

INSOMNIA

A brief overview of insomnia by Dr Gordon Coates

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"I CAN'T... SLEEP..."

Can't go to sleep. Can't stay asleep. Don't sleep deeply. Don't sleep well. Wake up early. Wake up still tired. Wake up feeling anxious. Wake up feeling depressed. The list goes on...

How often have you heard, or thought, one or more of those complaints? There are so many things that can interfere with sleep, that I sometimes wonder how we ever get any at all! Occasional sleep problems are perfectly normal, of course, but insomnia can be a terrible thing if it is frequent or severe.

WHAT IS INSOMNIA?

Insomnia is usually defined as the subjective complaint of an insufficient amount *or* quality of sleep. It is the commonest significant sleep disorder, unless non-obstructive snoring is considered significant, in which case insomnia becomes the second commonest significant sleep disorder. (Other sleep disorders, such as obstructive sleep apnoea, restless legs syndrome and sleepwalking, are not covered in this article. Most large cities have at least one medical facility dedicated purely to severe sleep disorders - and severe sleep disorders should always be managed by a sleep specialist if at all possible.)

Insomnia is usually subdivided into difficulties falling asleep, mid-sleep waking, early-morning waking and unrefreshing sleep. In practice, there is quite a lot of overlap between these various categories of insomnia. In fact, some people have all of them at once! Insomnia may also be described as transient (a few days) short-term (a few weeks) or chronic (months or years).

Most of the simple remedies described in this article can be applied to any type of insomnia. However, insomnia sometimes has a very specific underlying cause, which may need to be treated before simple remedies can help very much. There are many possible underlying causes for insomnia. Some of them are

psychological in nature, which is hardly surprising. However, various physical illnesses can also cause insomnia.

I will not be discussing any specific underlying causes of insomnia in this article, but the fact that they exist, means that medical assessment is always necessary if severe insomnia fails to respond to simple measures. I will comment very briefly on that scenario under the next heading, but after that I will concentrate on a variety of simple and effective approaches to insomnia which can be tried before seeking medical advice, and which can also be used when a specific underlying cause of insomnia is not completely cured by medical treatment.

MEDICAL ASSESSMENT OF INSOMNIA

Medical assessment of insomnia can be important for two reasons. Firstly, if insomnia is due to a medical illness, it may be difficult or impossible to relieve it until that illness has been treated. Secondly, if the underlying illness is a serious one, failure to diagnose it in good time might result in a worse, or even fatal, outcome.

However, as discussed at the end of this article, medical assessment of insomnia quite often leads to a prescription for sleeping tablets *before* non-drug management has been fully explored. Therefore, when insomnia is the only symptom, there is much to be said for trying "sleep hygiene", which is my next heading, in the first instance.

SLEEP HYGIENE

Sleep hygiene got its name by analogy with plain vanilla hygiene. The principles are the same, only the details are different. Just as washing your hands helps to keep health-destroying germs out of your food at mealtimes, removing work or hobbies from your bedroom can help to keep sleep-destroying thoughts out of your mind at bedtime. Just as a thorough redesign of a village's water supply and sewerage systems can have a

tremendous influence on both length and quality of life, a thorough redesign of various aspects of daily life can have a tremendous influence on the length and quality of sleep.

In other words, sleep hygiene is very simple in concept – it just means avoiding things that make you less likely to have a good night's sleep, and doing things that make you more likely to sleep well. However, as with most things, the concept can be expanded, and the details can be important.

There are various ways to set out the many different aspects of sleep hygiene. I will start with three simple tricks, just because they are simple. Then I will look at sleep hygiene in a little more detail. At the end of this article, I will mention a few ideas, derived from about four decades in medical practice, about the pros and cons of sleeping tablets.

Simple Tricks

Firstly, the simplest treatment that could ever be devised for any condition (and one that is very dangerous for some conditions) is sometimes remarkably effective in the case of insomnia. What is that treatment? That treatment is simply to *ignore it altogether!* The less you worry about insomnia, the less it is likely to worry you. Although it may seem like trivialising a real problem, this approach actually works very well for some people. Just as an itch usually recovers sooner if you don't scratch it too much, and a worry usually subsides sooner if you don't chase it round in endless circles, insomnia often departs sooner if you don't treat it as a major disaster.

Secondly, it is sometimes possible to *educate* insomnia out of existence! As the amount of sleep needed by healthy people varies very widely (anywhere between four and nine hours per night) some people *think* they have insomnia, when they really just need less sleep than they are trying to get. This type of "imaginary insomnia" can be cured completely, simply by going to bed later or getting up earlier!

Thirdly, it is always a good idea to restrict your time in bed to the number of hours you have some chance of spending asleep. Otherwise, you may be tossing and turning in frustration, without gaining anything but that frustration. Sometimes, though, an even greater restriction of the time in bed is recommended, in order to make use of tiredness as a tool to establish better sleep habits. However, when that is done, *great care* must be taken to avoid accidents as a result of the deliberately induced tiredness.

Those are probably the three simplest things you can do for insomnia, and they are usually worth trying fairly early in the overall effort to improve matters. To recap them, you can *ignore* insomnia, you can *redefine* it, or you can *use* its inevitable effect, tiredness, as a tool with which to fashion its cure.

If none of those simple tricks work, there are *many* more things that can be tried. I will consider a number of these things during the rest of this article. Sleep specialists have an even broader repertoire, but perhaps you will find an effective solution here...

When simple tricks do not relieve insomnia...

Assuming that a medical cause has been excluded, or will be sought if necessary, the main aspects of a comprehensive approach to sleep hygiene can be looked at from the following three angles:

- **The physical characteristics of the place where you sleep**
- **The emotional associations of the place where you sleep**
- **The personal factors which may be keeping you awake**

I will look at each of these three aspects of sleep hygiene in turn.

1. Physical Environment

The place where you sleep can often benefit from some attention. Is it noisy? Is it too hot or too cold? Does it smell of mould, mothballs, or the dustbins outside the window? Is it illuminated by nearby streetlights – or worse, by flashing lights? Are buzzing

flies or whining mosquitoes disturbing your peace? Is the bed too hard, too soft, sagging, or sloping? Are your bedclothes and garments comfortable?

Many of these physical aspects of the place where you sleep can easily be improved, *once you think of them*. For example, external noise can be reduced by earplugs. Light from outside can be reduced by opaque curtains, but an eye mask (also called a sleep mask) is sometimes simpler and more effective. With a little imagination and common sense, you can do a great deal to make your bedroom an easier and more pleasant place to sleep in.

2. Emotional Associations

If your bedroom is a multipurpose room, being in it will have associations which may not be at all conducive to sleep! Instead, the bedroom may be strongly associated, in your mind, with the other activities it is used for.

Perhaps your computer is a few feet away from your pillow, with the hard copy of a current assignment sitting next to it. A half-completed jigsaw puzzle might be waiting impatiently on its other side... or perhaps a neglected DIY project languishes on the same table.

For reasons such as these, it is often better if your work and hobbies take place in rooms other than the bedroom. Indeed, it is often stated axiomatically, by sleep specialists, that a bedroom should be used *only* for sleep and sex. Presumably not simultaneously.

Despite this widely held view, there is scope for quite a lot of individual variation in the use of the bedroom. Many people are able to read a book in bed, and still sleep soundly thereafter - though horror stories might not be the best choice! Soothing music should not cause any problems, either - but loud or exciting music often does.

Incidentally, if tinnitus (a noise in the head, or a ringing in the ears) keeps you awake, a recording of a waterfall or a babbling brook, played continuously through the night by setting the player to Repeat, and just loudly enough to mask the unwanted noise, can be extremely helpful.

Using a bedroom for audio-visual entertainment such as television is sometimes more of a problem than playing music or reading, as it tends to capture more attention, and thus induce higher levels of alertness. However, some people sleep soundly without even turning the television off! The important thing, of course is the effect it has on you. That can best be discovered by experiment.

3. Personal Factors

This aspect of sleep hygiene relates to how you *think*, *feel* and *act* in relation to sleep, and how those things influence the ease, quality and duration of your sleep. This can all add up to quite a large number of influences on your sleep! They can all have delayed effects, too, so it is not just a matter of how you think, feel and act while you are in bed.

How you think, feel and act, especially during the evening, is therefore very important. Your general physical and emotional health, and indeed your overall lifestyle, also have important effects on sleep. In other words, this third aspect of sleep hygiene, which I have simply called "personal factors", is a very, very broad one!

Perhaps the most important personal factor of all – and indeed, perhaps the most important thing about sleep hygiene altogether – is the simplest one. It belongs a little further down the page, but I will mention it here as well, because it is so important. ***Never try to go to sleep*** – instead, just let sleep come to you. Trying to go to sleep is a sure way to stay awake!

Does that mean that there is nothing you can do to get a better night's sleep, or to reduce the delay before you drift off?

Certainly not! It simply means that the many things which you *can* do are all done *before* sleep occurs. The final step is simply letting go and allowing sleep to arrive - now that you have stopped driving it away!

It is easy to see that general changes in health, lifestyle, thought, feeling and action during everyday life are preparatory in nature. However, the same applies when you are in bed. There are many things that you can do while lying in bed, to set the stage for sleep. Some of them are very powerful in their effects. Nevertheless, setting the stage is all they can do.

When it comes to sleep, you are not the actor - sleep is. And sleep always makes its entrance in its own time, never at your command. It is a bit like photographing a bird - the more patiently and quietly you wait, the sooner you will be successful. Bearing that in mind, let us now construct a simple, practical program to get you sleeping like a happy, healthy baby!

SLEEP HYGIENE IN PRACTICE

The process of setting the stage for sleep can be conveniently divided into the preparatory work done at times when you are *not* in bed, and the techniques you can employ when you *are* in bed. I will start with some general suggestions about the former times.

Sleep hygiene when you are *not* in bed

The daytime is the right time to address many issues which might otherwise reduce your chance of falling asleep quickly and sleeping well. Many minor illnesses can do this. It could be something as simple as a bladder infection, causing frequent trips to the toilet. Or it could be something less obvious, such as an undiagnosed depressive illness.

The possible causes of insomnia are many and varied, and, as mentioned above, medical assessment is always necessary if sleep hygiene fails to cure insomnia. Apart from specific

illnesses, general health and lifestyle are also very important. For example, excess food and drink, lack of exercise or the use of unnecessary and/or harmful drugs can easily cause various sleep disturbances, including insomnia. This is especially likely when the deleterious activity occurs within a few hours of bedtime.

Some things which are such a routine part of everyday life that we rarely think much about them can also be very important. Coffee, tea, caffeinated soft drinks and chocolate are enjoyed frequently by many people. During a long drive, they might even save your life! However, too much of any of these, especially after about midday, can wreak havoc with your sleep. Some very healthy activities, such as physical or mental exercise, can also interfere with sleep if undertaken too close to bedtime.

Unresolved worries, such as important decisions which need to be made but remain unclear, are another common source of trouble. In order to resolve such worries, it often helps to write down all the options, add a list of pros and cons to each, and discuss them with whoever is affected by the decision – as well as with one or more other people, unless the matter is private.

This approach to problem solving can be expanded to "mind mapping" by using a very large sheet of paper (or one of many software programs) to show the many related ideas, subjective responses and "lateral" thoughts you may have about any difficult issue. Adding to such a map over time will not only show how complicated the problem is (which should be reassuring, seeing that you couldn't solve it quickly) but will often lead, eventually, to a good decision. Always remember that your decision does not have to be the only decision, or even the best one. It just has to be your current choice – until or unless you decide to revise it.

Even when there are no major unresolved issues, most of us carry some background stress and grief most of the time. An overall approach to the problems of stress and grief is discussed at great length in my first book, "Wanterfall", which proposes a

unified origin for all human emotions and outlines a simple, practical approach to dealing with them.

If you are not reading this article at the Wanterfall eBooks website, you can freely read or download "Wanterfall" and other books and articles aimed at improving health and wellbeing at <http://www.wanterfall.com>. Dealing more effectively with stress and grief is ultimately the most powerful way of relieving insomnia. However, it requires a long term commitment to the "wanterfall work" described in the book mentioned above. In the meantime, improved sleep hygiene can achieve a great deal.

Sleep Hygiene when you *are* in Bed

The most important aspect of sleep hygiene in bed was mentioned above, in the introduction to Personal Factors. However, I will discuss it at more length here, where it belongs. ***Don't ever try to go to sleep.*** The act of trying to go to sleep just keeps you awake – so it is completely counterproductive. In fact, I strongly suggest that you don't even ***think*** about going to sleep while you are lying in bed.

In any case, as I hinted at earlier, the phrase "going to sleep" is a prime example of an "oxymoron". In other words, it contradicts itself! You cannot *possibly* go to sleep. You don't even know where it is! Nobody ever went to sleep. Sleep comes to you. Of course, we all *talk* about going to sleep. As a figure of speech, there is nothing wrong with it at all. However, it is absolutely essential to remember that it is a *passive* process, *never* an active one.

Apart from the crucial realisation that sleep is yours to accept, but *not* to command, what else is helpful, when you are lying in bed awake? The answer is that you can do a great deal to encourage sleep, while you lie in bed awake. Here are some of the things that you can usefully do.

First of all, when you get into bed, *get comfortable*. Some aspects of comfort in bed have already been considered, under

Physical Environment, but once you get into bed you will soon discover any problems which were not solved in advance. Simply do whatever is necessary to optimise your comfort, as soon as you get into bed.

When you are as comfortable as possible, take a few deep, slow breaths. Check that your abdomen is moving as you breathe, as well as your chest. If not, let go your tummy muscles and give your lungs room to breathe! Once that is achieved, just let your breathing do whatever it will – take no further part in it at all. (If you know a relaxing breathing exercise, you could do it for a while, but let it go as soon as it has done its job.)

Now, when you are in bed, you are obviously lying on a surface - usually a mattress. Imagine that you are sinking gradually into it – just far enough to feel fully supported by it, but not far enough to feel smothered by it. Alternatively, imagine that you are floating – maybe in water, maybe on a cloud. Every part of you is limp and heavy, and is fully supported, effortlessly. Just leave this idea and image in your mind in a lazy sort of way, without putting any effort into it at all.

Whenever you notice that you are thinking about something specific, *very gently* let it go – over and over again, if necessary. However, if it is something that you don't want to forget, just switch on the light briefly and write yourself a reminder, so that you can safely leave it alone until tomorrow. Getting up like that for a minute keeps you awake for a few minutes; staying in bed with a nagging thought might keep you awake all night.

If you still have difficulty letting go of your thoughts, you can try replacing the thoughts that are keeping you awake with a single, very boring thought. Here is one, often suggested by sleep specialists, that would send a manic wildcat to sleep (so *do not* try this while driving). This is what to think:

favourite stage setting techniques, there is no need to get up (until morning). If, on the other hand, you have been lying in bed for about half an hour and you feel distressed about not being asleep, it is MUCH better to get up for a while.

If you do get up in this situation, avoid bright light, caffeine and any activities that increase alertness. Do something pleasant, but not energetic, *in another room*, until you begin to feel tired or sleepy. Then, simply return to bed and resume one of the techniques outlined above.

Getting up for a while in this way prevents you from forming, or strengthening, an association between lying in bed and endless frustration. That would be counterproductive. The aim of sleep hygiene is to improve your chance of a good night's sleep - not to make yourself miserable in the attempt! On the other hand, as mentioned above, if you are quite content lying comfortably in bed, then there is no need to get up at all.

Some Other Helpful Hints

There are many other helpful hints, which are often recommended by sleep specialists, and which can contribute to improved sleep hygiene. I will list some of them here:

- Avoid alcohol, tea, coffee, caffeinated soft drinks, chocolate, nicotine, much food or much fluid at or near bedtime
- Avoid mentally stimulating activities at or near bedtime
- Avoid daytime naps, or sleeping late, if at all possible
- Set a regular bedtime, and try to stick to it
- Ideally, set bedtime sometime between 9 and 11 pm
- Set a regular alarm, allowing no more sleep than you need
- Turn your alarm clock around, so you can't check the time during the night
- Exercise daily, but do so at least a few hours *before* bedtime

- Try allotting a "worry time", at least a few hours *before* bedtime
- Get some exposure to bright light every day, especially in the mornings
- Develop a standard ritual of preparation for bed (e.g. brushing teeth and checking that appliances are turned off and doors and windows are locked)
- Experiment with warm milk drinks, camomile tea, etc at bedtime
- Have a hot shower or bath before going to bed (this raises the body temperature slightly - and sleep is induced as it falls again)
- Learn some simple stretching and breathing exercises which are suitable for bedtime use (some stretching and breathing exercises encourage sleep, while others have the opposite effect, so it might be worth considering a few yoga classes)

SLEEPING TABLETS

Perhaps you have been wondering why I have spent so much time writing about insomnia, without mentioning sleeping tablets. Well, I have left sleeping tablets until last for one simple reason. Having practised medicine now for some forty years, I am absolutely convinced that sleeping tablets are the *last* thing that a person with insomnia should have on their list of possible remedies!

I do not mean that sleeping tablets should not be *on* the list. Of course they must be on the list - they can be very useful in a number of (very specific) situations. I simply mean that everything else should be tried *first*, and sleeping tablets can then be considered, last of all.

However, it is a bizarre and often sad irony that this *last* thing is sometimes the *first* thing suggested by a doctor, when a patient complains of insomnia. It is not uncommon for doctors to feel

pressured (and indeed, they sometimes are) to provide a quick and easy solution to the common complaint of insomnia. Only the prescription pad can achieve such a quick fix, but the cost is sometimes much higher than either the doctor or the patient expects.

Of course, an important part of the art of medicine is to lead patients in the direction of the *best* solutions to their problems, which are quite often *not* the easiest ones. However, we doctors are just as susceptible to subconscious influences as anyone else, and it has been my experience that various non medical factors, including the advice, gifts and free samples received from "drug reps", the apparent desires and expectations of our patients, and the inevitable time constraints of a busy clinic, can all too easily have an adverse effect on medical decision making.

Well, be that as it may, perhaps you will one day find yourself taking sleeping tablets, and perhaps they will help you to sleep. However, it is important to remember that there is no such thing as a sleeping tablet that has no adverse effects or potentially dangerous interactions with other medications, alcohol or recreational drugs.

The possibility of such adverse effects or interactions persists for as long as the tablets are taken. However, the desired effect, which is usually very helpful at first, diminishes progressively, becoming very weak after about three months.

By that time, you may have developed great faith in the medication. In that case, it may appear to remain effective - such is the power of suggestion. If not, it is quite likely that you will be advised to increase the dose, or perhaps to change to "something stronger". The same problem may then recur, after about another three months; and again... and so on.

As the dose or strength of the tablets increases, the adverse effects can sometimes become very considerable - even though the *desired* effect is decreasing. However, the adverse effects

may not be recognised as being due to the "safe and effective" sleeping tablets that you have been taking for some time...

Unfortunately, by the time these problems are recognised, you will probably have developed considerable "physiological addiction" to the medication, so that **it is not safe to withdraw it suddenly**. In addition, a powerful psychological addiction can also occur in some cases.

At about the time that I graduated as a doctor, it was hoped that the transition from barbiturate sleeping tablets to "benzodiazepines" would solve most or all of these problems. Unfortunately, it did not. Instead, it simply modified them in various ways. In fact - and this will probably surprise you, but a little Googling will soon confirm it - the "withdrawal syndrome" that occurs when a benzodiazepine sleeping tablet is stopped suddenly after long term use at fairly high dosage is more dangerous than sudden withdrawal from heroin.

In other words, if you received the same quality of care in each case, you would be more likely to die while withdrawing from the commonest sleeping tablets prescribed by doctors at the time of writing (2009) than if you were withdrawing from a serious heroin habit. Perhaps that is not a reason to avoid the use of sleeping tablets altogether, but I think it is food for thought...

What about the very latest and best sleeping tablets? New sleeping tablets have been introduced from time to time, and most of them have been approximately as safe as those of the previous generation. They have usually brought a few new problems with them, while lessening some of the old ones. However, they have *always* been described, usually with considerable fanfare, as "safe and effective – at last"!

It is possible, though not certain at the time of writing, that the synthetic hormone analogue *melatonin* may find a useful place in various situations where causative factors, such as shift work or jet lag, are known to exist. However, if that is the case, it will

be an example of a specific treatment aimed at a specific cause - which is quite different from the non-specific use of sleeping tablets when the cause is not known, or has not been adequately treated.

I hope you will not mind too much if I conclude this article, which has addressed a very serious subject, on a slightly humorous note. I mentioned earlier that a potentially severe withdrawal syndrome can follow the sudden cessation of something to which a person has become accustomed. In my own case, I am delighted to be able to report that, after thirty-five years of near total abstinence from the pleasant company of drug reps, I am no longer missing all the free pens, notepads, executive desk toys, food, wine and jelly beans. It wasn't so easy at first, though...

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