

Insomnia

Introduction

Insomnia is a difficulty getting to sleep or staying asleep for long enough for long enough to feel satisfied and refreshed the next day. It is reckoned that one in three people suffer from insomnia at some stage in their life while it is estimated that one in ten people suffer from chronic insomnia. It is estimated that half of the elderly population complain of suffering from insomnia.

Why we need sleep?

Sleep is a state of consciousness, which gives your body time to rest.

Stages of sleep

While you are asleep, your body goes through different sleep stages in a cycle that lasts approximately 90 minutes, and may go through five of these cycles in a night. The sleep stages are:

- drowsiness,
- light sleep,
- deep sleep, and
- dreaming - also known as rapid eye movement (REM) sleep.

How much sleep do we need?

The amount of sleep we need varies greatly from person to person. Insomnia should not be defined specifically by the number of hours of sleep a person gets as individuals vary widely in their sleep needs and practices. The amount of sleep needed varies from four hours to over ten hours. It also depends on level of activity. A person who is retired from work may undertake less activity than when they were working and less sleep is needed. On the other hand, a person with a family and constantly on the go will require more sleep to recuperate. The amount of sleep needed generally reduces as we get older. A baby needs 16 to 17 hours sleep, but by the age of five the sleep requirement reduces to 8 to 9 hours and teenagers generally need less than 8 hours sleep. Even less sleep is needed as we enter adulthood.

Types of insomnia

The most common problem in young people with insomnia is difficulty falling asleep (sleep-onset insomnia). An insomniac may also experience:

- Waking in the night (most common in older people).
- Not feeling refreshed after sleep and not being able to function normally during the day, feeling irritable and tired and finding it difficult to concentrate.
- Waking when you have been disturbed from sleep by pain or noise.
- Waking early in the morning. This is the least common type of insomnia.

Symptoms

Daytime problems caused by insomnia include poor concentration and focus, difficulty with memory and being uncoordinated. Insomnia can cause reduced motivation and energy as well as irritability and impaired social interaction. Tension, headaches and gastrointestinal symptoms can also be attributed to insomnia. Road traffic accidents can be caused by fatigue due to insomnia. There is some evidence that insomnia may lead to an increased risk of hypertension and cardiac disease, including heart attacks. Some studies have also shown that insomnia is a strong predictor of psychiatric problems such as depression, anxiety and drug abuse.

How long does insomnia last?

Insomnia can last for days, months or even years. It can be split into:

- **short-term insomnia**, which lasts for one to four weeks, and
- **long-term (or persistent) insomnia**, which lasts for four weeks or longer.

Reasons for insomnia

The main reasons for sleep problems include **ageing** as we need less sleep as we get older. **Medical conditions** can often be a reason. Pain is often a problem. Needing to get up to go to the toilet can disturb sleep. It is estimated that over 60% of men and women need to get up at least once during the night to go to the toilet. However urinary frequency can often be treated by your doctor. It could be a medical problem such as unstable bladder which can be rectified with medication. Not drinking tea or coffee late and not taking certain blood pressure tablets late at night can alleviate this. Restless legs syndrome is a treatable medical condition that affects sleep in women more than men. Other medical conditions that can cause insomnia include heart disease, such as angina or heart failure, respiratory disease, such as chronic obstructive pulmonary disease or asthma, neurological disease, such as Alzheimer's or Parkinson's disease, hormone problems, such as an overactive thyroid and gastrointestinal disease, such as gastro-oesophageal reflux disease or irritable bowel syndrome. **Emotional upset** from bereavement can be a cause. **Anxiety, worry and stress** can be a factor. Stress is considered to be the most common trigger for short term insomnia. Sleep disturbance is a common symptom of **depression and low mood**. **Change in sleep** routine such a shift work or long distance travel can affect sleep. **Surroundings** can be a reason for poor sleep, for example, a room is too hot or cold, too bright or too noisy.

Some prescription and over the counter **medication** including decongestants can disturb sleep. Medication that can cause insomnia:

- **antidepressants**,
- **epilepsy medicine**,
- **medication for high blood pressure**, such as beta-blockers,
- **hormone treatment**,
- **non-steroidal anti-inflammatory drugs** (NSAIDs) such as ibuprofen or diclofenic
- **stimulant drugs**, such as methylphenidate to treat ADHD or modafinil to treat narcolepsy, and
- **some medicines for asthma**, such as salbutamol, salmeterol and theophylline.

Recent research

In 2008, research by the German Institute for Quality and Efficiency in Health Care showed that good bedtime habits are more effective than sleeping pills to help insomnia. The institute found that going to bed when tired, avoiding caffeinated drinks like tea and coffee at night, and not reading or watching television in bed can help people who suffer from sleeping problems. They showed that learning relaxation techniques can help people switch off and make it easier to get to sleep. Getting up at the same time each morning can help your sleep pattern. Research from the Sleep Research Centre in Loughborough, UK showed that women are twice as likely to suffer from insomnia as men. However they also discovered that men have double the rate of sleep apnea, a breathing disturbance that causes snorting and snoring and which can affect sleep. (More information on snoring prevention can be obtained in Whelehans or at www.whelehans.ie)

Sleep patterns of older people

As with the amount of sleep we need, the sort of sleep we have changes as we get older. Sleep in older people tends to be lighter and more broken. For a typical person aged 70, deep sleep takes up less than 10% of the night's sleep; whereas deeper sleep accounts for about 28% of a younger person's sleep. As a result, older people can be more easily disturbed from their sleep and report waking more times throughout the night. However, despite this, older people should still find their sleep refreshing.

Diagnosing insomnia

If you have difficulty getting to sleep or staying asleep, you should consider speaking to a healthcare professional such as a pharmacist or doctor.

The healthcare professional will ask you information about your sleeping routines, how much alcohol and caffeine you drink each day and your general lifestyle habits, such as diet and exercise.

A healthcare professional will check your medical history for any illnesses or medications that may be contributing to your insomnia. You may be asked to keep a sleep diary (see below), which can help you understand the pattern of your insomnia. Usually, you and the healthcare professional will be able to identify a cause for your insomnia by doing these investigations.

The aim is to identify and treat factors that contribute to your insomnia (which might include health problems). Your doctor may, for example, ask you to make some lifestyle changes or prescribe you medication for a condition. Once these factors have been successfully addressed, the insomnia will often disappear without further medical help.

Keeping a sleep diary

If your healthcare professional asks you to keep a sleep diary, it should be kept for a minimum of two weeks and should contain information about:

- time of going to bed,
- time taken to get to sleep,
- the number of episodes of waking throughout the night,
- the time of getting up,
- episodes of daytime tiredness and naps, and
- times of meals, alcohol consumption, and significant events during the day such as exercise or stress.

Treatment

If you have short-term insomnia:

The doctor will firstly want to address how your lifestyle, routines and habits may be affecting your sleep and ask you to make certain changes (see my self help guide below). Most insomnia is manageable without the need for hypnotic medication. If a medical condition or a medicine is the cause of the insomnia, the doctor will address these issues. If your insomnia is severely affecting you during the day, the doctor may prescribe you a short course of sleeping tablets.

If you have long-term insomnia:

If lifestyle adjustments do not work, the doctor may recommend cognitive and behavioural treatments. You may be prescribed a short course of sleeping tablets for immediate relief or to manage a particularly bad period of insomnia, although these are not recommended for long-term use

Self Help

Changing habits

Set a specific time for getting up each day. Sticking to these times, seven days a week, even if you feel you have not had enough sleep should help you sleep better at night. Avoiding cat naps during the day can help ensure a good night's sleep. Nicotine can have a negative impact on sleep so stopping smoking can improve your sleep pattern. A warm bath before going to bed can relax you and help you sleep. You should not go to bed hungry. However you should also avoid eating a heavy meal or spicy foods late at night. A small snack that contains tryptophan (a natural sleep-promoting amino acid) may help, such as turkey, banana or fish. Avoid excessive fluid intake before bedtime. Many people consider alcohol as an aid to sleep, however alcohol actually disturbs sleep so it should be avoided if you have difficulty sleeping. Regular exercise helps sleep but do not exercise in the late evening. Exercising within four hours of bedtime can leave you feeling alert so your sleep may be affected. You should avoid watching TV, eating and talking on the phone in bed. Keep your room free of work related material to ensure you are less inclined to think or worry about work related topics at bedtime. I would advise keeping a tidy and uncluttered bedroom as this will help create an uncluttered mind. Avoid watching or checking the clock throughout the night. If you feel restless in bed you may try getting up and try reading or listening to relaxing music for a while until you get tired again.

Bedroom environment

Use thick blinds or curtains or wear an eye mask if the early morning sunlight or bright streetlamps affect your sleep. Wear ear plugs if noise is a problem. Make sure you have a comfortable mattress and pillow and adequate bed clothes for the time of year.

If you still feel you don't get a sufficient night's sleep, it is possible that you don't need as much sleep as you think you need. We don't need as much sleep when we were older. Many people in their seventies only need less than 6 hours sleep.

Medication

Quite often sleep disturbance is due to a medical condition. Examples include depression, asthma, ADHD or pain. Treating the medical condition causing insomnia is often the key to solving the sleep problem.

Natural Products

There are many natural products available on the market with varying degrees of success. Their effectiveness is questionable. In Whelehans, we find that Kalms Sleep[®] can aid some people getting their natural sleep rhythm back. It contains the help valerian, a natural sedative.

Prescription medication

There is prescription medication available for sleeping problems. However, sleeping tablets should only be used for short term use only. This is because it is easy to become dependent on them and they become less effective if used long term.

A doctor may consider the short term use of prescription medication for sleep if:

- if the symptoms are particularly severe,
- to ease short-term insomnia, or
- if the non-drug treatments I mentioned have failed to help.

Your doctor will generally try to rule out other medical problems such as depression before prescribing sleeping tablets. Prescription sleeping tablets will temporarily relieve symptoms but do not treat the cause of the problem.

You should be given the smallest effective dose possible for the shortest length of time necessary (for no longer than a week). In some cases, the doctor may advise to only take the medication two or three nights a week, rather than every night.

Prescription hypnotic medicines cause the following side effects:

- a feeling that you are hungover, and
- drowsiness during the day.

It is best to take the medication about half an hour before going to bed. In some people, especially older people, the hangover effects may last into the next day, so you should be cautious if you are likely to be driving the next day. It is very easy to become dependent on these medicines, even after a short-term course.

If you are regularly taking sleeping tablets every night, you should consider reducing or stopping them. Do not stop taking the medicine suddenly, as withdrawal symptoms can include panic attacks, shaking and rebound insomnia. Your doctor or pharmacist will give you advice on the best way of withdrawing a sleeping tablet.

Types of prescription sleeping tablets

Benzodiazepines are tranquillisers designed to reduce anxiety and promote calmness, relaxation and sleep.

These medicines should only be considered if your insomnia is severe or causing you extreme distress. All benzodiazepines make you feel sleepy and can lead to a dependency. If they are needed to treat insomnia, then only the short-acting benzodiazepines (with short-lasting effects) should be prescribed, such as temazepam (Nortem[®], Insomniger[®]), lorazepam (Noctamid[®]), flurazepam (Dalmane[®]), triazolam (Halcion[®])

The newer **non benzodiazepine** sleeping tablets such as zopiclone (Zimovane[®], Zimoclone[®]) and zolpidem (Stilnoct[®], Zolnod[®]) are less addictive than older varieties but it is still easy to become dependant on them. They tend to cause a metallic in the mouth. There is little difference between the non benzodiazepines and older benzodiazepines, so if one does not work, it is unlikely that swapping to another will have a different effect. Sleeping tablets are best avoided in the elderly if possible as they cause confusion and increase the likelihood of falls.

Antidepressants

Some older antidepressants such as amitriptyline and trazodone are sometimes used to treat insomnia as they induce drowsiness. They should only be used in patients suffering from insomnia caused by depression. They are generally only prescribed under the supervision of a consultant psychologist. These older antidepressants can have more side effects than newer antidepressants such as dry eyes and mouth and constipation. Newer antidepressants that do not cause side effects such as drowsiness are more regularly used in depression. By treating the depression, the sleeping pattern should then soon improve.

Melatonin is a natural chemical produced by the pineal gland in the brain. Its key functions in the body are to induce sleep by causing drowsiness and lowering temperature. Melatonin has been available to purchase over the counter as a sleep aid in the US for over 15 years. However, it has only recently been launched on prescription in Ireland under the brand name Circadin[®]. It can only be prescribed by a doctor and is only licensed for short term use in people over 55 and should not be taken for more than three weeks. It is not recommended for people with a history of kidney or liver disease. As Circadin[®] can make you feel drowsy; you should not drive or operate heavy machinery after taking the medicine at night, or if you still feel drowsy the next morning.

Side effects of Circadin are uncommon but include:

- irritability,
- dizziness,
- migraines,
- constipation,
- stomach pain, and
- weight gain.

Circadin[®] does not have a GMS code meaning it is not allowed on the medical card or drug payment scheme.

More help

Frances Sills is psychologist who operates a clinic in Millmount Mullingar..

Apart from her general psychotherapy for anxiety, depression, fibromyalgia, chronic fatigue, eating disorders etc, Frances treats patients with insomnia using psychotherapy.

Her approach to this is to:

- **Monitor Activity Levels (Activity diary for few weeks to see what pattern of living patients are in)**
- **Monitor Sleep Patterns - just to see how much they sleep and what quality of sleep they are getting**
- **Set target and goals which are both realistic and achievable for the patient**
- **Stabilise activity and rests - this means that it is important to PACE. PACING is the most important part of recovery in chronic fatigue syndrome**
- **Look at increase or changing activities. This takes into account the patient recognising their boundaries and keeping to them.**
- **Look at unhelpful thoughts and beliefs and challenging these**
- **Looking at 'what stress patient has in their lives' and ways of managing and resolving these.**
- **Facing fears (such as going back to work), socialising etc.**

Contact her at 0868301465 for more details. Her e-mail address is francesills@yahoo.co.uk. A consultation is €50.

Disclaimer: Please ensure you consult with your healthcare professional before making any changes recommended

For comprehensive and free health advice and information call in to Whelehans, log on to www.whelehans.ie or dial 04493 34591. You can also e-mail queries to info@whelehans.ie.