

INSOMNIA

All of us have probably experienced some problem with sleeping at one time or another in our life; it is a very common problem. There are actually different types of insomnia:

1. **Transient Insomnia** – This lasts from a single night to a few weeks.
2. **Intermittent Insomnia** – Short term, happens from time-to-time.
3. **Chronic Insomnia** –
 - a. Primary – Not related to any health problem,
 - b. Secondary – Caused by another medical condition such as cancer, asthma, arthritis, depression, or a poor sleep environment such as too much light or noise.

Sleep is very important to good health; a “sleep debt” can take a toll, not only on your health, but also on your relationship with others and your work performance. Most people need about seven (7) or eight (8) hours of sleep each night. These days there is a real competition for those 7 or 8 hours because of the ready accessibility of stores and health clubs that are open well into the night, and of course the television and internet/email around the clock availability.



When we take on this “sleep debt” our bodies react poorly. Your immune system does not work as well, and you become more susceptible to viruses and bacteria. Additionally, concentration during the day is more difficult and we become more irritable and are at greater risk of making mistakes or having accidents.

If you have chronic insomnia, you should visit your doctor to see if a cause can be determined. There are specific medical problems such as sleep apnea, restless leg syndrome, and circadian rhythm disorders that can be determined by the physician. Certain drugs can also cause insomnia (theophylline, betablockers, steroids, thyroxine, bronchodilators) as can menopause. There are neurological disorders that can also contribute to insomnia.



If no specific cause is found after visiting the doctor, there are things you can do to improve your sleep. First make sure you have a good sleep environment: a dark, quiet and cool room. Next try to go to bed and get up at the same time every day, even on weekends; it sets your bodies' clock. Exercise regularly, but not right before bedtime. Avoid eating as well as caffeine, nicotine and alcohol right before bedtime. Practice relaxation therapy to reduce stress in your life. Use your bed for sleep and sex only, not for reading, working, or watching television. If you cannot go to sleep in 20 or 30 minutes, get up and do a quiet activity like reading until you feel sleepy. If you are worrying about the next day, make a to-do list before you go to bed.

If none of that works, there are other solutions. Before resorting to medication, many people have found Cognitive Behavioral Therapy (CBT) to be successful. This is a therapy that involves learning a new set of behaviors around sleep, relaxation techniques and mental "tricks" to help you get to sleep.

It usually involves three to six one-hour sessions with a specifically trained therapist; some studies have shown CBT to be 70% effective; more effective than sleeping pills.

Last of course, there is medication. Over the counter drugs such as Melatonin and anti-histamines may be all right for transient insomnia, but not for chronic insomnia.

Your doctor may prescribe an antidepressant for chronic insomnia, not because you are depressed, but because some of them do help people sleep. And of course, there are many prescription sleeping pills on the market that do help some people, but tolerance does develop in many cases over prolonged use.

Finally if you would like more information, there are organizations that can provide that information:

National Center on Sleep Disorders
Telephone: 301-592-8573
<http://www.nhlbi.nih.gov/about/ncsdr/index.htm>

American Insomnia Association
Telephone: 708-492-0930
www.americaninsomniaassociation.org

National Sleep Foundation
Telephone: 202-347-3471
www.sleepfoundation.org

National Women's Health Information
Telephone: 800-994-9662
www.womanshealth.gov

References:

Mayo clinic Health Letter
Up to date
Consumer Reports
National Women's Health Information Center