Managing Insomnia

Sleeping pill problems

- Mask the real causes of poor sleep, such as depression, heart trouble, asthma, and Parkinson's disease, and delay treatment of these disorders
- Interact with other medications or alcohol, often with serious, even deadly, results
- Cause next-day grogginess or rebound insomnia — an inability to sleep that's worse than the original problem
- Lead to high blood pressure, dizziness, weakness, nausea, confusion, amnesia
- Cause bizarre behavior that goes beyond traditional sleepwalking to include "sleep binge eating," "sleep shoplifting", "sleep driving," and even "sleep DUI," — none of which the person remembers

Ambien Official PI Warnings

- Abnormal thinking, behavioral changes and complex behaviors: May include "sleep-driving" and hallucinations. Immediately evaluate any new onset behavioral changes.
- Depression: Worsening of depression or suicidal thinking may occur.
- Withdrawal effects: Symptoms may occur with rapid dose reduction or discontinuation.
- CNS depressant effects: Use can impair alertness and motor coordination. If used in combination with other CNS depressants, dose reductions may be needed due to additive effects. Do not use with alcohol.
- Dependence and addiction (Excessive use, out of control)

Studies have reported that 70 - 80% of patients who are treated with non-drug methods have improved sleep. Other studies report that 75% of those who have been taking drugs are able to stop or reduce their use. Furthermore, the addition of drugs to CBT showed no benefit over CBT alone.

- Humans are designed for daytime activity and nighttime rest, and to get sleepy about 16 hours after awakening.
- Still, daily rhythms intermesh with other factors that may interfere with individual patterns:
- A woman's menstrual cycle can shift the pattern.
- Travel across time zones
- Swing-shift work
- Monitoring global stock and commodity markets

Effect of Light and Other Environmental Disruptions

- Light, noise, and uncomfortable temperatures can cause sleeplessness. Depending on the time of day, too much or too little light can disrupt sleep.
- Excessive Light at Night. A person's biological circadian clock is triggered by sunlight, and very bright artificial light maintains wakefulness. The light intensity from a computer monitor can be enough to do this.
- Insufficient Light during the Day. Insufficient exposure to light during the day, as occurs in some video gamers who rarely venture outside, may also be linked with sleep disturbances.
- Caffeine
- Nicotine -- also a stimulant, but quitting smoking itself can lead to transient insomnia.
- Partner's Sleep Habits
- Medications. Insomnia is a side effect of many common medications, including over-the-counter preparations that contain caffeine.

Transient Insomnia

A reaction to change or stress, such as

- An acute illness
- Injury or surgery
- The loss of a loved one
- Job loss
- Extremes in weather
- An exam
- Trouble at work
- Alien abduction

In most cases, normal sleep almost always returns when the condition resolves, the individual recovers from the event, or the person becomes used to the new situation. Treatment is usually not necessary, merely reassurance.

Chronic Insomnia

- Familial (genetic) Insomnia
- Bipolar Disorder
- Generalized Anxiety Disorder
- Depression
- Attention-Deficit/Hyperactivity Disorder
- Posttraumatic Stress Disorder
- Psychoactive Substance Misuse Disorders (About 15-20% of insomniacs)
- Obsessive-Compulsive Disorder (And yes, it IS hyphenated.)

The point here is to address the underlying condition.

Psychophysiologic Insomnia

- This form of insomnia is very, very common, and is the one that benefits from CBT most.
- First, transient insomnia disrupts circadian rhythm.
- The person begins to associate the bed not with rest and relaxation but with a struggle to sleep. A pattern of sleep failure emerges.
- Over time, this repeats, and bedtime becomes a source of anxiety. Once in bed, the insomniac broods over the inability to sleep, the consequences of sleep loss, and the lack of mental control. All attempts to sleep: epic fail.
- Eventually, excessive worry about sleep loss becomes persistent and provides an automatic nightly trigger for anxiety and arousal. Unsuccessful attempts to control thoughts, images, and emotions only worsen the situation. After such a cycle is established, insomnia becomes a self-fulfilling prophecy that can persist indefinitely.

Sleep Hygiene

Proper sleep hygiene is central to behavior therapy. The term *sleep hygiene* refers to a list of simple behaviors that help people to improve their sleep. These include:

- Establish a regular time for getting up in the morning. Stick to this schedule even on weekends and during vacations. Probably the single most important rule of them all.
- Use the bed for sleep and intimacy only, not for reading, watching television, or working. Excessive time in bed awake disrupts sleep.
- Avoid naps, especially in the evening.
- Exercise before dinner. A low point in energy occurs a few hours after exercise; sleep will then come more easily. Exercising close to bedtime, however, may increase alertness.
- Take a hot bath about 1.5 - 2 hours before bedtime. This alters the body's core temperature rhythm and helps people fall asleep more easily and more continuously. (Taking a bath shortly before bed increases alertness.)
- Do something relaxing in the 30 minutes before bedtime. Reading, meditation, and a leisurely walk are all appropriate activities.
- Keep the bedroom cool and well ventilated.
- Do not look at the clock. Just hide it, or at least turn it so it cannot be seen when you lie down. Obsessing over time will make it more difficult to sleep.
- Eat light meals, and schedule dinner 4 - 5 hours before bedtime. A light snack before bedtime can help sleep, but a large meal may have the opposite effect.
- Avoid fluids just before bedtime so that sleep is not disturbed by the need to go to the bathroom.
- Avoid caffeine after 12 noon.
- If still awake after 15 - 20 minutes, go into another room, read or do a quiet activity using dim lighting until feeling very sleepy. (Don't watch television or use bright lights.)
- A sometimes risky variation of this is: "Get up and do something you hate."
- My favorite is "Go vacuum. The whole house."
- The risk is if the insomniac is manic or a neat freak.

Cognitive Behavior Therapy

- **Stimulus control.** The primary goal of stimulus control is to regain the idea that the bed is for sleeping. It involves many of the Sleep Hygiene items.
- Stimulus control is based on classical conditioning effects, in which long periods of being awake in bed result in unwanted associations. Getting into bed results in the conditioned response of being alert and awake.
- To extinguish this response the following instructions are given:
    - After subjectively being awake for 20 to 30 minutes, get out of bed and go to a quiet, comfortable place and relax until drowsiness occurs. At that time go back to bed.
    - If another 20 to 30 minutes go by without falling asleep, repeat the process, doing so as many times as necessary.
    - In time the automatic alertness is extinguished and the conditioned arousal associated with the bed is eliminated.

- **Cognitive Control** emphasizes observing and changing negative thoughts about sleep such as, "I'll never fall asleep." It uses actions intended to change behavior. The goal is to change or correct misconceptions about the ability to fall and stay asleep. For example:
  - Recognizing that one may be actually getting more sleep than realized (due to misperceiving lighter stages of sleep as wakefulness)
  - Understanding that one may need less sleep than believed can reduce anxiety about not getting enough sleep and paradoxically lead to being able to relax and sleep better. The minimum amount of sleep necessary to maintain alertness in most people is 5.5 hours. This is known as "core sleep" and is less than what most people need to feel *fully* refreshed but may be adequate for normal functioning.
  - Negative sleep thoughts can occur during the night ("I won't be able to function tomorrow if I don't get to sleep soon") as well as during the day ("I had an awful night of sleep last night so I will have a terrible day at work today").
  - Positive sleep thoughts are used to counteract the negative thoughts with more accurate information ("I am not sleeping well tonight, but I have had many other nights like this and have been able to function reasonably well at work anyway").

- **Sleep restriction.** This approach tries to match the time spent in bed with the client's actual sleep requirement. Reducing the amount of time spent in bed without sleeping will actually increase the desire to sleep.
  - Prescribing a reduced amount of time in bed gets closer to the amount of actual sleep the person is getting, and regular sleep and wake times can then be maintained.
  - If someone is usually sleeping an average of 6 hours a night but is spending 8 hours in bed, the prescription will be to reduce time in bed to about 6.5 hours. This decreases the unpleasant sense of being awake in bed at night.

- **Mindfulness.** By remaining passively awake, the client avoids any effort to fall asleep, with the goal of eliminating anxiety about falling asleep easily.

- **Relaxation training.** This method helps one relax to reduce or eliminate the arousal that disturbs sleep. Approaches include meditation, hypnosis, and Jacobsonian muscle relaxation.

- **Biofeedback.** This method monitors certain physiological signs, such as muscle tension and brain wave frequency, with the intent of helping the client control them.

Resources

- www.aasmnet.org -- American Academy of Sleep Medicine
- www.nhlbi.nih.gov/about/ncsdr/index.htm -- National Center for Sleep Disorders Research
- www.sleepfoundation.org -- National Sleep Foundation
- www.sleepeducation.com -- Sleep Education from the American Academy of Sleep Medicine