

INSOMNIA

Most people are able to go to sleep, or after waking go back to sleep within approximately 15 minutes. People with insomnia have difficulty falling asleep, going back to sleep when they wake during the night, wake up too early, or a combination of all three. A NSW survey of sleep habits found that approximately a third of the sample reported at least one of the above insomnia symptoms. Women report insomnia symptoms nearly twice as often compared with men. Insomnia is more frequent with increasing age however only when it is 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. 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. Insomnia can also result in depression and anxiety or it may exist as part of the spectrum^[1] of depression-anxiety disorders. Treating insomnia effectively reduces these health risks.

CAUSES OF INSOMNIA ARE VARIED

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 persists.

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.

INSOMNIA TREATMENTS

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

If insomnia persists, the best treatment is cognitive behaviour therapy (CBT) provided by a psychologist to individuals or groups, or even via online programs. A psychologist can help you to reschedule 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 is about making both behavioural (doing) and cognitive (thinking) changes to your life and sleep. They are not easy but they work! TRY:

Reducing the time you spend in bed. 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 reset your internal clock each day.

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. 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.

If there is an underlying medical condition contributing to the insomnia, seek help from your GP to address it so you can work on the behavioural and/or psychological cause/s. You may need a referral for a sleep psychologist.

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). Recent research has shown that these treatments together increase deep sleep more than sleeping tablets and are more effective in the long term.

Be aware of how unhelpful thoughts about sleep can make you feel more worried and concerned about your sleep. This results 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!” 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 also 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. Your doctor can then undertake a proper assessment, initiate treatment or refer you to a sleep disorders clinic, to a psychologist for general advice or CBT.

ABOUT US

Sleep Disorders Australia (SDA) is a voluntary not-for-profit organisation that provides information and support to people affected by sleep disorders throughout Australia. SDA advocates the needs of people with sleep disorders by raising awareness of sleep disorders and their impact on our lives. We also offer support and education with regards to preventing and treating sleep disorders.

We would be delighted if you joined us. Membership is open to sufferers, family members, medical professionals, and the general public. You can join via our website or email our membership officer for more information.

If you would like to support us financially, you can donate via our website or send a cheque to our address.

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FACEBOOK SUPPORT GROUP
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DISCLAIMER: Information in this fact sheet is general in nature. It is not a substitute for professional medical advice. Discuss with your doctor if you are concerned about your sleep or other medical conditions.

