

INSOMNIA

SLEEPLESS IN BC

If sleep knits up the ravelled sleeve of care,
then a sizeable segment of the population is coming unwound.

Surveys show that while *everyone* has problems sleeping sometimes, *1 out of every 3 or 4* individuals have recurring or regular sleep problems. *Approximately 13% of the population suffers from insomnia* (or more scientifically DIMS, disorders of initiating and maintaining sleep), *9% from parasomnia* (disorders such as sleep-walking, sleep talking, night terrors, nightmares and bedwetting) and *3% from hypersomnia* (sleeping too much). This newsletter discusses only insomnia.

The most common causes of sleep disorders are psychological (eg worry or stress). Then there are the occasional insomniacs who have trouble sleeping because of caffeine, alcohol or bad sleep habits. One study found that alcohol or other drug dependencies were the primary cause of insomnia in over 12% of patients. Sleep clinicians have also found that many types of stimulants, sedatives, certain types of thyroid drugs, contraceptives, depressants and heart medicines can lead to insomnia.

Some causes such as jet lag or a baby crying in the middle of the night are beyond our control. However, most causes are controllable. The first step is to realize that not only can we exert control over our waking life, but we really can exert influence over our sleeping life too.

Treatment

Therapy

Treatment for psychologically based insomnia is commonly some form of behavioral therapy. This includes learning **good sleep hygiene** - having a dark, quiet well-ventilated bedroom with a comfortably firm mattress.

Before going to bed, insomniacs are encouraged to relax - avoid studying, completing office work or doing anything demanding. If you have sleep problems, the bed should only become associated with sleep (and sex) - not watching television, reading, eating or worrying.

Therapy can also include progressive muscle relaxation or personalized relaxation tapes. Relaxation techniques are straightforward and easy to learn.

Medication

Medication given for insomnia includes- benzodiazapines (eg Valium, Ativan), barbiturates (eg Seconal) and antihistamines (eg Sominex). These **hypnotics** can be useful in the short term especially if the insomnia results from a traumatic incident. They are safe as long as you adhere to the prescribed dosage. But over time, some people may increase their tolerance (require more to achieve the same effect) or become addicted.

Researchers have firmly established that while sleeping pills appear to promise better sleep, they actually lead to shallow, fragmented, disturbed sleep and frequent early morning awakenings. Individuals often turn to pills when they feel trapped by insomnia. But in doing so should be aware that the relief they experience has been described as **borrowed sleep** that must be returned through **rebound insomnia** when the drugs are withdrawn.

Clinics

Treatment is also available from private therapists or sleep disorder clinics. In Vancouver, sleep disorder clinics are available at the University of British Columbia Health Sciences and the Richmond Hospital. To be admitted to a sleep disorder clinic you must be referred by your physician.



Self-Treatment

Here are some tips for those who have difficulty sleeping-

Before you go to bed -

- Go to bed and get up on the same schedule every night of the week. This will help to set your body clock. Napping when you come home or trying to catch up by sleeping late on weekends is not helpful.
- Create an environment in your bedroom that is conducive to sleep. This includes keeping the room cool, dark, and uncluttered. White noise, earplugs and eyeshades can help block out distractions.
- Finish eating three hours before bedtime. It is helpful to avoid spicy foods and alcohol after supper. It is also helpful to abstain from caffeine (this includes cola and chocolate) in the evening.
- Turn off the computer and the TV a half hour before bed time. Now is the time to engage in some quieting activity such as listening to soothing music or light reading.

Once in bed -

- Count Sheep - an old trick that actually works. The soothing repetitive activity distracts both sides of the brain. The right side sees the images- the left side does the counting. The result is you bore yourself to sleep.
- Alternately tense and relax your muscle groups, progressing from toes up to shoulders. Tighten for 10 to 15 seconds, then release for 15 to 20 seconds.
- Take five deep breaths. With each deep breath, say to yourself, *I am getting more relaxed, peaceful and serene. I am slowly falling asleep.* Concentrate on this message.
- Imagine yourself strolling through a meadow or sitting near a babbling brook.



If after 20 minutes none of these suggestions have worked, then get out of bed. Leave the bedroom and go do some quiet and passive activity. For example, go back to listening to music.

Before returning to bed you might try the following-

- Drink warm milk or herbal teas before going back to bed. (Like certain other foods, milk is rich in Ltryptophan, an amino acid that makes you sleepy.)
- Many feel that Benadryl, or similar over the counter medications, are okay once or twice, but you should discuss this with your doctor.
- Take a warm bath to make you drowsy. It sends blood from the brain to the skin. Baths that are too cold or too hot can have the opposite effect.
- Write down (ignoring the grammar or the fact it does not make sense) what is on your mind. The very act of writing allows you to gain more control over your thoughts.

Experiment with these suggestions, repeating what you find useful. The emphasis is on the word repeating. Significant change will only occur with sustained effort.

Have a good night's sleep.

YOUR LOGO

For confidential assistance
Brown Crawshaw 1.800.668.2055
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