

# Insomnia can be a real eye opener!



Insomnia is characterised by ongoing difficulty in falling asleep, going back to sleep if awoken or waking too early.

## The Usual Adult Sleep Pattern

- Usually individuals are able to go to sleep, or after waking go back to sleep, within approximately 20 minutes. Most people need somewhere between 6.5 hours and 8.5 hours routinely to function and feel they can manage life adequately.
- Everybody experiences some difficulty falling or staying asleep sometimes. Very occasional sleep disturbances are normal.
- We sleep best with a regular routine, but sometimes we can catch up on missed sleep the next day, or even an hour or two on the weekend.
- Most sleep disturbances can be improved by improving our **Sleep Hygiene**.

## 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
- 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 may cause insomnia.
- Other precipitating factors include worry, illness, loss, and various stressors including work and relationship issues.

Even when these triggers are no longer present, 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. Try:

1. **Reduce the time you spend in bed** to match the time you sleep (this is called sleep restriction). Many people compensate for poor sleep by spending more time in bed, to give them 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 body clock on a daily basis.
2. **Get up and go into another room** if you are unable to go to sleep or go back to sleep within around 20 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”. 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. Let bed be a place where you go to when you are feeling comfortable and

sleepy rather than a place where you are trying hard to go to sleep or are awake tossing and turning and worrying.

3. **Learn to manage your unhelpful thoughts and worries** as these may be keeping you awake. Undue concern about your sleep results in even more pressure as you try harder to sleep. Putting behaviour changes in place and deciding to give sleep a go is an important first step and can be followed by such statements as “Maybe I do sleep a little better some nights!” or “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. If worries and unhelpful thoughts persist, seek out a psychologist for **Cognitive Behavioural Therapy** (CBT). CBT is about making both behavioural (doing) and cognitive (thinking) changes to your life and sleep.
4. **Paradoxical Intent** can work well when you are stuck in the pattern of worrying about your sleep. It involves setting yourself goals, challenges or activities that move the focus away from sleep worries. In bed challenges, such as counting backwards from 1000 by 3s, take your mind off the pressure of going to sleep. The challenge needs to be something that stops your mind from drifting, but is not so challenging that it stimulates your brain. You could also introduce some humour into your bed routine with silly things like sleeping on the opposite end of the bed or wearing something unusual to bed.
5. **Get help** if there may be an underlying medical or mood condition, such as depression. Help from your GP will reduce some of the insomnia symptoms. Psychological assistance with stress management, relaxation and awareness of unhelpful thoughts are key factors in a “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.
6. **Sleep Medication:** Sleeping tablets may be prescribed for short-term insomnia but may lose their effect after a few weeks. Stopping your 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.

