



# Insomnia

An introduction to insomnia.  
Includes symptoms, classifications, causes,  
Prevalence, and treatment options.

# Contents

What is Insomnia?	3
Acute VS Chronic Insomnia	4
Classifications of Insomnia	5
Factors Influencing insomnia	6
Insomnia Facts	7
Treatments	9
What to do next	14

# What is Insomnia?

Insomnia is a sleep disorder characterized by poor sleep quality. Patients with insomnia report their symptoms as:

- Difficulty initiating sleep
- Difficulty maintaining sleep
- Waking up earlier than desired
- Having sleep that is chronically non-restorative or poor in quality
- Having adequate opportunity and circumstance for quality sleep

Daytime Impairments include:

- Fatigue / malaise
- Attention, concentration, memory impairment
- Concerns or worries about sleep
- Mood disturbance / irritability
- Daytime sleepiness
- Low motivation / energy / initiative
- Proneness for errors/accidents at work or while driving
- Tension headaches, GI symptoms
- Social / vocational dysfunction, poor school performance



# Acute Insomnia VS Chronic Insomnia

**Acute insomnia** is experiencing sleep loss over a short period of time. It can last from one night to a few weeks.

**Chronic Insomnia** is when symptoms of poor sleep quality occur on 3 or more nights per week for a month or longer.

## Potential causes of acute insomnia:

- Excessive worry
- Stress
- Receiving bad news
- Life circumstances
- Jet lag
- Shift-work
- Illness
- Emotional or physical discomfort
- Environmental factors such as noise, light, or temperature
- Stimulants such as nicotine, caffeine, alcohol, etc.
- Poor sleep hygiene practices
- Certain medications used for treating nasal/sinus allergies, colds, depression, high blood pressure, asthma.

## Potential causes of chronic insomnia:

- Depression
- Anxiety
- Chronic stress
- Pain or discomfort



# Classifications of Insomnia

**Primary insomnia** is experiencing sleep problems not directly caused by any other medical conditions

**Secondary Insomnia** is when symptoms are a result of other medical conditions, psychiatric conditions, neurological conditions, pain, from taking medications or certain substances

## Insomnia due to Medical Conditions:

- Chronic pain
  - arthritis,
  - fibromyalgia
- Cardiovascular
  - CHF
  - angina
- Respiratory
  - COPD
  - asthma
- Gastrointestinal
  - gastroesophageal reflux disease (GERD)
  - irritable bowel
- Urologic
  - nocturia
  - interstitial cystitis
- Gynecological
- onset of menses
  - PMDD
  - pregnancy
  - menopause
- Infectious
  - encephalitis
  - HIV

## Insomnia due to

### Psychiatric Disorders:

- Anxiety disorders
  - Generalized anxiety disorder
  - panic disorder
  - Obsessive
  - compulsive disorder
  - PTSD
- Mood disorders
  - Bipolar disorder
  - major depression
  - dysthymia
- Psychosis
- Substance abuse disorders

## Insomnia due to

### neurological Conditions:

- Parkinson's Disease
- Movement disorders
- Restless Legs Syndrome
- Periodic Limb Movement Disorder
- Dementia
- Stroke
- Seizure disorders
- Multiple Sclerosis
- Head injury

# The Three P's of Insomnia (etiology): Predisposing factors, Precipitating factors, Perpetuating Factors

## Predisposing Factors

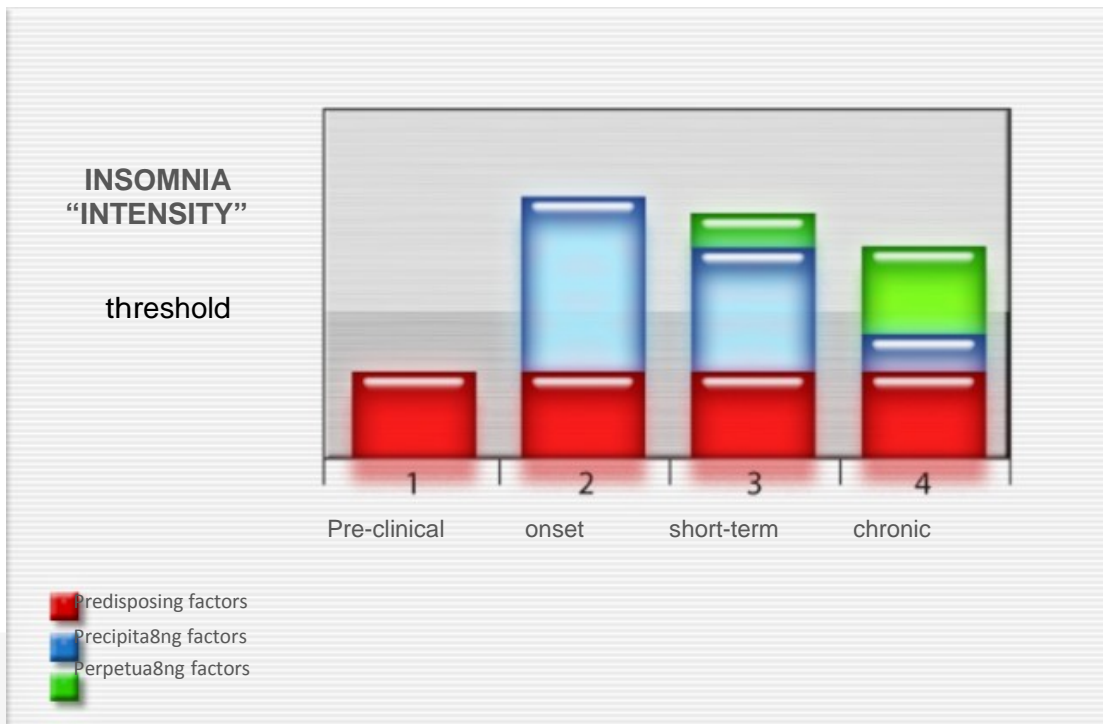
- ☐ "physiologic hyperarousal" (increased metabolic rate, elevated muscle tension, etc.)
- ☐ "cognitive hyperarousal" (chronic worry, rumination, mind racing)
- ☐ Personality traits, such as perfectionism, excessive need for control
- ☐ Low homeostatic drive
- ☐ Night owl vs. lark
- ☐ Female gender

## Precipitating Factors

- ☐ Medical illness (including other sleep disorders, such as apnea)
- ☐ Chronic pain syndromes (rheumatoid arthritis, fibromyalgia, neuropathies)
- ☐ Stressful life events (grief, divorce, finances)
- ☐ Anticipatory excitement (promotion, wedding)
- ☐ Perimenopause/ Menopause (40-50% of these women report sleep problems)
- ☐ Mood disorders
- ☐ Reduction in activity level, such as retirement

## Perpetuating Factors

- ☐ Learned "bad behaviors"
  - Watching TV in bed
  - Doing work or chores when awake at night
  - Exercise near bedtime
  - Video or online games at bedtime
  - Alcohol as a routine nightcap
  - Sleeping in on weekends / catching sleep when possible
  - Drinking caffeine to compensate
  - Daytime / evening napping
- ☐ Attitudes
  - Anxiety regarding ability to sleep or about loss of function the next day
  - Learned response to arousal on approaching bedtime
  - Inaccurate beliefs about sleep that lead to emotional arousal



Spielman AJ, et al. *Psychiatr Clin North Am.* 1987.

# Insomnia Facts

## FY Insomnia

### INSOMNIA

IS THE MOST  
COMMON  
SLEEP  
DISORDER  
IN THE U.S.

### INSOMNIA IS ASSOCIATED WITH

Excessive drowsiness  
lack of energy  
Anxiety  
Irritability  
Difficulty with  
tasks, learning and  
remembering

~40 MILLION  
Americans experience INSOMNIA annually

3x3 CHRONIC INSOMNIA:  
When INSOMNIA occurs at least  
3 nights a week for at least 3 months

There is an increased  
prevalence of insomnia in  
women &  
older adults



### PEOPLE WITH INSOMNIA MAY HAVE ONE OR MORE SLEEP PROBLEMS

DIFFICULTY  
FALLING  
ASLEEP

DIFFICULTY  
RETURNING  
TO SLEEP

DIFFICULTY  
STAYING  
ASLEEP

### COMMON FACTORS THAT CAN RESULT IN INSOMNIA

Stress,  
anxiety or  
depression

Changes in  
environment or  
work schedule

Medical  
conditions

Poor sleep  
habits

<http://sleepfoundation.org/sites/default/files/microsite/assets/FYinsomnia-v1r9-NationalSleepFoundation.jpg>

# Insomnia Facts: Prevalence and risk factors

- Ø  Insomnia is one of the most common sleep disorders with approximately **half of adults** reporting having symptoms of insomnia occasionally.
- Ø  About **10 percent** of people have experienced chronic insomnia.
- Ø  Insomnia is more likely to occur in women than in men.
- Ø  Insomnia is **more likely to affect elderly adults**. One of the possible causes of insomnia in the elderly is due to changes in the circadian rhythm, most notably [advanced sleep phase disorder](#) which causes elderly people to go to sleep earlier and rise earlier than most people.
- Ø  Insomnia is reported more among adults with children than those without
- Ø  Insomnia can be **more likely in people who nap during the day**, making sleep more difficult at night.
- Ø  People who are naturally more awake and alert may be more likely to suffer from insomnia.
- Ø  People that **regularly use stimulants and alcohol** may report symptoms of insomnia more often.
- Ø  People **with poor sleep hygiene practices** are more likely to report insomnia.





# Treatments for Insomnia

Acute insomnia often requires no treatment as symptoms usually go away on their own, or can be cured by practicing better sleep habits. People who regularly suffer from insomnia and feel that their symptoms are impacting their daily lives should seek treatment by scheduling an appointment with their primary care physician. Often **treatment for secondary insomnia requires treating the underlying medical/psychiatric condition that is causing insomnia as a side effect.**

**Cognitive and behavioral approaches** may be taken that help a person change behaviors that are causing insomnia. This can include techniques that help promote better sleep practices such as relaxation and meditation techniques, breathing exercises, creating an ideal sleep environment, keeping a regular bedtime/wake schedule, among others.

**Over-the-counter and prescription sleep aid medications** are available to help with symptoms of insomnia. However, it is not recommended to use the over-the-counter medications as their effectiveness and side effects may vary and be undesired. It is best to discuss possible sleep aids with your primary care physician. Typical medications for insomnia include benzodiazepine hypnotics, non-benzodiazepine hypnotics, and melatonin receptor agonists.

# Cognitive Behavioral Therapy for Insomnia

There are five main components to treating insomnia with CBT: sleep hygiene, stimulus control, sleep restriction, relaxation training, and cognitive therapy.



## When discussing treatment options for insomnia, patients should do the following:

- Keep a sleep diary that records information such as bedtime and rise time, time taken to fall asleep, number of awakenings during the night, whether or not sleep was restorative, number of naps taken during the day, daytime mood, and any other sleep related behavior during the day or night.
- List symptoms being experienced.
- Health, social, or other problems that may be related to sleep difficulty.
- List of current medications, vitamins, and supplements being taken regularly.
- Any approaches already taken as self-treatment for insomnia

# CBT For Insomnia Continued

## Sleep Hygiene

Sleep Hygiene is comprised of practices, habits, and environmental factors that can be administered to help promote a healthy sleeping atmosphere and awareness to things that hinder one's sleep. They include simple changes to one's routine including:

- Establishing a regular bedtime routine
- Getting regular exercise (but not within 2 hours of bedtime)
- Avoiding caffeine, alcohol, and other stimulants several hours prior to bedtime
- Avoiding daytime naps
- Abstaining from eating heavy or spicy meals close to bedtime as well as choosing better foods that promote sleep
- Keeping the sleep environment cool, dark, quiet, and clear of clutter.

## Stimulus Control

Stimulus control therapy is comprised of learning to remove, or control, behaviors that contribute to the mind resisting sleep. Stimulus control therapy includes:

- Going to bed only when sleepy
- Leaving the bedroom to pursue relaxing activities if sleep is taking longer than 20 minutes, and returning to bed when sleepy
- Setting a morning alarm and avoiding checking the clock during the night
- Keeping electronics out of the room
- Waking at the same time every morning, even on weekends
- Giving oneself adequate wind-down time by reading in dim light
- Eliminating stimulating activities or content engagement before bedtime.

# CBT For Insomnia Continued

## Sleep Restriction

Sleep restriction can be challenging for patients, as it is aimed at spending less time in bed. It includes limiting the amount of time spent in bed initially by setting strict sleep/wake times. These times are often shorter than usually experienced initially, but gradually allow for more time spent in bed once positive results are shown.

Sleep restriction works by causing mild sleep deprivation to make the assigned betimes allow the opportunity to achieve better quality sleep. It also leads to greater pressure to fall asleep and stay asleep; increases slow wave sleep and REM sleep; decreases stage-1 Non-REM sleep; and shortens duration and frequency of nocturnal awakenings

## Relaxation Training

Relaxation training is aimed at reducing physical tension and intrusive thoughts or anxieties that may be interfering with sleep. They help a person learn to quiet the mind and relax the body through:

- Deep breathing/meditation as a form of cognitive distraction
- Progressive muscle relaxation
- Visual imagery training

# CBT For Insomnia Continued

## Cognitive Therapy

The purpose of cognitive therapy is to help patients control or eliminate anxiety producing thoughts or expectations. It includes:

- Setting realistic expectations about sleep
- Diffusing anxiety provoking thoughts
  - Addressing irrational thoughts
  - Education about normal sleep

## Methods of Cognitive therapy

- Cognitive re-framing (used at night)
  - Restating irrational or threatening thoughts in rational terms to diffuse fear or worry
- Thought stopping (used during the daytime)
  - Learning to replace negative thoughts about sleep with positive or productive thoughts
- Process time (used in the evening)
  - Journaling thoughts/feelings and coming to a proactive step to take the next day...then letting it go until the following day
- Addressing worries and anxieties such as the need to constantly check the time on the clock at night
- Other issues to address will arise during the process of implementing other techniques

## What to do next

If you are suffering from insomnia and your symptoms have persisted for more than a month, contact your primary care physician and discuss your symptoms with them.

If you live in Alaska and would like to speak with a sleep specialist, or are interested in scheduling a consultation with an insomnia/behavioral sleep specialist for CBT treatment, click here...

<http://www.alaskasleep.com/asc-insomnia-assessment>

