
Information Sheet for Behavioral Health Providers in Primary Care

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 more 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

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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.

Chronic Insomnia. Chronic insomnia lasts at least one month and affects approximately 10% of Americans. Many people with insomnia worry about their sleep, but it is hardly the case that all troubled sleep is due to worrying. Indeed there are many factors that can contribute to insomnia and some difficulties sleeping may be due to sleep disorders other than insomnia. A sleep specialist can help sort out the causes of sleep disturbances and recommend effective treatments.

What Causes Insomnia?

Insomnia can be caused by any number or combination of factors.

Psychological Factors

Tendency to Insomnia. Some people seem more likely than others to have insomnia during times of stress. 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.

Conditioned Insomnia. In some cases insomnia can be come conditioned or learned. This occurs when the bed or bedroom becomes associated with wakefulness, the frustration of insomnia, or worries and concerns about sleep. Essentially, someone can have the experience of being sleepy or even falling asleep elsewhere in their living environment, but as they reach the bedroom or lie down in bed, they are “wide awake.” Some patients describe that it is difficult to turn their mind off or that they have physical signs that their body is overly active. This has come to be called psychophysiologic insomnia.

Lifestyle

Stimulants. It is not news that caffeine is alerting. 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 many weight loss and asthma medications.

Alcohol. Alcohol may help you fall asleep quickly, but it is likely to make you wake up briefly throughout the night.

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Work Hours. Shift workers are more likely to experience sleep problems, especially working the late or third shift. This can also be true for people who are not necessarily shift workers, but work some late nights or early mornings.

Exercise. Regular exercise helps people sleep better, although exercise close to bedtime may be too alerting for falling asleep. Leave at least two hours before bedtime for your heart rate to slow down after exercise.

Environmental Factors

Noise. A bedroom or sleep environment with excessive noise is obviously disruptive to sleep and can be a direct cause of insomnia. Passing traffic, airplanes, television and other noises can disturb your sleep even when they don't cause you to wake up.

Light. Similarly, excessive light in the sleeping environment is also disruptive to sleep. Anyone trying to sleep in when the sun comes up knows that light comes through your eyelids even when your eyes are closed.

Physical, Psychiatric or Other Sleep Disorders

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 disorder that is contributing to insomnia may completely treat the insomnia (or at least make it easier for the insomnia to be addressed).

Psychiatric problems. Insomnia occurs in the context of many common mental health problems like depression, generalized anxiety, and post-traumatic stress disorder. One kind of insomnia -- waking up very early -- is a common complaint of people with depression. If you have a psychiatric disorder you 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 repeatedly stop breathing for brief periods (10-20 seconds or more) during their sleep. This can wake a sleeper dozens or even hundreds of times a night, though they may not recall all these brief awakenings. These sleep related breathing problems are most common in men, overweight people, and older adults. An overnight sleep study is needed to diagnose sleep apnea. The repeated awakenings associated with sleep apnea may also cause insomnia.

Periodic Limb Movements. Periodic limb movements are brief muscle contractions lasting about one second, but can recur repeatedly every 30-90 seconds for extended periods of sleep. Like apnea episodes, these movements can cause hundreds of brief

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interruptions of sleep each night, resulting in restless sleep. Periodic limb movements become more frequent and severe as we grow older.

Gastroesophageal Reflux (Heartburn). When stomach contents back up into the throat, the pain or tightness it produces in the middle of the chest is commonly known as heartburn. When this 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 and coughing or choking can repeatedly awaken the sleeper.

When Should Someone Seek Help?

Disturbed sleep that has lasted for more than a month and interferes with the way you feel or function during the day is certainly reason to 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 sleep disturbances. Your bed partner or other household members may provide useful information about your sleep including whether you snore loudly or are restless during sleep. For some people, brief counseling or sleep advice can help when insomnia is straightforward. In other cases, medication, a non-medication therapy or evaluation at a sleep disorders center may be recommended.

Can Sleep Medications Help?

Sleep medications can help you fall asleep and feel more alert the next day. Sleeping pills are not a cure for insomnia and may mask problems that arise from another disorder. For example, sleeping pills may temporarily reduce extended wake periods that are caused by sleep apnea's repeated awakenings. For these and other reasons, insomnia needs to be properly diagnosed and treatment options discussed with a healthcare professional before treatment with medications is undertaken. There are a variety of sleep medications, including some that can be purchased over the counter without a prescription, each with advantages and disadvantages. Sleep medications may help with sleep disturbances in the following conditions:

Jet lag. Flying across several time zones can trigger both insomnia and daytime sleepiness. It may take several days for your body to adjust to time zone changes. Appropriately timed use of a sleep medication may help reduce jet lag.

Shift work. Shift workers sometimes find sleep medications improve their ability to sleep during the day or to adjust to a period when shifts are changing.

Acute insomnia or predictable stress. Sleep medications may prevent long term sleep problems by helping people get through stressful times or who are experiencing a brief (acute) episode of insomnia.

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Chronic insomnia. Sleeping medications are used to treat chronic insomnia, although they are currently approved for use over relatively brief periods like 4 weeks.

Talk to your healthcare professional to find out if a sleep medication is right for you.

What are Some Non-Medication Insomnia Treatments?

There are four suggested non-pharmacological treatments that have been well tested for insomnia. These treatments are usually provided by sleep specialists. Although each treatment has been shown to be effective on its own, they are typically combined into a comprehensive treatment called Cognitive-Behavioral Therapy for Insomnia.

Sleep Restriction: People with insomnia tend to have inconsistent sleep schedules and 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 is a process of applying consistent and appropriate sleep schedules, which can vary from person to person. The schedule is adjusted over the course of treatment to gradually increase total sleep time that the patient can achieve.

Stimulus Control: Stimulus control aims to make the bedroom an inviting setting for sleep and to break any unhelpful or learned associations with sleep or the sleep environment. Activities or behaviors that prevent sleep are addressed in order to improve the chances of falling asleep quickly.

Relaxation Therapy: Relaxation therapy involves using one or more techniques to promote relaxation and, thus, also increases the chances of falling asleep.

Cognitive Therapy: Many people have mistaken beliefs and attitudes about sleep. For instance, some people think that if they must achieve eight hours of sleep without waking at all. Since very few adults can achieve this, such a belief can cause undue worry and concern that itself interferes with sleep (a self-fulfilling prophecy). Cognitive therapy addresses these faulty ideas and thoughts to promote sleep and relieve daytime worrying and bedtime wakefulness.

Good Sleep Hygiene

Sleep hygiene refers to a set of sleep conditions, behaviors and habits that can potentially contribute to good or to poor sleep. Although it is seldom the case that just improving a few sleep hygiene items is the final answer to insomnia, it is often a good starting place. 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 that is not too stimulating and is somewhat relaxing.

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- 2. Begin rituals that help you relax each night before bed.** This can include such things as a warm bath, light snack, gentle stretching or a few minutes of reading.
- 3. Get up at the same time every morning.** Do this even on weekends and holidays.
- 4. 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.
- 5. Keep a regular schedule.** Regular times for meals, medications, chores, and other activities help keep the inner body clock running smoothly.
- 6. Avoid caffeine after early afternoon.**
- 7. Avoid alcohol within 2-4 hours of your bedtime.**
- 8. Avoid nicotine before bedtime.**
- 9. Do not go to bed hungry, but don't eat a big meal near bedtime either.**
- 10. Avoid vigorous exercise within 4-6 hours of your bedtime.**
- 11. Make your bedroom quiet, dark, and a little bit cool.**

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)

The Insomnia Answer, by Paul Glovinsky, PhD and Arthur Spielman, PhD (Penguin Books, 2006)

The Sleep Manual, by Wilfred Pigeon, PhD (Barrons Press, 2010)

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

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