

Insomnia



Insomnia is a sleep problem that most people experience at some time in their lives. If you have insomnia you may have trouble getting to sleep, staying asleep or you may wake up too early and not be able to get back to sleep. Insomnia may be caused by many things, including stress, worry, excitement, anger or pain. It can also be a symptom of other medical conditions.

Insomnia is different for each person. While it is common for most adults to need 8 hours of sleep a night, some people need more and some people need less. So insomnia for one person may be considered a normal night's sleep for another. Insomnia means you are not sleeping well or are not getting the amount of sleep that is right for you.

Symptoms of insomnia

If you have insomnia you may:

- Have trouble getting to sleep, even when you have the chance to do so
- Have trouble staying asleep
- Wake up in the middle of the night and not be able to get back to sleep
- Wake up too early in the morning
- Have other symptoms as a result of poor sleep, such as feeling tired, sleepy or irritable during the day. You may also have trouble concentrating or not have much energy to do things, and your job performance or school work may be affected.

If you have insomnia you may also become frustrated or irritated by it, which can in turn play a role in keeping you awake.

What causes insomnia?

Insomnia may be short term or it can be a longer lasting problem. Short-term (acute) insomnia can affect anyone, and commonly occurs in otherwise healthy people. It often occurs when a person experiences short-term stress or sickness, a change in a circumstances (e.g. job loss), or when trying to sleep in a noisy or disruptive environment. Some medications, as well as problem drug use (including alcohol, nicotine and caffeine), can also lead to insomnia.

Short-term insomnia tends to disappear when the stressful event or sickness resolves.

Insomnia may be considered chronic (long-term) if it lasts longer than 30 days. Chronic insomnia may develop in people who have repeated episodes of short-term insomnia, or because of medical conditions such as depression, sleep apnoea or restless legs syndrome.

Who gets insomnia?

Insomnia is a common problem that can affect anyone. In Australia, up to 30% of adults have regular difficulty either getting to sleep or staying asleep.

Insomnia is very common in people with certain illnesses. For example, about half of all people with depression have insomnia. Insomnia also increases the risk of developing depression in the future. People with medical conditions that cause ongoing pain, shortness of breath, reflux or the need to go to the toilet frequently may also have trouble getting to sleep or staying asleep.

Insomnia is also common in older people, shift workers, pregnant women and women who are going through menopause.

Diagnosis

If you are having trouble sleeping, your doctor will usually ask you some questions to try to work out the cause. For example, they will ask about your sleep habits, how long you have been having trouble sleeping, how long it takes you to get to sleep and whether you often wake up at night. They will also ask about your normal bedtime routine, how you feel during the day, whether you have experienced any stressful events recently and about any medicines you take. Your doctor may also examine you to check for problems that may be causing your sleep problems, or order blood tests or other investigations.

Some people may have signs of another sleep disorder (e.g. snoring, which is a sign of sleep apnoea) and may require further testing.

What's the treatment for insomnia?

The aim of treating insomnia is to improve the quality of your sleep, the amount of sleep you have and to relieve any associated daytime symptoms. Treatment may include a few different approaches.

Management of other medical conditions

When insomnia is related to other illnesses, treatment of the illness often improves the insomnia.

Relaxation therapies

These can help if you have trouble relaxing or winding down before bed. Examples include meditation, deep breathing exercises, hypnosis, mindfulness and muscle relaxation techniques.

Psychological therapy

Therapies such as cognitive behavioural therapy (CBT) can be useful to change the way you think about sleep.

Medications

Some medications can help with insomnia, including:

Hypnotics

Benzodiazepines e.g. temazepam (brand names include Temaze, Normison) and non-benzodiazepines such as zolpidem (e.g. Dormizol, Somidem, Stilnox, Zolpidem Sandoz) and zopiclone (e.g. Chemmart Zopiclone, Imrest, Imovane) may be prescribed by your doctor for short-term use. It is important to be aware of the potential for serious side effects with some of these medicines, such as sleep walking, sleep driving and other bizarre behaviours, reduced alertness during the day and dependence. They are not appropriate for long term use.

Melatonin

Melatonin (e.g. Circadin, Melatonin) is a naturally occurring hormone that can promote sleep. Melatonin can be prescribed for people aged 55 years or older for the treatment of insomnia. It may help people get to sleep, improve sleep quality and improve morning alertness. Melatonin should not be used continuously for more than 3 weeks.

Antidepressants

Certain types of antidepressants, known as tricyclic antidepressants, can have sedating effects and may improve sleep. Antidepressants are useful when insomnia is secondary to depression but are not indicated for insomnia alone.

Sedating antihistamines

These are sometimes used to improve sleep, but there is little evidence that this strategy is effective.

Sedating antihistamines available through your pharmacist include diphenhydramine (Snuzaid, Unisom SleepGels), doxylamine (Dozile, Restavit) and promethazine (e.g. Phenergan).

While these medicines may be effective, they should not be used continuously for more than about 5 days, as tolerance to them may develop rapidly. They are sold in packs containing about one week's supply.

Adverse effects of sedating antihistamines include daytime sedation, dry mouth, constipation and blurred vision. They should be used with caution in elderly people with heart and vascular disease.

Complementary medicines

So far there is no evidence that any herbal products, such as valerian are effective in treating insomnia.

What can I do to improve my sleep habits?

Everyone knows the benefits of a good night's sleep. But for some, sleep does not come easily. The following tips may help you get into better sleeping habits.

Go to bed at the same time every night.

Get up at the same time each morning, including weekends, even if you have had a disturbed night's sleep.

Expose yourself to bright light soon after waking.

Avoid daytime naps. If you do nap, keep it short (10-30 minutes duration).

Be active in the day. Regular exercise improves sleep, but try to limit exercise to at least 5 hours before bedtime.

Avoid caffeine (e.g. coffee, tea, cocoa, cola, chocolate or guarana) after midday.

Check over-the-counter medicines to make sure they don't contain caffeine or pseudoephedrine.

Don't smoke and avoid alcohol before bed, as it can result in a disturbed sleep.

Avoid strenuous exercise or a heavy meal just before going to bed.

If you suffer from pain, try to make sure your pain relief covers you through the night.

Find a relaxing bedtime routine, such as having a warm bath, reading a book or having a drink of warm milk.

Try to ensure your bedroom is quiet and dark and a temperature that is comfortable for sleeping.

Avoid screen time before bed (including television, computers, mobile phones, tablets or other electronic devices), as the light can interfere with your sleep cycle.

Some phones, tablets and computers have a night shift mode that alters the light emitted from the screen from a sleep-disrupting blue light to a more restful orange hue. (The blue light stops your body from producing melatonin – the hormone that regulates your sleep and wake cycles.) If your device has this function, make use of it.

Reserve your bed for sleeping and intimacy only. Don't read or watch TV in bed.

Go to bed when you are tired.

Don't focus too much on getting to sleep.

If you are still awake after 20 minutes of trying to go to sleep, get up and do something relaxing in another room.

(Don't watch TV or use a computer or other device with a glowing screen.) Go back to bed when you feel tired.

Try not to think about stressful problems or issues before bedtime.

If you have tried these sleep tips and continue to have trouble sleeping, see your doctor who can suggest treatments for insomnia.

Keep a sleep diary: This can help you to track your sleep patterns over several weeks, so that you and your doctor can work out what may be causing your sleep problems.

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