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 adrenocorticotropic 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 -- quazapam -- 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, lifestyle, 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.