INSOMNIA

Sleep In General. Most people are able to go to sleep, or after waking go back to sleep, within approximately 15 minutes. Most people sleep between 7 and 9 hours each night. Different people may need different amounts of sleep, but if you sleep less than 7 hours, you may be deprived of adequate sleep. Unfortunately the fast pace of modern life with home offices, technology changes, electronic devices and light pollution tends to impair sleep quantity and quality. Limiting the amount that you sleep may seem to be a sign of productivity but in reality it is a false economy.

Insomnia is a common and distressing difficulty in falling asleep, going back to sleep, or waking too early. The person with insomnia feels their sleep is just not enough to feel okay. A NSW survey of sleep habits found that approximately ⅓ of the sample reported at least one of the above insomnia symptoms. The National Sleep Foundation (NSF) in America found 18% of individuals reported difficulty falling asleep, 33% had frequent wakes and 23% woke too early. Women report insomnia symptoms nearly twice as often compared with men. Insomnia is more frequent with increasing age (48% of older adults reported insomnia symptoms at least a few nights per week - NSF) but only when associated with other medical and or mood disorders. Shift workers are at risk of insomnia as they are trying to sleep when their brain is trying to be awake and at night they are trying to stay awake when brain and body want to go to sleep.

The Impact of Insomnia on daily living. Individuals report lack of energy, irritability, poor performance at work, memory difficulties and concentration problems but this is not necessarily obvious to others. One study found twice as many fatigue-related motor vehicle crashes in individuals with insomnia compared with good sleepers. Inattention seemed to be the main factor, not being sleepy. There is some evidence to suggest that the stress response found in insomniacs is a risk factor for heart disease and diabetes. Psychological conditions such as depression or anxiety occur more commonly with insomnia. Insomnia can result in depression or may exist as part of the spectrum of depression-anxiety disorders. Treating insomnia effectively reduces these health risks.

Causes of Insomnia. These are varied and can often be defined by predisposing factors, precipitating factors (“triggers”) and perpetuating factors (“maintaining”). Some medical conditions may cause insomnia, particularly pain, chronic respiratory problems, or other sleep disorders. Some medications such as blood pressure tablets or asthma medication, as well as substances like caffeine (coffee), nicotine (smoking) and alcohol, may trigger insomnia or make it worse. Psychiatric conditions such as depression and anxiety are common in insomnia and may cause insomnia. Other precipitating factors for insomnia include illness, loss, death of a family member/friend, financial stresses, and work and relationship issues. Even when these triggers are no longer present or reduced at least to some extent, the worry may then be ‘a worry about not sleeping’ and insomnia is still there.

The cycle of worry and insomnia. The more you worry about not sleeping, the more you worry about going to bed and the more likely you are to continue to experience insomnia. While you might fall asleep watching TV, when you go to bed your mind races and you are wide awake. Unreasonable expectations about what constitutes a good night's sleep may also contribute to this vicious cycle. People often respond to insomnia by spending more time in bed which often leads to less consolidated sleep and worsening insomnia.

Assessment of Insomnia. The cornerstone of assessing an insomnia complaint relies on history and examination which is best undertaken by your local GP. Investigations and sleep studies may be helpful in excluding some causes of insomnia such as sleep apnea or documenting sleep length but require initial assessment by a sleep specialist. Actigraphy (wrist watch like device) which measures movement over a given threshold can be useful as sleep assessments can be made over a number of nights compared with a one off snap shot which occurs in a sleep study. A sleep diary of bed times, how long it took to go to sleep, number of wakes and time of getting up is a useful method of assessing the range of sleep patterns an individual may have.

Insomnia Treatments. For short term (24- 48 hours) insomnia just remind yourself that this poor sleep is unusual and likely to go away. Restrciting rather than extending time in bed is important in this situation. If insomnia

persists, the best treatment is Cognitive Behaviour Therapy (CBT) provided either individually or in a group by a psychologist or even-on line through specific programs. A psychologist can help you to re-schedule your sleep and wake times, improve your sleep habits, improve stress management, and control unwanted thoughts and worries about your sleep. Information and education about sleep habits and expectations form part of most CBT programs. The main goal of any treatment for insomnia is to break the vicious cycle that keeps the insomnia going. Attention to simple things such as getting up at the same time, going to bed only when sleepy and comfortable, reducing caffeine and alcohol, getting enough exercise, minimizing light exposure and having some fun can help you to sleep. Ask your GP for a referral to a psychologist. A certain number of sessions with a sleep psychologist are subsidised by Medicare.

Cognitive Behavioural Therapy (CBT) Treatment is about making both behavioural (doing) and cognitive (thinking) changes to your life and sleep. They are not easy but they work! TRY:

1. Reducing the time you spend in bed to match the time you sleep (is called sleep restriction). Many people compensate for poor sleep by spending more time in bed, to give themselves more time to fall asleep or go back to sleep. Unfortunately, this behaviour leads to even worse sleep. Choose and keep the same getting up time no matter what your sleep has been like the night before – this will help to re set your brain clock on a daily basis.
2. Getting up and going to another room if you are unable to go to sleep or go back to sleep within around 15 minutes. Read or listen to music in dim light. When you are feeling less tense and more comfortable go back to bed and see if you can "let go" and let sleep happen. You MAY need to do this a number of times a night and for a number of nights to get your sleep back into a better pattern. Then let bed be a place where you go to when you are feeling comfortable and sleepy not a place where you are trying hard to go to sleep or are awake tossing and turning and worrying.
3. If there is an underlying medical or mood condition, such as depression, get some help from your GP which will also reduce some of the insomnia symptoms. Psychological assistance with stress management, relaxation and controlling thoughts are key factors in "retraining in sleep" as can attention to simple environmental factors (comfortable mattress, being too hot, too cold, wearing earplugs because of noise). Information and education about sleep and expectations about sleep will help you to understand what you can do yourself to improve your sleep. Collectively these factors outlined help in promoting healthy sleep. Recent research has shown that these treatments together increase deep sleep more than sleeping tablets alone. Learning to sleep by what you do and letting go of worries at night will increase sleep confidence.
4. Be aware how unhelpful thoughts about sleep can make you feel more worried and concerned about your sleep resulting in even more pressure as you try harder to sleep. Putting the behaviour changes in place and deciding "I can at least give this a go" is an important first step and can be followed by such statements as "Maybe I do sleep a little better some nights!" This is a more helpful statement and "Maybe I don't need to worry as much about my sleep". It takes time and requires a number of changes in not only what you do but in how you think – but it works long term and that is most important.

Sleeping Medication. Sleeping tablets may be prescribed for short-term insomnia but may lose their effect after a few weeks. Stopping sleeping medication may result in a few nights of much worse sleep which is called rebound insomnia. It is therefore better to gradually reduce sleeping tablet use rather than stop abruptly. Make sure the risks and benefits of sleeping medications are fully discussed with your doctor.

Starting Treatment. See your family doctor first to discuss your sleeping difficulties. Unfortunately most people do not go to see their doctor to discuss such difficulties and are more likely to mention sleep problems when they are having a consultation about something else. Your doctor can then undertake a proper assessment, initiate treatment or refer you to a sleep disorders clinic, to a psychologist for general advice about sleep habits or to a sleep disorders specialist.

DISCLAIMER - Information provided in this fact sheet is general in content and should not be seen as a substitute for professional medical advice. Concerns over sleep or other medical conditions should be discussed with your family doctor.