

## Help patients SLEEP without medication

Richard C. Christensen, MD, MA, and James C. Byrd, MD

Before writing a prescription, be prepared to educate patients about sleep and how it can be facilitated without medication

**S**ome of patients' most common complaints involve sleep: too little, too late, never enough. Although sleep disruptions often are related to the psychiatric disorder for which the person seeks treatment, cognitive and behavioral factors play significant roles.<sup>1</sup> Unfortunately, quite often patients expect to be given "something" to foster sleep.

Before writing a prescription, be prepared to evaluate sleep disturbances and educate patients about sleep and how it can be facilitated without medication. The mnemonic SLEEP can help you readily access a basic set of nonpharmacologic aids to assess and treat uncomplicated sleep disturbances.

**S**chedule. Ask patients about their sleep-wake schedule. Is their pattern routine and regular, or unpredictable? Are they "in synch" with the sleep/activity patterns of those with whom they live, or is their schedule "off track" and disrupted by household noise and activities? Consistency is key to normalizing sleep.

**L**imit. Sensible limits on caffeinated beverages need to be addressed. Strongly encourage patients to limit nicotine and alcohol intake. Assess the amount as well as timing of their use of these substances. Remind your patient that alcohol and smoking have a direct impact on sleep initiation and can disrupt sleep because of nocturnal withdrawal.

**E**liminate. Removing noxious environmental stimuli is critical. Ask patients about the level of nighttime noise, excessive light, and ventilation and temperature

of their sleeping area (cooler is better). Eliminate factors that create a "hostile" sleep environment.

**E**xercise. Regular exercise performed during the day (but not immediately before going to bed) may be an effective antidote to the psychic stress and physical tension that often contribute to insomnia.<sup>2</sup> A several-times-per-week routine of brisk walking, riding a bicycle, swimming, or yoga can reduce sleep-onset latency and improve sleep maintenance. An exercise routine can enhance a patient's overall health and knock out a daytime sleep habit.

**P**sychotherapy. Cognitive-behavioral therapy for insomnia has demonstrated efficacy in treating sleep disorders.<sup>3</sup> Learning how to "catch, check, and change" distorted and negative cognitions regarding sleep onset can be a valuable tool for persons who are motivated to alter their thoughts and behaviors that contribute to sleep complaints, and may simultaneously improve associated anxiety and/or depression.

### References

1. Morin CM, Bootzin RR, Buysse DJ, et al. Psychological and behavioral treatment of insomnia: update of the recent evidence (1998-2004). *Sleep*. 2006;9:1398-1414.
2. Passos GS, Povares D, Santana MG, et al. Effect of acute physical exercise on patients with chronic primary insomnia. *J Clin Sleep Med*. 2010;6:270-275.
3. Edinger JD, Olsen MK, Stechuchak KM, et al. Cognitive behavioral therapy for patients with primary insomnia or insomnia associated predominantly with mixed psychiatric disorders: a randomized clinical trial. *Sleep*. 2009;32:499-510.

Dr. Christensen is Professor and Chief, Division of Public Psychiatry, and Dr. Byrd is Assistant Professor, Department of Psychiatry, University of Florida College of Medicine, Gainesville, FL.

### Disclosure

The authors report no financial relationship with any company whose products are mentioned in this article or with manufacturers of competing products.