

Insomnia

Many people experience difficulty sleeping. Some people have short periods (days to a few weeks) of difficulty falling asleep or staying asleep (called acute insomnia). Others have this difficulty for a month or longer (called chronic insomnia). About 30% of Americans complain of having insomnia. Insomnia can be very disruptive to a person's life, so understanding insomnia and what can be done to treat it can be helpful to your quality of life.



What is insomnia?

Insomnia is a condition that describes difficulty with sleep. This condition can include difficulty falling asleep, problems staying asleep, frequently awakening at night (fragmented sleep), and/or awakening early in the morning. This trouble sleeping results in feeling unrefreshed during the day and difficulty with daytime function including completing valued daily activities.

Who develops insomnia?

When and why insomnia begins, is not always known and therefore can be difficult to understand. We know that certain groups of people have a greater risk for developing insomnia. These include those with mood conditions (such as anxiety and/or depression), women, older people and individuals with chronic medical conditions such as asthma and COPD (see ATS Patient Series http://patients.thoracic.org/wp-content/uploads/2014/03/ATS_Patient_Ed_Sleep_Problems_d_MT-09112013-Final.pdf). Your mood can affect your sleep, but improving your sleep problem can also help symptoms of anxiety and depression.

Sleep can also be affected by medications. For example, medications often taken by those with lung problems include beta agonists, prednisone and theophylline-containing medication. Any of these can cause symptoms of insomnia.

The initial cause of your sleeping difficulty however, may not be the reason why you continue to have poor quality sleep. For example, often sleep difficulty begins as a result of a sudden event (death of a friend or family member, the break-up of a relationship, increased stress at work, or losing one's job etc.). However, in some cases, once the event has

passed and the person has recovered, the insomnia continues.

Your problems sleeping can also continue because of things you have done to try and cope with your sleep problem. For example, you may drink coffee or a caffeine containing drink in the afternoon or evening to counteract the fatigue you developed from not sleeping well. The stimulation from caffeine can have its effects on you into the evening and make it difficult for you to go to sleep, or stay asleep. You may also try drinking alcohol in the evening thinking it will help you relax and fall asleep. Alcohol can in fact also keep you from having a good night's sleep as people tend to wake up when the alcohol wears off. Another strategy you might be tempted to try in coping with insomnia is increasing your time in bed, in hopes that this approach will result in your eventually falling asleep. However, the opposite is more likely to occur. Once trouble sleeping has taken hold, it can cause you to have negative thoughts, which can damage your confidence in your ability to sleep. Thus, a vicious cycle can develop of poor sleep, leading to anxiety about sleep, leading to a further worsening of sleep quality.

How is insomnia treated?

The first step in deciding what treatment you need is to be evaluated for the underlying cause of your insomnia, to be certain your insomnia is not from a medical condition or medications you are taking. There are some simple things you can do to help correct your insomnia. You must be patient with yourself however, as the positive effects of these treatments may not be noticeable for several days or weeks. These treatments include spending less time in bed and avoiding wake-promoting activities in

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bed. A sleep specialist can help guide you in making some simple changes in the hours you sleep to get you back to a normal sleep pattern. The use of a sleep log can help you keep track of your sleep (<http://yoursleep.aasmnet.org/pdf/sleepdiary.pdf>).

Other things you can do are to avoid the following:

- viewing the alarm clock
- exercising close to bedtime
- smoking cigarettes or using nicotine products (including e-cigarettes)
- napping and irregular bedtimes
- eating heavy meals close to bedtime
- drinking a lot of fluid late at night

Once these are not found to be the source of your problem, your health care provider may recommend a brief course of sleeping pills (medication) to help you break the cycle of insomnia or suggest behavioral modification treatment. Behavioral modification can be just as helpful and have longer lasting effects than medication without risk of adverse side effects.

Expect that you may feel tired following a poor night's sleep. This discomfort will only be for a short time. Accepting your sleeplessness will help you avoid extreme negative thoughts regarding sleep.

Can over the counter medications help me sleep?

Some over-the-counter medication (not needing a prescription) may be helpful, but many of these drugs have not had enough study for your health care provider to feel they are safe or will help you. Check with your health care provider to make sure that any over-the-counter medications you are taking don't interfere with your other medications. Unless you suffer from a condition requiring pain treatment or a fever reducer, you should avoid over-the-counter sleep aids that contain additional pain medication, such as acetaminophen.

Is insomnia a serious health problem?

Insomnia can be serious and a sign of more serious sleep problems such as sleep apnea that affect your lungs and heart (see <http://patients.thoracic.org/wp-content/uploads/2014/03/osa.pdf>). Sleepiness during your waking hours will make you an unsafe driver. Accidents happen during the day as well as at night from people who are sleep deprived.

Conditions that mimic (act like) insomnia.

Some individuals complain not of difficulty sleeping, but of wanting to sleep at the "wrong" times. These are usually from circadian rhythm (body clock) problems (ATS Patient Series http://patients.thoracic.org/wp-content/uploads/2014/03/ATS_Patient_Ed_Circadian_C.pdf). They may fall asleep late and wake

up late, this condition is referred to as Delayed Sleep Phase Syndrome. Or they may fall asleep too early in the evening and wake up in the early morning, this condition is called Advanced Sleep Phase Syndrome. If you have either of these problems, bright light therapy or melatonin may be recommended. However, these treatments need to be given at a specific time in your sleep/wake cycle in order to be helpful in correcting your sleep problem. Discuss with your provider since the details of the timing are important.

By changing a few things related to your sleep, you can dramatically improve your sleep quality. Try not to become discouraged if your sleep doesn't improve immediately.

If you have tried all of these suggestions regularly for several weeks without benefit or have serious concerns about your insomnia, get professional help. For help with your sleep difficulty, you can find a list of sleep specialists at (<http://www.sleepeducation.com/find-a-center>) or ask your health care provider for a referral.

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Rx Action Steps

1. Use your bed and bedroom for sleep and intimacy only.
2. Don't get into bed until you feel tired, and get out of bed if you don't feel that you will be able to fall asleep.
3. Be realistic about how long you can actually sleep (usually less than 7-8 hrs).
4. Don't drink alcohol close to bedtime.
5. Avoid things that contain stimulants like nicotine and caffeine.

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Resources

National Sleep Foundation

<http://sleepfoundation.org/>

American Academy of Sleep Medicine

<http://www.sleepeducation.com/sleep-disorders/insomnia/overview-facts>