

INSOMNIA

Insomnia is a common and distressing difficulty in falling asleep, going back to sleep or waking too early where the wake period is greater than 30 minutes. Additionally the individual feels sleep is just not enough to feel okay.

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. Psychological conditions such as depression or anxiety have been shown to commonly occur with insomnia. It is not always clear which is the trigger and which is the outcome.

Causes of Insomnia:

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, plus 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 cycle.

Assessment of Insomnia:

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. A sleep study may be required to make sure there is no underlying problem with your sleep.

Insomnia Treatments:

For short term (24- 48 hours) insomnia, just remind yourself that this poor sleep is unusual and is likely to go away.

For anything longer consider putting effective but somewhat difficult treatments into place to re train yourself into a better sleep pattern.

Cognitive behavioural therapy:

Information and education about sleep and expectations about sleep will help you to understand what you can do yourself to improve your sleep.

The best treatment is Cognitive Behaviour Therapy (CBT) provided by a psychologist. 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!

A psychologist can help you to re-schedule your sleep and wake times, improve your sleep habits, improve stress management, and increase your awareness of unhelpful 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 cycle that keeps the insomnia going.

Sleeping Medication:

Sleeping tablets are not indicated in long-term insomnia. Occasionally they may be prescribed for short-term insomnia but they lose their effect after two weeks. Stopping sleeping medication may result in a few nights of much worse sleep which is called rebound insomnia. If you are on long-term sleeping tablets, 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.