toxic reactions to prescription medications, tell your health care provider if you are using a supplement — especially if you are being treated with conventional therapies.

Sleep Disorders Centers

Your health care provider may suggest you go to a sleep disorders center for diagnosis and treatment. Sleep disorders centers are staffed by experts who can do specialized tests to help diagnose the cause of insomnia. Ask your health care provider:

- To help you find a center that is accredited by the American Academy of Sleep Medicine.
- To send a summary of your medical history to the sleep disorders center once you have chosen one.

At the sleep disorders center, you may have a sleep study (polysomnogram). During a sleep study, many body activities are monitored and recorded while you sleep including brain waves, breathing, heartbeat, and eye and body movements. Staff at sleep disorders centers can help you learn ways to better manage your sleep.

If you have questions about insomnia or the information in this material, talk to a member of your health care team.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.