

Insomnia

What is insomnia?

A person with insomnia has frequent trouble falling or staying asleep. Insomnia can be either a long-term or a short-term problem.

Insomnia affects 1 in 3 adults every year in the US.

How does it occur?

Causes of insomnia include:

- ◆ acute stress such as hospitalization or illness of a relative
- ◆ depression, anxiety, and other behavior-related problems
- ◆ medical problems such as sleep apnea or hyperthyroidism
- ◆ use of caffeine or other stimulants
- ◆ use of alcohol, other depressants, or sedatives, which can relax you but lead to shallow sleep that starts and stops, especially if used on a long-term basis
- ◆ medicines, such as those used to treat heart problems and cancer
- ◆ pain, shortness of breath, and other discomfort caused by an illness such as arthritis or congestive heart failure
- ◆ poor sleep habits, including going to bed at different times at night or in a noisy environment, or eating or working in bed before sleeping
- ◆ changes in sleep patterns because of different work hours or travel
- ◆ rare conditions like restless leg syndrome or nocturnal myoclonus (your legs move continuously or jerk when you go to sleep).

What are the symptoms?

Symptoms include:

trouble falling asleep

waking often in the night

waking early in the morning and being unable to go back to sleep

not feeling rested in the morning or feeling tired during the day

restlessness, anxiety as bedtime approaches.
Insomnia may be situational, which is temporary, or chronic, which is ongoing.

Situational insomnia occurs with a stressful life event. It is often due to noise, pain, worry, or work or school problems. It involves trouble falling asleep or staying asleep and lasts 3 weeks or less. This kind of insomnia generally goes away when the stress or life event is past. Sleeping medicine may be needed for a time to help you through this period.



Chronic insomnia can be caused by irregular sleep-wake patterns resulting from shift work, drug dependency (including long-term use of sleeping pills or alcohol), stress, illness, or psychiatric problems such as anxiety or depression. It lasts longer than 3 weeks and must be treated by addressing the underlying problem. Medicine is only used for the most severe cases and only when it is really needed. Developing good sleep habits is also very important.

How is it diagnosed?

Your health care provider will ask you about:

- your sleep patterns
- use of any medicines
- eating habits
- your mental and physical condition
- your medical and psychiatric history, and your family's history
- your job and travel patterns.



Your health care provider may also ask your spouse, bed partner, or other family members about your sleep habits. After this interview, you may have a physical exam and a blood sample may be taken for lab tests.

When you get up in the morning, you may be asked to write down:

- how long you were in bed
- how much time you think you actually slept
- how many times and what times you awoke

what time you get up in the morning
your thoughts about the quality of your sleep
whether anything unusual happened.

Your health care provider may suggest that you sleep overnight in a sleep center. At the sleep center you may have a continuous, all-night recording of your breathing, eye movements, muscle tone, blood oxygen levels, heart rate and rhythm, and brain waves during sleep.

How is it treated?

When appropriate, your health care provider will prescribe treatment for any underlying medical disorder. For example, if insomnia is caused by depression, the medicine used to treat depression will work on the insomnia. If drug or alcohol abuse is the cause of your insomnia, the treatment is to stop using these substances.

Your health care provider may recommend relaxation techniques, changes in diet, and a healthy lifestyle that includes exercise. Your provider also will probably recommend a regular sleep routine.



In some cases, he or she may prescribe a medicine such as zolpidem (Ambien) to help you sleep. Other times, counseling may help resolve psychological problems or reduce stress that may cause or contribute to your insomnia.



How long will the effects last?

Often insomnia lasts for just a few nights. If you cannot sleep almost every night for 2 weeks, tell your health care provider. Insomnia that lasts this long usually continues until the cause is identified and treated.



How can I take care of myself?

Tell your health care provider if the treatment plan doesn't help.

Tell your provider if you have side effects from medicine prescribed for the insomnia.

Follow your provider's instructions for scheduling follow-up visits.

What can I do to help prevent insomnia?

Practice good "sleep hygiene":

Establish a regular bedtime and wake-up time and stick to them even on weekends.

Avoid taking naps, especially after 3 PM.

Exercise regularly during the day.



Keep light levels very low after sunset and keep the bedroom very dark.

Use the bed only for sleep and sex, not for reading or watching television.

Go to bed when you are drowsy and get up when you are wide awake.

Avoid caffeine, other stimulants, cigarettes, and alcohol. (If you smoke, try to quit smoking entirely. Cutting back on smoking without quitting may lead to nicotine withdrawal in the middle of the night that awakens you.)



Learn to use relaxation exercises.

Meditate for 20 minutes before you go to bed.



Read something light or entertaining just before you go to bed, to get your mind off the day's troubles. Remember to try not to read in bed.

Consider using white noise, such as a fan blowing.

Try not to focus on falling asleep, for example, by "clock watching." If you are awake for more than 20 minutes, leave the bed and do not go back to bed until you are ready to sleep.

Try to reduce stress in your life by changing the things that cause stress.

Keep a "to do" journal. Before sleep, write down all the things you are worrying about. Then write down what you can do tomorrow. Mark the other things "later in the week." This will help clear your mind of worry.



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