



## Sarah Says: What You should know about INSOMNIA

Insomnia is any difficulty in falling asleep or staying asleep or disturbed sleep pattern that results in insufficient sleep.

Insomnia is a common symptom - about 50% of the population has significant insomnia at some time in the course of their lives. 10% of the population suffers from chronic insomnia.

There are two ways to classify insomnia - primary insomnia is long standing, and having little to no connection with an outside cause such as an emotional or physical problem. Secondary insomnia is more common and is defined as insomnia that is the result of an identifiable cause such as an emotional or physical problem (including pain), or with the use of drugs, medication or alcohol.

There are several ways that patients experience insomnia:

- initial insomnia (difficulty in falling asleep) - commonly due to erratic sleep patterns (staying up all night, daytime naps, etc), anxiety, and use of stimulant drugs including caffeine and nicotine.
- terminal insomnia (early morning wakening) - often seen in depression and grief. Also due to excessive use of alcohol (withdrawal effects and restlessness with wakening.)
- sleep rhythm reversals (disruption in circadian rhythm) - commonly observed with jet lag, night shift workers (or staying up all night to do school work), and misuse of sedatives.

If the symptoms of insomnia persist, evaluation by a medical professional may be necessary. Usually, medical assistance is recommended when insomnia is chronic (> 2 weeks) or when the effects of the sleep disturbance (day time sleepiness, mood changes, physical debilitation) begin to interfere with daily baseline functioning in social, personal and/or academic settings.

A diagnosis of insomnia can be made by looking at a person's sleep habits and work habits. Drug, alcohol and tobacco use should be evaluated. The presence of medical illness and/or emotional disturbance (anxiety, depression, etc) will be explored. An assessment of diet and exercise may shed light on an underlying cause of sleep disturbance. An irregular work and social schedule, particularly on weekends may contribute to a student's sleep disturbance. If no cause can be identified as contributing to a patient's insomnia, then primary insomnia may exist and referral to a sleep expert may be necessary.

The treatment of insomnia depends on the underlying cause. In general, life style issues are addressed at the same time that medical interventions are considered. There are a myriad of ways to improve one's "sleep hygiene":

- regular sleep schedule
- regular bedtime routine
- regular exercise - during the day, night time exercise can lead to physical stimulation
- sleep conducive "nutrition" - avoid alcohol, caffeinated beverages or food
- avoid stimulants - medications (eg/Ritalin, Adderall, and others), drugs, nicotine
- avoid nighttime diuretics
- sleep conducive environment - probably difficult to achieve on a college campus, but attempt to avoid studying, eating or activities such as watching TV in bed.
- relaxation - reserve a relaxing activity for bed time - warm bath, pleasure reading or relaxation techniques (visual imagery, muscle and breathing exercises, meditation)

For insomnia due to emotional difficulties such as depression, anxiety or other stressor (family problems, academic pressure, interpersonal difficulties, etc) a brief psychotherapy treatment may be helpful. Often, just the assurance that insomnia is a treatable and limited condition is helpful to diminish the anxiety around impaired sleep. Underlying emotional difficulties and/or psychiatric disorders can be identified and addressed within a supportive, exploratory psychotherapy. Insomnia due to grief or loss can improve in a supportive and compassionate therapeutic setting.

Sometimes, medication is necessary to interrupt a disturbed sleep pattern. When the patient's insomnia is due to an underlying depression, anxiety or other psychiatric disorder, medications such as an antidepressant or mood stabilizer may need to be prescribed. By treating the primary cause, the symptom of insomnia should resolve as the psychiatric disorder responds to medication. In other cases, when there is no primary psychiatric disorder, but where circumstances are contributing to a sleep disturbance (such as grief, stress without an anxiety disorder, or with a life stressor such as a break-up from a significant other) sleeping medication may be appropriate. Newer prescription sleep aides such as Ambien and Sonata are physically non-addictive and are prescribed sparingly for no longer than one month while under the observation of a physician or nurse practitioner. Prolonged use of any sleep aide can lead to emotional and behavioral dependence and can obscure improvement from other interventions.

One caution about the use of over the counter (OTC) sleep aides. Infrequent and prudent use of OTC medications that usually contain Benedryl is sometimes adequate for a brief episode of insomnia (one or two nights.) However, prolonged use of Benedryl can lead to day time drowsiness and rebound wakefulness, constipation, urinary retention, dry mouth, blurred vision, orthostatic hypotension (dramatic drop in blood pressure when changing positions) and agitation.

Melatonin: this is a naturally occurring hormone, released by the pineal gland at night and is closely linked to the body's circadian rhythm. Melatonin causes the body to relax, feel less alert and therefore promotes the state of sleep readiness in healthy persons. It

has been used as an aide in resetting sleep patterns. Sleep experts do not recommend melatonin use in healthy individuals. Research suggests that exposure to bright light in the morning (which “shuts off” melatonin production by the pineal gland) is more effective than supplementing melatonin in resetting the circadian rhythm. Some medical sources point to the lack of government regulation in available melatonin preparations as a concern for patients who self prescribe this hormone. The long term effects of taking melatonin have not been documented.

Sarah Lawrence College Health Services