

CAN'T SLEEP? YOU MAY HAVE INSOMNIA

WHAT IS INSOMNIA?

Difficulty falling asleep = greater than 30 minutes after lights out

Difficulty maintaining sleep = frequent or prolonged awakenings during the night which total more than 30 minutes per night

Early morning awakening = awakening in the early morning with less than 6.5 hours of sleep

Poor sleep efficiency = time asleep/time spent in bed = 85%

Poor sleep quality = light sleep

Sleep difficulty three or more nights per week

Duration of difficulties one to six months = short term insomnia

Duration of difficulties greater than six months = chronic insomnia

Psychological, social, and occupational functioning adversely affected

HOW MANY PEOPLE SUFFER FROM SLEEP DIFFICULTIES?

According to a Gallup poll, half of adults surveyed report that they have experienced significant sleep problems at some time in their lives.

Between 30 and 35 percent or sixty million American adults say they have had some trouble sleeping during the previous year.

About half those characterize their sleep problems as severe or constant.

Sleep problems cause ten million Americans to consult their physicians annually.

Twenty-one million prescriptions for sleeping pills are written each year.

Twenty million people are up watching TV between midnight and 3:00 A.M.

Using more rigorous criteria 3% to 9% of Americans suffer from chronic insomnia.

OTHER SLEEP DISORDERS

Nightmares

Night Terrors

Sleepwalking

Sleep Talking

Snoring

Sleep Apnea

Restless-Legs Syndrome

Periodic Limb Movements

Circadian Rhythm Disorders

Jet Lag, shift work

Excessive daytime sleepiness

Narcolepsy

CAUSES OF INSOMNIA

SLEEP CHANGES WITH AGING

The older we get, the less sleep we need, and the less sleep we get

Sleep quality becomes lighter

MEDICAL CONDITIONS

Cardiovascular disorders

Respiratory disorders

Digestive disorders

Bladder problems

Musculoskeletal disorders

Movement disorders

Epilepsy

Pregnancy

Menopause

Other disorders

EFFECTS OF DRUGS ON SLEEP

Caffeine

Excedrin, Anacin, Triaminicin

Amphetamines such as prescription diet pills

Ritalin, Cylert, Dexedrin

Drugs containing adrenocorticotrophic hormone (ACTH), such as Acthar

Beta blockers, particularly propranolol (Inderal)

Nasal decongestants

Drugs to control high blood pressure

Drugs to control Parkinsonism

Certain antidepressant drugs

Steroid preparations
Thyroid hormones
Cancer chemotherapy agents
Oral contraceptives
Marijuana
Alcohol
Sleeping pills
Depression
Stress
Anxiety
Sleep-Wake Rhythms and Sunday Night Insomnia
Morning people and Night people
Conditioned Insomnia

WHAT TO DO ABOUT INSOMNIA

Address the above causes if they apply to you.

SLEEP HYGIENE

Caffeine
Nicotine
Alcohol
Diet
Exercise
Noise, Light, Temperature, Mattress

SLEEP RESTRICTION AND STIMULUS CONTROL

1. Restrict the amount of time you spend in bed to the actual amount of time you sleep.
2. Go to bed only when you are sleepy.
3. Get out of bed if you can't fall asleep or go back to sleep within 10-15 minutes; return to bed only when you feel sleep. Repeat this step as often as necessary during the night.
4. Maintain a regular arising time in the morning.
5. Use bed/bedroom for sleep and sex only; do not watch TV, listen to the radio, eat, or read in bed.
6. Do not nap during the day.

HOW TO PREPARE FOR BEDTIME

Manage your stress, anxiety, and depression

Limit your use of alcohol, caffeine, and tobacco

Maintain a regular sleep-wake schedule

Nap in the afternoon only if it doesn't interfere with your nighttime sleep

Expose yourself to sunlight during the day

Exercise in the late afternoon or early evening

Wind down during the evening

If you tend to worry in bed, set up an alternate worry time

Use nutrition to help you sleep

Think positively about sleep and about the steps you can take to improve your sleep

Use a bedtime routine to foster sleep

WHAT TO DO IN BED

Don't let fear of insomnia keep you awake

Read or watch TV in bed if it helps you relax and fall asleep; If it stimulates you, do it in another room

Don't try to sleep; Instead lie passively in bed and allow sleep to overcome you

Making love can be helpful

Let your body choose your sleep position

Use systematic relaxation if you feel physically tense

Use mental imagery if your mind is tense or your thoughts are racing

If you can't sleep, do something else

THE SLEEP CURE

Cut down on your time in bed

Use your time awake at night as new-found time

Relax about sleeping less, because it won't hurt your health

Every day get out of bed at the same time

SLEEPING PILLS

Benzodiazepines

 Halcion -- triazolam -- short acting -- for initial insomnia

 may not help night time awakening, no daytime sedation

 Restoril -- temazepam -- longer acting -- for sleep maintenance

Prosom -- long acting -- daytime sedation

Doral -- quazepam -- long acting -- daytime sedation

Dalmane -- flurazepam -- long acting - daytime sedation

Ambien -- zolpidem tartrate -- very short acting, less likely to cause tolerance or decrease deep sleep

Barbiturates

Nembutal, Seconal, phenobarbital -- small margin of safety, tolerance develops quickly, side effects

Placidyl

Chloral Hydrate -- serious side effects

Antidepressants

Elavil, Sinequan, Surmontil, Trazadone -- therapeutic side effect of sedation.

Some antidepressants can actually cause sleep disturbance- Prozac

Over the counter sleep aids usually contain antihistamines which have a side effect of causing drowsiness.

PROBLEMS WITH REGULAR LONG-TERM USE OF SLEEPING PILLS

Poor-quality sleep, impaired performance the next day, side effects, interaction with other drugs, dangers for pregnant women, loss of effectiveness over time, potential for dependence

PROFESSIONAL HELP

If these approaches do not solve your insomnia problem, you may want to seek help from a professional.

A psychologist can provide help with changes in unhelpful thought patterns, habits, life style, relaxation strategies, anxiety, depression, stress, and other causes and maintaining factors.

A physician can provide help for short term sleep problems with sleeping medication. A physician and psychologist should be consulted when you believe you need to withdraw from sleeping pills.

A sleep disorders specialist, usually a physician who has access to a sleep disorder laboratory, should be consulted when you believe you have one of the sleep disorders other than insomnia such as sleep apnea. Either a psychologist or physician can refer you if appropriate.