Insomnia

How are you sleeping? If you are having difficulty falling asleep or staying asleep, you are not alone. Recent figures indicate there are more than 60 million insomnia sufferers in the United States alone. It disrupts waking hours as well as sleep. After a sleepless night the majority of sufferers feel sleepy the next day, lose train of thought and have difficulty staying on task. Luckily, recent medical advances and research enable physicians and sleep professionals to help the majority of troubled sleepers.

Types of insomnia

Insomnia impacts all ages, races and cultures. For some it only affects sleep for a couple of nights, but sometimes for a rare few it can last for days, months or even years. Insomnia can be divided up into groups, depending on length of time or nights involved.

Transient insomnia – several nights of sleeplessness. Most commonly triggered by stress or excitement related to an upcoming event. Children may be stressed before the start of a new school year or before a big test or athletic event; while adults may not sleep well before a big meeting with a new client or after an argument with their spouse. Some people sleep worse than usual away from home, particularly if they have traveled to a different time zone. An active workout or a bad cold or sinus infection can also disrupt sleep patterns.

Short-term insomnia – two or three weeks of sleeplessness. This often occurs when situations are in jeopardy like a job layoff, separation or divorce, critical health problems or a death in the family. Improvement in sleep usually occurs once the situation is resolved.

Chronic insomnia – sleeplessness every night, most nights, or several nights a month. This has many potential causes and is the least common of the insomnias. Sufferers indicate that worrying is the main cause of their insomnia, though it's not the only cause. Physical ailments such as increased work in breathing or muscle movements and jerking impact a vast number of individuals complaining of insomnia.

Why do we have insomnia? What can help?

Insomnia is a symptom like a fever, not a disorder. It has many causes.

Psychological factors

Predisposition for insomnia. Some have insomnia during stressful times in life. A realization that a situation is only temporary often helps relieve the stress and eventually the poor sleep.

Persistent stresses. Individuals with continuing stresses, such a martial problems or a chronically ill child, often benefit from psychological counseling. Counseling can improve perspective and help people gain insight and answers to given situations.

Psychiatric problems. Depression is often noted to have roots in insomnia. Those with psychiatric disorders such as high anxiety and schizophrenia often have insomnia. Treatments of these disorders with medication and counseling also help improvement sleep.

Lifestyles

Use of stimulants. Even if caffeine near bedtime doesn't interfere with falling asleep, it may cause awakenings later in the night. Nicotine is also a stimulant and smokers may take longer to fall asleep and sleep more lightly than non-smokers. Ingredients in many commonly used drugs, including non-prescription drugs for weight loss, asthma and colds can interrupt sleep.

Use of alcohol. An alcoholic beverage may help you get to sleep, but it also makes sleep more fragmented throughout the night.

Erratic hours. Late hours on weekends as well as shift work that demands frequent changes in sleep times can undermine sleep. In contrast, regular hours help program your body to sleep at certain times and stay awake at others.

Sedentary behavior. Inactivity during the day can also decrease the probability of a restful night sleep. This problem becomes increasingly common with age and in people who are ill. To help, start an exercise program and find ways to be more active.

Learned insomnia. Typically people who sleep poorly in times of stress also worry about not being able to function effectively during the day. They resolve to try harder to sleep at night. Unfortunately this determined effort often makes them more alert, setting off a new round of worried thoughts. Activities in and around the bedroom – changing into nightclothes, turning off the lights, pulling up the blankets – soon serve as cues that prompt wakefulness. Individuals who have trouble falling asleep in their own beds may fall asleep quickly when they don't intend to, like while reading the newspaper, watching television or driving. The predisposition to sleep poorly, even a few times a month, may be all it takes to maintain poor sleep, thus justifying the person's continuing concern about it. Treatment such as behavior therapy and lifestyle changes can improve sleep habits and defuse the accompanying anxiety.

Environmental factors

Noise. Passing traffic, barking dogs, jet flyovers, a neighbor's TV and other noises disturb sleep even if you don't awaken completely. Mask sounds with a fan, air conditioner or by tuning your radio to an easy listening station at low volume.

Light. Light comes through even when your eyes are closed. If you don't want to get up with the sun or must sleep during the daytime, invest in room-darkening shades or curtains.

Physical Illness

Breathing disorders. Repeated interruptions in breathing during sleep may cause arousals in sleep dozens, even hundreds of times a night. These pauses may last as little as 10 seconds and as a result go unremembered in the morning. However, they are sufficient enough to produce a perception of light or restless sleep. Severely disrupted breathing during sleep (the sleep apnea syndrome) may affect people who breathe normally while awake; excessive relaxation of the muscles necessary for breathing or trouble with the brain's control of breathing may occur only during sleep. Breathing-related sleep disruption becomes more common with age. Use of sleeping pills may worsen breathing in someone with sleep apnea. If left untreated, sleep apnea can increase the risk of heart attack, high blood pressure, diabetes and stroke. Someone with witnessed pauses in breathing during sleep and/or is aware of gasping or snorting with associated disruptions in sleep should seek a physicians advice for possible treatment. Severe cases may benefit from a treatment known as continuous positive airway pressure or CPAP. This keeps breathing passages open with a steady stream of air delivered through a mask worn over the nose during sleep and it maintains the integrity of the airway for proper breathing to occur.

Periodic leg movement. Brief muscle contractions can cause leg jerks that occur every 30 seconds and last for two or three seconds. Like sleep apnea, this can cause hundreds of mini disturbances throughout the night and light sleep may occur. Periodic leg movements become more frequent and more severe as people grow older. Treatment may involve sleeping pills, pain relievers, dopamine agonists or other drugs. Individuals who have an iron deficiency, particularly if they also experience restless legs during daytime hours, may benefit from iron replacement. Early evening exercise and a warm bath can often prove helpful.

Waking brain activity that persists during sleep. Individuals who complain of light or nonrestorative sleep fail to go fully to sleep; a fact that can be demonstrated when sleep is monitored throughout the night. Treatment has not yet been established.

Reflux. The backup of stomach contents into the esophagus (popularly called heartburn, because of the pain or tightness it produces in the mid-chest area) can wake a person several times a night. When reflux occurs upon waking, a few swallows and upright posture rapidly clear the irritating materials from the esophagus. Reflux that occurs during sleep when swallowing is less frequent can prompt waking with coughing and choking. Elevating the head of the bed on six to eight inch blocks can help prevent reflux, but new medications can also provide lasting relief.

Pain. Disorders such as arthritis, angina, lower back injury, headache and hot flashes associated with menopause may upset sleep and waking hours. Your doctor may be able to recommend medications to relieve pain and make sleep more restful.

The doctor is in

If your sleep has been disturbed for more than a month and interferes with the way you feel or function during the day, see your family doctor or internist, or ask your doctor to refer you to a sleep disorders specialist. Your medical history, along with a physical exam and laboratory may help identify certain disorders. Ask your bed partner or other members of your household to go with you to see your doctor or tell you whether your snore loudly or kick and flail in your sleep. The doctor will want to know if insomnia makes you sleepy or depressed or has other effects on your daily life.

Some causes of insomnia are relieved by information and education: certain individuals prove to be naturally short sleepers who merely need to abandon the mistaken belief that everybody needs eight hours of sleep; in fact, some people need more and others less. Counseling can help those whose insomnia stems from poor sleep habits. In other cases, the doctor may prescribe medication or advise further evaluation at a sleep disorders center.

When you make an appointment at a sleep center with a sleep doctor or when you have a sleep study, you may be asked to log your sleep and waking patterns for a week or two before your visit. Mapping your sleep patterns provides essential information to form a picture of your situation. You may be asked to spend a night or two in the sleep evaluation laboratory, since often the only way to discover the nature of a sleep disorder is to monitor sleep. The night of the study you go to the sleep laboratory about an hour before your usual bedtime. Technicians will position dime-sized sensors at various spots on the body to continuously record brain waves, muscle activity, leg and arm movements, heart rhythms and other bodily functions while you sleep. These monitoring devices are designed to be as comfortable as possible and will not restrict your ability to move around during the night. Study results will be compared against the norms established by monitoring sleep in hundreds of healthy people of all ages.

Your sleep may be studied during the day and at night. A series of naps offered at two-hour intervals, known as the Multiple Sleep Latency Test, documents daytime sleepiness which is often extreme when insomnia is severe.

Can sleeping pills help?

Used appropriately sleeping pills may help provide sounder sleep and improve alertness the following day. This relief is temporary; sleeping pills do not “cure” insomnia. For some types of insomnia, such as that caused by breathing disorders, sleeping pills may be dangerous, as they may make the problem worse. That’s why you need to have your insomnia properly diagnosed and to discuss treatment options with your doctor.

Pills may help with:

Jet lag. Several hour changes in sleep and wake times trigger both insomnia and daytime sleepiness. For one to three nights while the body adjusts to time zone changes, taking a sleeping pill may improve sleep and minimize daytime fatigue.

Shift work schedule changes. To prevent chronic occupational jet lag, workers may find sleeping pills make it easier to fall asleep and stay asleep for one to three nights after a shift change.

Acute stresses. Short term use of sleeping pills may prevent persistent sleep problems in those individuals prone to insomnia by helping them better weather stressful times.

Predictable stresses. Individuals who toss and turn the night before a predicated stressful situation may rest better if they take a sleeping pill on such occasions.

Chronic insomnia. Having sleeping pills on hand can ease poor sleepers through periodic flare-ups and alleviate anxiety about not sleeping.

Certain medical disorders. Sleeping pills may ease sleep in individuals with periodic limb movements and pain.

Sleeping pills most commonly prescribed are short acting, meaning they are designed to last long enough to benefit sleep but to leave the body quickly so as to minimize sleepiness the next day. Short-acting drugs include Zolpidem Tartrate (Ambien), Triazolam (Halcion) and Temazepam (Restoril); the longer-acting Flurazepam (Dalmane) is more likely to have daytime carryover and is generally used when illness or anxiety make daytime sedation desirable. Sleeping pills you can buy without a prescription, often referred to as over-the-counter (or OTC) drugs, get their drowsiness-inducing effect from antihistamines. Like prescription sleep aids, they also may cause sleepiness the next day and should be used with similar caution.

Developing good sleep habits

These guidelines help most people sleep well:

- get up about the same time every day, regardless of when you go to bed.
- go to bed only when sleepy
- establish relaxing pre-sleep rituals, such as a warm bath, a light bedtime snack (such as juice and cookies, no caffeine, alcohol or nicotine) or 10 minutes of reading
- exercise regularly.

If you have insomnia:

- jot down when you go to bed, get up, consume coffee and alcohol, exercise and other habits you suspect may impact your sleep
- don't clock watch, turn the clock around
- avoid caffeine within six hours of bedtime
- avoid alcohol and smoking at bedtime.
- don't nap, unless you've found naps don't interfere with sleep later on
- reserve your bed for sleep and sex only; do not use your bed or bedroom as an office or a place to watch television.
- if you are a bedtime "worrier," dedicate another time to write down both problems and possible solutions
- if you can't sleep, don't stay in bed fretting; after 10 or 15 minutes, go to another room and read or watch television until you feel sleepy
- try spending less time in bed. (The strategy of sleep restriction means you initially go to bed much later than usual and stay in bed only as long as you actually sleep, even if that's only three or four hours. You get up at the same time each morning. Once you sleep at least 90 percent of your time in bed for five days in a row, you may go to bed 15 minutes earlier. After a week or two on the curtailed sleep schedule, you should start to sleep better, and after a few months, you should be sleeping as long as desired. While this technique can be employed on a do-it-yourself basis, it generally is more easily accomplished under the supervision of a sleep specialist experienced in its use.)