

Insomnia

What is insomnia?

Insomnia is a sleep disorder of difficulty initiating or maintaining sleep. People with insomnia have one or more of the following symptoms:

- Difficulty falling asleep
- Waking up often during the night and having trouble going back to sleep
- Waking up too early in the morning
- Having sleep that is not refreshing

Kinds of insomnia

There are two kinds of insomnia: **primary insomnia** and **comorbid insomnia**.

Primary insomnia means that a person is having sleep problems that are not directly associated with any other health condition or problem. **Comorbid insomnia** means that a person is having sleep problems because of something else, such as a health condition (for example, asthma, depression, arthritis, cancer, or heartburn), pain, medicine they are taking; or a substance they are using (such as alcohol).

Insomnia also varies in how long it lasts and how often it occurs. Insomnia can be short-term (*acute insomnia*) or can last a long time (*chronic insomnia*). It can also come and go, with periods of time when a person has no sleep problems. Acute insomnia can last from one night to a few weeks. Insomnia is called chronic when a person has insomnia at least three nights a week for a month or longer.

There are still other ways to classify insomnia. One of the most common forms of insomnia is called **psychophysiological (“mind-body”) insomnia**. This is a disorder of learned, sleep-preventing associations, such as not being able to sleep because either your body or your mind is not relaxed. People with this insomnia usually have excessive, daily worries about not being able to fall or stay asleep when desired and worry that their efforts to fall asleep will be unsuccessful. Many

Good sleeping habits

Before getting into bed:

- Establish a routine for bedtime
- Create a positive sleep environment
- Relax before getting into bed
- Avoid alcohol, smoking, caffeine for at least few hours before bedtime
- Do not go to bed unless you are sleepy

While in bed:

- Turn your clock around and use your alarm if needed
- If you can't fall asleep in 20 minutes, get out of bed and do something relaxing (read, relaxing music, etc); return to bed only when sleepy
- Use your bed only for sleep and sex

In the morning and during the daytime:

- Wake up at the same time each morning, even on weekends
- Avoid naps during the day
- Avoid caffeinated beverages and foods, especially in the late afternoon and evenings
- Exercise regularly but not within four hours of bedtime

people with this condition are concerned that they will never have a good night of sleep again.

Stress is the most common cause of psychophysiological insomnia. While sleep problems are common when going through a stressful event, some people continue to have sleep problems long after the stressful event is over. Sometimes the stress and sleep problems create an ongoing, worsening cycle of each problem.

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Insomnia, continued

Who gets insomnia?

Approximately 50 percent of adults experience occasional bouts of insomnia, and 1 in 10 complain of chronic insomnia. Insomnia is approximately twice as common in women as in men, and is more common in older than younger people.

In addition to stress, what are other causes of insomnia?

Causes of acute insomnia can include:

- Other significant types of life stressors (job loss or change, death of a loved one, moving)
- Illness
- Medications
- Emotional or physical discomfort
- Environmental factors such as noise, light, or extreme temperatures (hot or cold) that interfere with sleep
- Things that interfere with a normal sleep schedule (jet lag or switching from a day to night shift, for example)

Causes of chronic insomnia include:

- Depression
- Chronic stress
- Pain or discomfort at night

What are the symptoms of insomnia?

Symptoms of insomnia include sleepiness during the day, general tiredness, irritability, and problems with concentration or memory.

How is insomnia diagnosed?

If you think you have insomnia, talk to your health care provider. An evaluation may include a physical exam, a medical history, and a sleep history. You may be asked to keep a sleep diary for a week or two, keeping track of your sleep patterns and how you feel during the day. Your health care provider may want to interview your bed partner about the quantity and quality of your sleep. In some cases, you may be referred to a sleep center for special tests.

How is insomnia treated?

Acute insomnia may not require treatment. Mild insomnia often can be prevented or cured by practicing good sleep habits (see below). If your insomnia makes it hard for you to function during the day because you are sleepy and tired, your health care provider may prescribe sleeping pills for a limited time. Rapid onset, short-acting medicines can help you avoid effects such as drowsiness the following day. Some medicines may be less effective after several weeks of nightly use. Avoid using over-the-counter sleeping pills for insomnia.

Treatment for chronic insomnia includes treating any comorbid conditions associated with insomnia. Your health care provider may suggest behavioral therapy. Behavioral approaches help you to change behaviors that may worsen insomnia and to learn new behaviors to promote sleep. Behavior therapy is commonly used to treat psychophysiological insomnia. Other techniques such as relaxation exercises, biofeedback, sleep restriction therapy, and reconditioning can be tried. Although these techniques require some effort and take time to work, they do provide a means of coping with insomnia that help people return to more normal sleep patterns. The behavioral treatments, in general, are found to be more effective and long lasting than the pharmacological (medicines) treatment.

RESOURCES:

Desperately Seeking Snoozin': The Insomnia Cure from Awake to Zzzzz by John Wiedman

Getting a Good Night's Sleep by Nancy Foldvary-Schaefer

Insomnia Cures: Sleep Hygiene Practice Makes Permanent by Barry Krakow

Mind Over Mood by Dennis Greenberger and Christine Padesky

No More Sleepless Nights, Workbook, Revised Edition by Peter Hauri and Shirley Linde

The Relaxation and Stress Reduction Workbook by Martha Davis, Elizabeth Eshelman, and Matthew McKay

Say Goodnight to Insomnia by Gregg Jacobs

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