

Sleep Well:

A Guide to Beating Insomnia and Getting a Good Night's Sleep



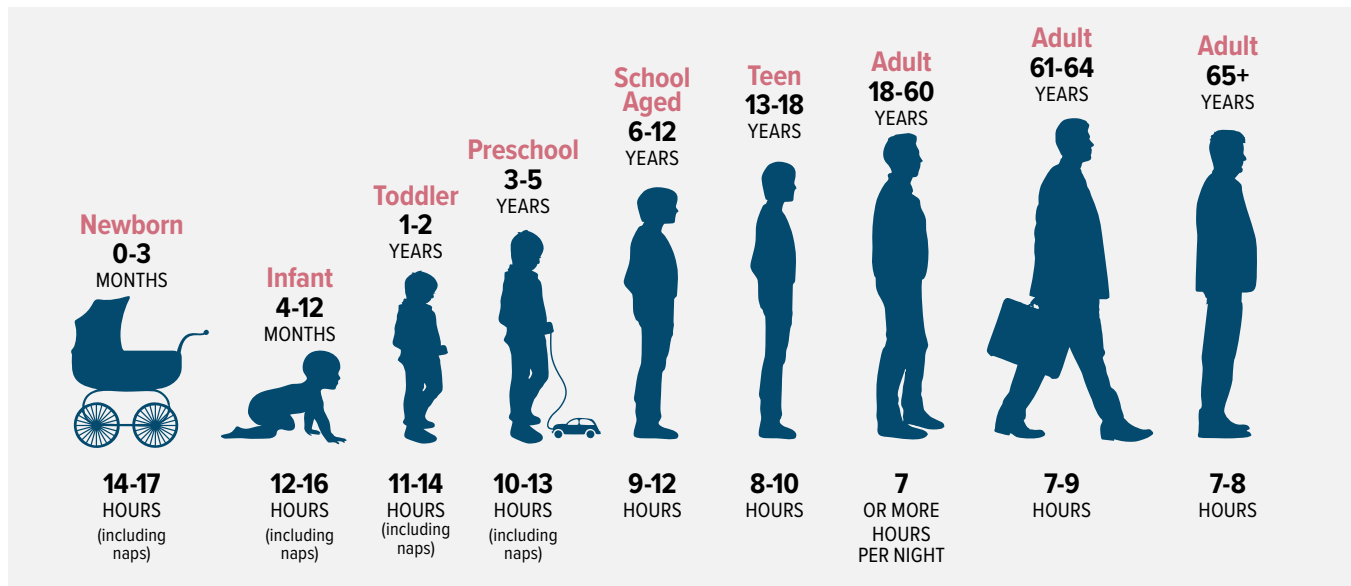
Sleep is very important for our overall physical and mental health. For adults, getting good sleep requires going to bed and waking at about the same time each day and sleeping for about the same amount of time most nights. Most adults need at least 7 hours of sleep each night (Figure 1). Too little sleep or poor sleep can lead to accidents, injuries, illnesses, and missed work and can affect your mood and relationships.

Sleep should make you feel refreshed, with no signs of poor sleep during the daytime, such



as drowsiness (tiredness) or trouble focusing. Sometimes, however, good sleep can be hard to achieve. One cause of poor sleep or not enough sleep is a condition known as **insomnia**.

FIGURE 1. How Much Sleep We Need as We Age (Per 24 Hours)



What is insomnia?

Insomnia may involve trouble falling asleep, staying asleep (including waking too early), or both. It can happen every once in a while (known as “**acute insomnia**”) or continue for many nights (“**chronic insomnia**”). Chronic insomnia means having problems sleeping (that are not due to another health condition or medicine that you are taking) for at least 3 nights per week for 3 months or longer.

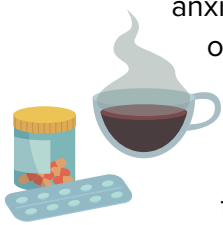
Who experiences insomnia?

About **10% to 30% of adults** experience insomnia, and some studies say this number may be closer to 50%. Insomnia can occur at any age, but it tends to happen more often as we get older and may be more common in women. People who have other conditions (called “comorbidities”) like heart or lung diseases are also more likely to have insomnia. In fact, it works both ways—those with

insomnia are more likely to develop other conditions. Not getting enough sleep has been associated with obesity, diabetes, high blood pressure, heart disease, and depression.

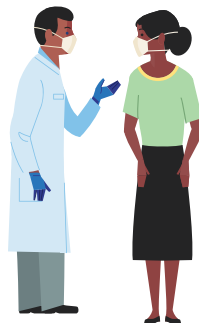
What causes insomnia?

Your physical and mental health as well as factors in your lifestyle can play a role in insomnia. Caffeine, alcohol, and some medications can affect sleep. Depression, anxiety, and worry can also trigger or worsen insomnia. For example, during the COVID-19 pandemic, many people have struggled with sleepless nights. Physical pain, the need for frequent nighttime bathroom trips, and poor sleep habits can also make it hard to fall or stay asleep.



When should I seek help for insomnia?




Poor sleep should not go untreated. Be sure to talk with your healthcare provider about your sleep problems, especially if they last for a few weeks or longer.



***Poor sleep should not go untreated.
Be sure to talk with your
healthcare provider.***

How is insomnia treated?

Your healthcare provider will likely suggest that you start by improving your **sleep hygiene**. This means that you should:

- Choose a **consistent time** to go to bed and wake up 
- **Go to bed** when you feel tired
 - If you do not fall asleep, get out of bed and do something to relax your mind
 - When you feel tired, get back into bed
- Make your environment sleep friendly—sleep in a **cool bedroom**, on a comfortable mattress, in **dark and quiet** surroundings 
- **Prepare for sleep** 1 or 2 hours before going to bed—avoid eating large meals, watching violent, intense, or frightening movies, and having arguments with friends and family
- **Avoid using screens** (like smartphones and electronic tablets) for reading before going to bed; books or magazines in a softly lit room are fine 
- **Avoid consuming caffeine** (like in coffee, tea, and certain sodas) and **alcohol**, and do not use **nicotine**
- **Avoid taking naps** during the day
- **Exercise** anytime throughout the day
- Learn **relaxation techniques** from a professional or trusted online resource

Follow these tips for about 3 or 4 weeks. Your healthcare provider may also recommend keeping a **sleep diary or log** (Figure 2) for about 1 or 2 weeks. This tool can help you track what may be worsening or relieving your insomnia.

FIGURE 2. Keeping a Sleep Diary

Use this sample sleep diary to record the quality and quantity of your sleep; your use of medicines, alcohol, and caffeinated drinks; and how sleepy you feel during the day (you can duplicate this diary example with as many columns as you need). Bring the diary with you to review the information with your healthcare provider.

Fill Out Before Going to Bed				
Today's date:	Example: June 13			
Number of caffeinated drinks (coffee, tea, soda) and time when I had them today:	1 drink, 8 pm			
Number of alcoholic drinks (beer, wine, liquor) and time when I had them today:	2 drinks, 9 pm			
Nap times and lengths today:	3:30 pm, 45 minutes			
Exercise times and lengths today:	None			
How sleepy did I feel during the day today?				
1 Alert				
2 Fairly alert				
3 Somewhat tired				
4 So sleepy I had to struggle to stay awake during much of the day	4			

Fill Out in the Morning				
Today's date:	Example: June 14			
Time I went to bed last night:	11 pm			
Time I got out of bed this morning:	7 am			
Hours spent in bed last night:	8			
Number of awakenings and total time awake last night:	5 times, 2 hours			
How long I took to fall asleep last night:	30 minutes			
Medicines taken last night:	None			
How alert did I feel when I got up this morning?				
1 Alert				
2 Alert but a little tired	2			
3 Sleepy				

What else can I do?

If sleep hygiene techniques alone don't work, your healthcare provider may suggest **cognitive-behavioral therapy (CBT)**. This approach often works as well as—or even better than—medications. CBT is not a quick fix, though, and typically involves at least 6 to 8 sessions with a trained professional. It can be done in person or online (through telemedicine).

- The **cognitive** part of this approach helps you recognize and change beliefs that may keep you awake so you can control or stop worries and negative thoughts
- The **behavioral** part of this approach teaches you about good sleep habits, which may involve using relaxation techniques, spending less time in bed for a while (called “sleep restriction”), or using light to adjust your internal “clock”

You may need to contact a local sleep clinic or a psychologist to find a CBT-trained provider in your area. The American Academy of Sleep Medicine has an online directory of sleep centers (<https://sleepeducation.org>). You can also check out CBT-i Coach, a free downloadable app from the federal government that can help you improve your sleep habits (<https://mobile.va.gov/app/cbt-i-coach>).

Your healthcare provider may also order some tests (like a sleep study) to check for other sleep disorders that may be affecting your sleep, such as sleep apnea (a condition in which you have breathing problems while sleeping) or periodic limb movement disorder.



What medications are available for insomnia?

Some people with insomnia have found that **over-the-counter (OTC) drugs and supplements** from their local pharmacy or grocery store help with their sleeplessness. OTC drugs typically contain antihistamines, which can cause drowsiness and help with sleep, but drowsiness may linger until the next day. These should not be used by older people because of possible effects on thinking and memory and a higher risk of falls and fractures.

Melatonin, a hormone that helps with the body's internal clock, is a popular supplement that may be useful for poor sleep that is related to jet lag, shift work, or circadian rhythm disorders (a group of conditions in which the body's internal clock is affected). Some people use herbal supplements containing valerian root and passionflower or aromatherapy with lavender for sleep, but these have not been well studied.

Several **prescription drugs** have been approved by the United States Food and Drug Administration (FDA) for insomnia (Table 1). Some healthcare providers may also prescribe "off-label" drugs for insomnia. This means that the drug is FDA approved for other conditions (such as anxiety or depression) but not officially approved for insomnia because not enough data are available. Most of the FDA-approved drugs (except doxepin and ramelteon) are "controlled substances," which means that they are regulated by the government because they can cause physical dependence (your body will experience withdrawal symptoms without the drug), mental dependence (you are not able to stop using the drug because you feel you need it and overwhelmingly want it), and addiction (you can't stop using the drug even though it's causing you harm). All of the prescription medicines may cause drowsiness, dizziness, or worsening depression.

TABLE 1. Prescription Drugs Used for Insomnia

Generic Name	Brand Name	Use	Things to Know
Antidepressants			
Doxepin	Silenor	Treatment of insomnia—to help you stay asleep	<ul style="list-style-type: none"> • Possible side effects: nausea, upper respiratory tract infection, next-day drowsiness • Not a controlled substance (no risk of dependence, abuse)
Mirtazapine	Remeron, Remeron SolTab	Used off-label for insomnia in patients with depression	<ul style="list-style-type: none"> • Higher risk of restless legs syndrome, periodic limb movements in sleep • Not a controlled substance (no risk of dependence, abuse)
Trazodone	Desyrel, Olepro	Used off-label for insomnia	<ul style="list-style-type: none"> • Risks outweigh benefits; not recommended • Not a controlled substance (no risk of dependence, abuse)
Benzodiazepines			
Estazolam	ProSom	Short-term treatment of insomnia—to help you fall asleep and stay asleep	<ul style="list-style-type: none"> • Possible side effects: fatigue, mental foginess, changes in motor control that can linger through the morning
Flurazepam	Dalmane	Treatment of insomnia—to help you fall asleep and stay asleep	<ul style="list-style-type: none"> • Can affect driving safety, job performance, decision making • Should be used with caution in older adults, as these medicines are associated with a higher risk of falls, issues with mental abilities
Lorazepam	Ativan	Used off-label for secondary insomnia (for example, insomnia due to anxiety)	
Oxazepam	Serax	Used off-label for sleep-onset insomnia (difficulty falling asleep)	<ul style="list-style-type: none"> • Controlled substances (risk of dependence, abuse)
Quazepam	Doral	Treatment of insomnia—to help you fall asleep and stay asleep	<ul style="list-style-type: none"> • Manufacturer packaging contains special warnings about risks from use in combination with opioids; abuse, misuse, and addiction; and dependence and withdrawal reactions
Temazepam	Restoril	Short-term treatment of insomnia	<ul style="list-style-type: none"> • Not for long-term use
Triazolam	Halcion		
Benzodiazepine receptor agonists (BZRAs, or “Z drugs”)			
Eszopiclone	Lunesta	Treatment of insomnia—to help you fall asleep and stay asleep	<ul style="list-style-type: none"> • Possible side effects: headache, dizziness • Effects of medicines may be delayed if taken with meals
Zaleplon	Sonata	Short-term treatment of insomnia—to help you fall asleep	<ul style="list-style-type: none"> • Should be used with caution in older adults because they can affect thinking, ability to move, and skills like driving and can raise the risk of falls • Controlled substances (risk of dependence, abuse [although may be lower than with benzodiazepines]) • Manufacturer packaging contains special warning that these drugs may cause sleep-walking, sleep-driving, and other activities while not fully awake, which may result in serious injury or death
Zolpidem (immediate release)	Ambien		
Zolpidem (under the tongue)	Edluar		
Zolpidem (mouth spray)	Zolpimist		
Zolpidem (controlled release)	Ambien CR	Treatment of insomnia—to help you fall asleep and stay asleep	
Zolpidem (low dose; under the tongue)	Intermezzo	Treatment of insomnia associated with middle-of-the-night waking	
Melatonin receptor agonists			
Ramelteon	Rozerem	Treatment of insomnia—to help you fall asleep	<ul style="list-style-type: none"> • Possible side effects: dizziness, fatigue, nausea • Can be used both short and long term • Effects of medicines may be delayed if taken with a high-fat meal • Not a controlled substance (no risk of dependence, abuse)
Dual orexin receptor antagonists (DORAs)			
Lemborexant	Dayvigo	Treatment of insomnia—to help you fall asleep and stay asleep	<ul style="list-style-type: none"> • Possible side effects: lingering next-day drowsiness or foginess • Can affect driving safety, job performance, decision making • Risk of sleep paralysis (feeling awake but not being able to move) • Effects of medicine may be delayed if taken with meals • Controlled substances (risk of dependence, abuse)
Suvorexant	Belsomra		

What should I do if my insomnia is not getting better?

Continue advocating for yourself and be persistent in getting help that works for you! Keep in mind that many healthcare providers may be unfamiliar with treating sleep problems. If you and your healthcare provider cannot find relief for your insomnia, look for a sleep specialist or sleep center. If one is not available in your area, consider making an appointment with another healthcare provider who has experience in managing sleep problems to get the help you need. **In the majority of cases, insomnia can be successfully treated!**

Where can I find more information on insomnia?

American Academy of Sleep Medicine

<https://aasm.org>

Centers for Disease Control and Prevention

www.cdc.gov/sleep

National Heart, Lung, and Blood Institute

www.nhlbi.nih.gov/health-topics/insomnia

National Library of Medicine

<https://medlineplus.gov/insomnia.html>

Sleep Foundation

www.sleepfoundation.org/insomnia

Society of Behavioral Sleep Medicine

www.behavioralsleep.org

Provided by

Med-IQ[®]