

### What is insomnia?

Many people experience “problems sleeping.” This can include “not getting enough sleep,” “not feeling rested,” and “not getting good sleep.” This problem can lead to difficulties functioning during the daytime and have unpleasant effects on a person’s work-life, social-life, and family-life. Problems sleeping can be secondary to a medical illness (e.g., sleep apnea) or a psychiatric illness (e.g., depression). In addition to effecting sleep itself, many medical and psychiatric illnesses (including depression, anxiety and bipolar disorder) can be worsened by sleep-related problems.

Insomnia is an inability to get the amount of sleep needed to function efficiently during the daytime. It is caused by difficulty falling asleep, difficulty staying asleep or waking up too early in the morning.

Insomnia is rarely a “primary disease”—meaning an isolated medical or mental illness—but rather a symptom of another illness to be investigated by a person and their medical doctors. In other people, insomnia can be a result of a person’s lifestyle or work schedule.

One in 20 Americans is prescribed a medication with the sole purpose of improving their sleep. However, it can be dangerous to take a medication to improve one’s sleep without further investigating the underlying cause of the symptom with one’s doctor.

### Insomnia related to a mental illness

More than one-half of insomnia cases are related to depression, anxiety or psychological stress. Often the qualities of a person’s insomnia and their other symptoms can be helpful in determining the role of mental illness in a person’s insomnia. Early-morning wakefulness can be a sign of depression which may also be associated with poor energy, impaired concentration, depressed mood or “sadness,” and a change in appetite or weight. On the other hand, a sudden dramatic decrease in sleep which is accompanied by increase in energy, or the lack of need for sleep, may be a sign of mania, (e.g., bipolar disorder).

Many anxiety disorders are associated with difficulties sleeping. Obsessive-compulsive disorder (OCD) is frequently associated with poor sleep. Panic attacks during sleep may suggest a panic disorder. Poor sleep resulting from nightmares may be associated with posttraumatic stress disorder (PTSD).

### Insomnia related to a medical illness

Many medical conditions can result in insomnia. The following is a list of some common conditions that are associated with insomnia: cardiac and pulmonary conditions (e.g.,

asthma, heart attacks), neurological diseases (e.g., epilepsy, dementia), urological diseases (e.g., kidney stones), endocrinological conditions (e.g., menopause, thyroid disease) and allergic and dermatologic diseases (e.g., seasonal allergies).

## **Medical evaluation of insomnia**

A thorough investigation of insomnia may require a multidisciplinary approach. Most people will begin by asking their primary care physician about their insomnia. These doctors will likely ask their patients to keep a “sleep-log” or a “journal” that describes their sleep pattern over the course of days and weeks. It may include time spent in bed, time spent napping during the day, time asleep at night, and other information.

## **Treatments for insomnia**

A complete list of treatments is beyond the scope of this review; however, a brief overview of some of the common treatments for insomnia will be discussed here. Insomnia can be very difficult to treat and many people may find that they use multiple treatments (e.g., both medication and therapy) to decrease their insomnia.

*Improving Sleep Hygiene*—this is a “first-line” treatment of choice for most people with insomnia. Improving the way you sleep is vital to getting good sleep. *Check out the insomnia Web section on NAMI website for ideas.*

*Relaxation Techniques*—these may be helpful in helping people to feel “ready to go to sleep” and in decreasing the anxiety experienced by many people with insomnia associated with falling asleep. A few different relaxation techniques include deep breathing, progressive muscle relaxation and mindfulness.

*Psychopharmacology*—many psychiatric drugs are used to promote sleep in people with insomnia. One should be careful regarding the risk of becoming “over-sedated” by using other drugs and alcohol when taking some of these medications.

*Talking Therapy*—this can include traditional talking therapy (e.g., psychotherapy) as well as cognitive and behavioral techniques, including cognitive behavioral therapy (CBT).

*Other Treatments*—some people find that light therapy (e.g., phototherapy) is useful in the treatment of their insomnia. This can be specifically helpful in people with a condition called “delayed sleep phase syndrome.” Biofeedback and hypnosis are useful in reducing insomnia for some people but these and other treatments are not discussed here for various reasons.

*Reviewed by Jacob L. Freedman M.D. and Ken Duckworth M.D., September 2012*

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