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Sleep Hygiene Michael Lyles M.D.

49% of adults admitted to having difficulty sleeping at some time in the “Sleep in America” study. Another study documented that 10% of respondents had insomnia lasting more than 2 weeks. Despite the large prevalence of these problems, only 6% consulted a medical professional for help primarily with insomnia. 70% of these persons never discussed it with a health professional. This is unfortunate as sleep is very vital to both physical and mental well being.

Insomnia is defined by difficulty falling asleep and /or staying asleep. The person may sleep a reasonable number of hours but not feel refreshed upon awakening- also called “non-restorative sleep”. In any of these scenarios, the individual always has next day consequences that may include difficulties with concentration, memory, functioning with daily tasks or relationship problems. There’s an increased risk of pain syndromes, poorer general health and increased risk of accidents. Job performance suffers independent of increased absenteeism. Particularly troublesome are the increased risks for psychiatric disorders that are attendant to having insomnia.

Psychiatric disorders are present in 40% of those with insomnia compared to 16% of those with normal sleep. Major depression, all anxiety disorders, alcohol abuse and drug abuse are greatly over-represented in insomniacs. While insomnia can be the by-product of psychiatric illnesses such as depression, some have theorized that chronic insomnia could be a precipitant for these problems. This is suggested by studies that have indicated that individuals had persistent insomnia for months before developing any psychiatric symptoms. One theory suggests that our brains shut down during sleep to replenish itself and make neurotransmitters such as serotonin, dopamine, and norepinephrine. One has to stay asleep for a reasonable amount of uninterrupted time in order to complete this process-similar to downloading a file from the Internet. You have to stay connected in order to complete the process. One has to stay asleep in order to properly make neurotransmitters. Thus a pattern of chronic insomnia could render us at risk for neurotransmitter deficiency states such as depression and anxiety, because of synthesis problems.

Many variables can contribute to insomnia. Formal sleep disorders such as sleep apnea, narcolepsy or restless leg syndrome should be considered. Stress is the most common cause of insomnia. Medical etiologies include asthma, thyroid disorders, hypoglycemia, pain syndromes, prescription and over the counter drugs (decongestants, cough syrups,

steroids, theophylline, antidepressants, etc.), arthritis, Parkinson's disease, excessive caffeine, nicotine and alcohol intake. Jet lag and jobs that involve rotating shifts can disrupt sleep hygiene. Depression and any anxiety disorders can have insomnia as a prominent symptom.

Treatment of insomnia begins with good sleep "hygiene"(see below) and an appropriate examination of potential emotional, spiritual, medical and psychiatric causes of the insomnia. Nonpharmacologic approaches include challenging the patient's problematic beliefs about sleep (cognitive therapy), reducing bedtime arousal (relaxation therapy), limiting time spent in bed (sleep restriction) and associating the bedroom with sleep or sexual activity – not work (stimulus control).

Pharmacological options include sedating antidepressants such as trazodone (desyrel), serzone, remeron, elavil (amitriptyline) or sinequan(doxepin). Side effects can include dry mouth, urinary hesitancy, constipation and increased appetite. Short acting benzodiazepines such as xanax (alprazolam) and ativan (lorazepam) work well but are potentially habit forming. Hypnotic sleeping pills such as ambien, lunesta sonata, halcion and restoril work well but are designed for short term use (days to weeks – preferably not months) although they are often used longer. Antihistamines are used in over the counter sleeping pills and can cause blurred vision, dry mouth and daytime sedation. Neurontin and klonopin are used as sleep aids but can cause fatigue and daytime sedation. Herbal products such as kava kava, valerian root and melatonin are used with increasing warnings about interactions with prescription medications. With sleep, prevention is far superior to all of the treatments.

Improving Sleep Hygiene

1. Go to bed at the same time each night
2. Limit the amount of time spent awake in bed-get up if you can't sleep and try again later
3. Limit napping unless you are a shift worker or elderly
4. Do not exercise or drink alcohol immediately before bedtime
5. Avoid looking at the clock after going to bed
6. Make sure that the sound, lighting and temperature of the room works for you
7. Find what relaxes you prior to bedtime-prayer, meditation, listening to music, etc.