



Patient Information

Waking Up With Insomnia

Insomnia, which is Latin for “no sleep,” is best described as a difficulty to fall or remain asleep. It refers to the inability to get the amount of sleep you as an individual need to wake up feeling refreshed. The lack of feeling well rested can last for days, months, or even years and can become problematic in everyday life.

The sleep process consists of 2 steps, REM (rapid eye movement) sleep and non-REM sleep. Dreams occur mostly during REM sleep, with the body at rest but the mind running wild. Non-REM sleep, on the other hand, offers the deepest sleep, allowing the most relaxation. If non-REM sleep is interrupted or you are unable to enter that state, you may find yourself with insomnia.

There are 3 main categories of insomnia: transient (short term, lasting up to several weeks), intermittent (on and off), and chronic (ongoing, 3 to 4 nights per week for more than 1 month). Chronic insomnia, the most harmful type of the disorder, can be broken down more specifically. Secondary insomnia, the most common type, is that which is related to another condition, such as asthma, stress, poor sleep environment (due to noisy neighbors or snoring) or a mental health condition. Primary insomnia is considered its own disorder. Numerous life changes at once, such as the changes caused by the loss of a loved one, can trigger this type of restless sleep.

How do I know if I'm at risk?

Insomnia affects women more often than men and is more common among adults older than age 60 than among younger

people. Stress plays a key role in primary insomnia. If you are anticipating an event, such as a wedding or upcoming holiday, you may begin to experience disturbed sleep due to the fact that your mind is continuously racing about tasks you may have left unfinished. Jet lag, a shift change in working hours, or other major schedule change can also affect sleeping patterns.

Such emotional disorders as depression; posttraumatic stress disorder, or PTSD; or anxiety can initiate secondary insomnia. Parkinson disease and Alzheimer disease also have been linked to the sleep disorder.

Medications can affect sleeping patterns as well. *Theophylline*, (thee-ahf-uh-luhn) a medication used to treat asthma, and beta blockers, used to treat heart conditions, are 2 common medications proven to be a cause of insomnia.

What are the warning signs?

The main symptom of insomnia is struggling to fall and stay asleep. A person may lie awake for a long period of time before actually falling asleep and may only sleep for a short while.

If your daily activities are affected from lack of sleep, contact your doctor. It isn't safe to perform many activities, such as driving a car, while feeling drowsy. More than 100,000 car crashes each year are caused by drivers who have not gotten enough sleep.

What tests do I need?

Your doctor may ask questions about your career and leisure activities (such as



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exercise routines, use of stimulants, and travel history) to gain a better perspective on your lifestyle and medical history. A physical examination and blood tests also may be performed, as thyroid disorders or other physical conditions can cause sleep problems.

A polysomnogram, or PSG, may be recommended. A PSG is performed at a sleep center where you will stay overnight for monitoring of your brain's electrical activity, eye movements, heart rate, breathing, muscle activity, blood pressure, and blood oxygen levels.

How can I avoid the problem?

It's best to avoid caffeine, tobacco, and other stimulants; bright lighting; and possible distractions, such as TV and computer activities, before bedtime. Regular exercise, performed at least 5 to 6 hours prior to beginning the sleep process, can help avoid insomnia. Yoga, meditation, and guided imagery are relaxation exercises that may be helpful in preparing the body for sleep. It's also important to keep the temperature of your bedroom cool and comfortable as well as dark and quiet. Lastly, avoid watching the clock if you are trying to fall asleep.

How is it treated?

Establish a regular bedtime routine and sleep-wake schedule to assist your biological clock — the innate process that initiates and maintains sleep. For instance, taking a warm bath at night, wearing ear plugs or an eye mask to block distractions, and refraining from eating anything 2 to 3 hours before bed can help.

Stimulus control therapy, or SCT, focuses on replacing negative learned responses toward the bed and bedroom with posi-

tive ones that trigger sleep. For example, keep your bedroom only for sleep or sexual intimacy, wake up at the same time each morning, and only go to bed when you feel sleepy.

To help relieve anxiety that is linked to chronic insomnia, a mental health professional can provide certain counseling techniques, such as cognitive-behavioral therapy, in one-on-one or group sessions. The aim of this therapy is to replace the anxiety with positive thoughts that link your bed with being asleep and to teach you how to react if you are still unable to fall asleep at a reasonable time.

If you visit a health care professional to help treat your insomnia, keeping a sleep journal for at least 1 week will benefit your doctor during your appointment. Record how long it took you to fall asleep, how you felt when you awoke and throughout the day, and what your daily regimen was like (including foods consumed and exercise schedule).

Hypnotics, or prescription sleep medications, are the most common treatment for insomnia. These medications induce and maintain sleep, acting upon areas in the brain that are believed to be causing the deprivation. To learn more, visit the insomnia page of the National Institutes of Health Web site (http://www.nhlbi.nih.gov/health/dci/Diseases/inso/inso_what.html). ●

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