

Insomnia

[Healthcare](#) - [Health Tips](#) - [Illness and Injury](#)

by Lt. Col. Roman Bilynski, Pediatric Neurologist

William Beaumont Army Medical Center, Texas

Do you have problems falling asleep or staying asleep? Insomnia consists of problems falling asleep, staying asleep, early morning awakening with difficulty going back to sleep, or unrefreshing sleep.

It is not enough to just have problems falling asleep. It has to affect your ability to function at home, work, school or socially.

Daytime symptoms that often accompany insomnia include headaches, depression, morning sleepiness, poor concentration, inattention, irritability, anxiety and fatigue.

Transient insomnia

About half of all people experience transient insomnia (less than four weeks) at some point or points in their lives.

It is often associated with stressful situations, change in work schedules, jet lag, staying up too late the night prior and sleeping in too late the following day, or overuse of caffeine, foods or medications containing stimulants.

Chronic insomnia

Chronic insomnia is insomnia that has lasted more than four weeks. Chronic insomnia seems to occur more frequently in shift workers, the elderly, women, and people with other medical or psychiatric disorders.

Very common underlying psychiatric conditions include depression and anxiety. Medical conditions include substance use (alcohol, tobacco or caffeine), medications (decongestants, some antidepressants, broncho-inhalers for asthma or chronic obstructive pulmonary disease), other sleep disorders (obstructive sleep apnea, restless-legs syndrome or periodic leg movements during sleep, though often these lead to excessive daytime sleepiness more than problems falling asleep), and other systemic medical problems involving the heart, lungs, stomach, hormones and nervous system.

Teens with insomnia

In my clinical practice, I often see teenagers with reported problems falling asleep. This is usually triggered by staying up very late at night and getting up early in the morning on school days, followed by sleeping in on the weekends and holidays.

This basically results in teenagers (or adults) effectively "jet lagging" themselves every weekend. It often takes two weeks, sometimes more, to readjust your sleep cycle (medically termed "circadian rhythm"), so sleeping in every weekend perpetuates the problem and doesn't allow the body to adjust to the ever-changing sleep-wake cycles. The other major reason for sleep problems in adolescents is depression and/or anxiety.

Insomnia and ADHD

Children with attention-deficit/hyperactivity disorder often reportedly have problems falling sleep. However, in many it is more a problem with not wanting to go to sleep, rather than true insomnia, and getting up early in the morning (which is often problematic for parents who do not want to get up at 5 a.m. on a weekend).

This is part of ADHD. Sleep disorders are potential causes of ADHD symptoms in children, and before diagnosis of ADHD,

they should be screened by medical history for excessive daytime sleepiness or nighttime sleep problems.

Sleep problems may also be prominent in autistic-spectrum disorders and in the mentally retarded.

How to get a good night's sleep

Why do we care if someone can't sleep well? Insomniacs have decreased performance on various tests of performance and thinking, based on medical research.

Common sense tells you to get a good night's sleep before a big day at work or test at school. Sleepy drivers are impaired, and have more vehicle accidents than awake and alert drivers. Falling asleep or being sleepy on the job can result in demotion or termination.

The first step to take if you have problems sleeping is to look at your sleep habits, termed "sleep hygiene." Just like brushing your teeth, good sleep routines will help alleviate or reduce problems with sleep. These include:

- Keep a regular bedtime and wake-up time, even on weekends and holidays. This doesn't mean you can't sleep in, but if your normal waking time is 7 a.m., I would recommend getting up no later than 9 a.m. I generally recommend to my patients to get to sleep or to get up within a two-hour span of their normal wake time.
- Avoid naps as much as possible. But, if you do nap, do it early in the day, and not in the later afternoon or early evening. The average older child or adult does not need regular naps and if they do nap, it often disrupts sleep later that night.
- Exercise regularly, but preferably not right before going to bed. About three hours should elapse between completion of exercise and regular bedtime. This varies for people, and I know people who can work out and 30 minutes later be fast asleep.
- Stop working a while before going to sleep. It will allow your mind to relax, and it will generally be easier to fall asleep.
- Minimize stimulants for a few hours before bedtime (recommendations are usually four or more hours). Stimulants include nicotine (cigarettes, cigars, pipes, chewing tobacco, etc.) and caffeine (coffee, strong teas or caffeinated soft drinks).
- Don't use alcohol to fall asleep. It can lead to dependence and other complications.
- Use your bed for sleeping and sex only (adults). Avoid reading, eating, working or watching TV in bed.
- Don't watch your clock, because this will keep you awake rather than help you fall asleep. Turn the clock or yourself around so that you won't see it. Do not try too hard to go to sleep.
- If you can't fall asleep within about 15 minutes, then get out of bed and do something (not something stimulating, i.e., don't exercise, drink coffee or tea, or start watching an interesting movie) until you feel sleepy. But remember, even if you don't go to sleep until much later, don't sleep in or take a nap the next day. If you do, you'll perpetuate the problem night after night.
- Drink a glass of warm milk with some honey before bedtime. This is not an official recommendation—just our family remedy when I was growing up.

If education about sleep problems and sleep hygiene prove ineffective, then there are medication options for transient insomnia.

Medical and behavioral treatments

These medications include Sonata and Ambien and are designed for short-term use only. They will not work effectively over time for chronic insomnia. They help initiate sleep or maintain sleep in the right patients.

For chronic insomnia, if education and good sleep hygiene prove insufficient or ineffective (and, if treatment of any underlying medical or psychiatric disorder has not helped the insomnia problem), there are also some medical options.

These include short-acting benzodiazepines like alprazolam; sedating antidepressants like trazodone, amitriptyline or

nortriptyline; and others.

Other options include cognitive behavioral therapy, sleep restriction (minimizing time in bed to increase percentage of sleep time in bed), relaxation techniques, light-phase shift (light-box therapy in the morning or evening depending on your specific problem), hypnosis and minimizing stimuli. The key to treatment of chronic insomnia is to find (if present, and it usually is) and treat the underlying condition.

If you have trouble sleeping because you are depressed or anxious, then treating your depression and anxiety with antidepressants, anti-anxiety meds, counseling and/or psychotherapy will help your sleep problems.

If you're having problems with sleep, apply the sleep-hygiene recommendations noted above and see if that helps.

If not, then start keeping a sleep diary. In the diary, record daily when you went to bed, when you think you went to sleep, how many times you remember waking up, and when you got out of bed.

Estimate the total amount of time you slept, rate the quality of your sleep from 1 to 10, or how refreshed you felt after sleeping from 1 to 10.

If you napped, then record when and for how long. Also note any medications you are taking, alcohol/tobacco/caffeine use, and exercise/TV watching before bedtime.

Make an appointment with your primary care provider for evaluation and to review your diary (don't forget it).

Before the visit, consider and make a list of any possible underlying triggers, medical or psychiatric problems, medications, substance use, and environmental factors that may be affecting your sleep and bring this information with you to your appointments.

There are various Web sites, including the American Academy of Sleep Medicine, that are very informative.

Remember, there is no magic pill for chronic sleep problems. It is a team effort between the patient and healthcare provider, requiring input from both.

The more you know about your sleep problem, the easier and more effective your treatment will be.

(Reprinted from the Fort Huachuca, Ariz., *Scout*)

Health Tips from Army Medicine
November 2004