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INSOMNIA

Most people have experienced insomnia, difficulty falling asleep or staying asleep, at some point in their lives. The National Institutes of Health (NIH) define insomnia as "the perception or complaint of inadequate or poor-quality sleep" because of one or more of the following:

- Difficulty falling asleep
- Waking up frequently during the night with difficulty returning to sleep
- Waking up too early in the morning
- Unrefreshing sleep

Insomnia is not defined by the number of hours of sleep a person gets or how long it takes to fall asleep. Individuals vary normally in their need for, and their satisfaction with, sleep. Insomnia may cause problems during the day, such as tiredness, a lack of energy, difficulty concentrating, and irritability.

Who Develops Insomnia?

Insomnia is found in males and females of all age groups, although it seems to be more common in females (especially after menopause) and in the elderly, according to the National Institutes of Health (NIH). The ability to sleep, rather than the need for sleep, appears to decrease with advancing age.

Types of Insomnia

Insomnia is generally classified as: *Transient*, a short-term condition lasting 1 night - few weeks.

Intermittent, in which episodes of insomnia occur from time to time.

Chronic, in which the individual experiences insomnia on most nights over a period of one month or more.

Factors that Can Cause Insomnia

There are many causes of insomnia. People with a history of depression or who are over age 60 are more likely to experience insomnia.

Transient and intermittent insomnia generally occur in people who are temporarily experiencing one or more of the following:

- Stress
- Environmental noise
- Extreme temperatures
- Change in the surrounding environment
- Sleep / wake schedule problems, such as those due to jet lag
- Medication side effects (including antidepressants, prescription diet pills that contain amphetamines, high blood pressure medications, thyroid medications, and cough medicines).

Chronic insomnia is more complex and often results from a combination of factors, including underlying physical or mental health problems. One of the most common causes of chronic insomnia is depression. Other underlying causes include arthritis, kidney disease, heart failure, asthma, sleep apnea, narcolepsy, restless legs syndrome, Parkinson's disease and hyperthyroidism. Some conditions, such as narcolepsy and restless legs syndrome, might actually cause disruptions in the sleep but be perceived by the individual as insomnia. However, chronic insomnia may also be due to behavioral factors, including the misuse of caffeine, alcohol, or other substances; disrupted sleep / wake cycles as may occur with shift work or other nighttime activity schedules; and chronic stress.

In addition, the following behaviors have been shown to perpetuate insomnia in some people:

- Expecting to have difficulty sleeping and worrying about it
- Ingesting excessive amounts of caffeine
- Drinking alcohol before bedtime
- Smoking cigarettes before bedtime
- Excessive napping in the afternoon or evening
- Irregular or continually disrupted sleep/wake schedules.

These behaviors can cause insomnia, and they can prolong an existing sleeping problem. Stopping these behaviors and can help eliminate insomnia.

How is Insomnia Diagnosed?

The diagnosis of insomnia and identification of its causes are made with the help of a medical and sleep history. A sleep specialist might ask you to complete a sleep diary before your meeting. The clinician might also ask to interview your bed partner concerning the quantity and quality of the your sleep.

Specialized sleep studies may be recommended, but only if there is suspicion that the patient may have a primary sleep disorder such as sleep apnea or narcolepsy.

How is Insomnia Treated?

Transient and intermittent insomnia may not require treatment because episodes last only a few days at a time. For example, if insomnia is due to a temporary change in the sleep / wake schedule, as with jet lag, the person's biological clock will often get back to normal on its own.

However, for some people who experience daytime sleepiness and impaired performance as a result of transient insomnia, the use of short-acting prescription sleeping pills may improve sleep and next-day alertness, according to NIH and the American Sleep Disorders Association.

The use of over-the-counter sleep medicines is not usually recommended for the treatment of insomnia.

Treatment for chronic insomnia consists of:

- Diagnosing and treating underlying medical or psychological problems.
- Identifying behaviors that may worsen insomnia and stopping (or reducing) them.
- Possibly using sleeping pills, although the long-term use of sleeping pills for chronic insomnia is controversial. A person taking any sleeping pill should be under the supervision of a physician to closely evaluate effectiveness and minimize side effects.

In general, these drugs are prescribed at the lowest dose and for the shortest duration needed to relieve the sleep-related symptoms. For some of these medicines, the dose must be gradually lowered as the medicine is discontinued because, if stopped abruptly, it can cause insomnia to occur again for a night or two.

- Trying behavioral techniques to improve sleep.

NIH recommends the following three behavioral techniques:

1. *Relaxation Therapy* There are specific and effective techniques that can reduce or eliminate anxiety and body tension. As a result, the person's mind is able to stop "racing," the muscles can relax, and restful sleep can occur. It usually takes much practice to learn these techniques and to achieve effective relaxation.
2. *Sleep Restriction* Some people with insomnia spend too much time in bed unsuccessfully trying to sleep. They may benefit from a sleep restriction program that at first allows only a few hours of sleep during the night. Gradually, the time is increased until a more normal night's sleep is achieved.
3. *Reconditioning* Some people with insomnia benefit by reconditioning themselves to associate the bed and bedtime with sleep. For most people, this means not using their beds for any activities other than sleep.

As part of the reconditioning process, the person is usually advised to go to bed only when sleepy. If unable to fall asleep, the person is told to get up, stay up until sleepy and then return to bed. Throughout this process, the person should avoid naps and wake up and go to bed at the same time each day. Eventually the person's body will be conditioned to associate the bed and bedtime with sleep.

What You Can Do

1. Consider whether your insomnia is transient, intermittent or chronic and see if you can identify any of the above causes, such as stress or illness. If so, and a suggestion is listed above, try to make some changes on your own, and see if your condition improves.
2. Review all of the medications you are currently taking (including non-prescription ones), and make sure you understand their side effects. Keep in mind that even if a drug does not cause a particular side effect by itself; it can cause a problem if combined with another medication. Your health care practitioner or pharmacist can help you determine potential side effects.
3. Practice good sleep hygiene
4. Discuss your concerns with a qualified health care practitioner. Together, you can identify possible reasons for your sleeping difficulty and then try appropriate measures to correct the problem.

Source: National Institutes of Health