

Sleep Times



Did You Know

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Message from the President

This newsletter highlights information about insomnia, the most common sleep disorder. The following articles describe insomnia, the different types of insomnia, and its most successful treatments. We recommend reading the entire second article, "Treatment Options for Insomnia," which can be found in the [American Family Physician](#). Written by Kalyanakrishnan Ramakrishnan, MD, and Dewey C. Scheid, MD, MPH, at the University of Oklahoma Health Sciences Center, Oklahoma City, OK, it is online at: www.aafp.org/afp/20070815/517.html.

Sincerely,
Mary O'Sullivan
President

Do You Have Insomnia?

We often describe insomnia as frequent trouble falling asleep, difficulty staying asleep, or being unable to achieve restful sleep. Many people think it is a disease, but it is really a symptom of some other problem.

Insomnia is costly affecting our health, ability to feel good, and our productivity and safety. Insomniacs experience on-going fatigue, and they are 4 times more likely to suffer from depression and moodiness. They are less productive, and often have accidents due to reduced alertness and slow reaction times.

Types of Insomnia

There are 3 types of insomnia, and they are described in terms of the duration of the problem.

- Transient insomnia – the most common type lasting only a few nights
- Short-term insomnia – lasting no longer than 3 weeks
- Chronic insomnia – lasting more than 3 weeks

Transient and short-term insomnia usually are due to stress, unresolved emotional problems, or altered sleep-wake schedules affecting circadian rhythms (24 hour rhythms of the body).

Chronic insomnia, which is long-lasting, warrants a thorough evaluation to uncover irregular sleep patterns due to substance abuse or any coexisting medical,

Reasons for Insomnia

- Psychological Problems
- Medical Causes
- Medications
- Poor Sleep Habits
- Lifestyle Factors
- Persistent Stress
- Sleep Disorders
- Altered Sleep-Wake Schedules

How to Overcome Short-term Insomnia

- Recognize that everything that occurs during the day affects your sleep at night
- Determine what may be causing your poor sleep
- Fill out a Sleep Log to chart daily activities
- Try to resolve your insomnia before it becomes a chronic problem
- Get professional help if you have chronic insomnia

The Value of Sleep

- Feel better
- Have more energy
- Get more done
- Think more clearly
- Live life more safely
- Have better relationships
- Enjoy life more...

When you get enough sleep!

neurological or psychiatric problems.

Insomnia can be difficult to overcome, because several factors may contribute to poor quality sleep making it hard to discover the underlying cause. The good news is that 80% of insomnia cases can be resolved when the major cause is identified.

Adapted from: "What You Need to Know About Sleep" Booklet, Quanta Dynamics, Inc., 2005.

Treatment Options for Insomnia

The American Academy of Sleep Medicine defines insomnia as unsatisfactory sleep that impacts daytime functioning. More than one third of adults report some degree of insomnia within any given year, and 2 to 6 percent use medications to aid sleep.

Risk factors for chronic insomnia include: increasing age, female sex, psychiatric illness, medical problems, impaired social relationships, low socioeconomic status, separation from a spouse or partner and unemployment.

Evaluation of Insomnia

A thorough sleep assessment for chronic insomnia should include the following:

- **History and Examination** – This helps detect any coexisting medical or psychiatric illness; the patient’s sleep history must span an entire day and should include an interview with a partner/caregiver; it also should include learning about a patient’s sleep habits, substance use, snoring, unusual limb movement and medication history.
- **Sleep Diary** – A 2-week diary recording bedtime, rising time, daytime naps, sleep-onset time, number of nighttime awakenings, total sleep time and patient’s mood on awakening.
- **Sleep Study, Multiple Sleep Latency Testing** – These studies are useful if sleep apnea or periodic limb movement disorder is suspected.
- **Actigraphy** – An activity monitor typically worn on the wrist to analyze sleep quality. It records movement or the absence of movement for a given continuous period of time.

Treatment Overview

Ideally, treatment for insomnia should improve sleep quantity and quality, improve daytime functioning (greater alertness and concentration), and have minimal adverse drug effects. Most experts recommend starting with nonpharmacologic therapy, including relaxation therapy and cognitive behavioral therapy (CBT), that may be sustained over a 6 to 24 month period of time.

Exercise improves sleep as effectively as benzodiazepines in some studies and, given its other health benefits, is recommended for patients with insomnia. Behavioral and cognitive therapies have minimal risk of adverse effects, but disadvantages include high initial cost, lack of insurance coverage, few trained therapists, and decreased effectiveness in older adults.

Key Clinical Recommendations for Practice	Rating

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Exercise, cognitive behavior therapy, and relaxation therapy are the most effective nonpharmacologic treatments for chronic insomnia.	A
Melatonin is a successful approach to use in patients with circadian rhythm sleep disorders and is safe when used short term.	B
Benzodiazepines (e.g. Halcion, Estazolam, Restoril, Damane) work by suppressing deep sleep and prolonging light sleep. They are effective in treating chronic insomnia but have significant adverse effects.	B
Nonbenzodiazepines (e.g. Lunesta, Sonata, Ambien, Rozerem) are effective treatments for chronic insomnia. They generally decrease the amount of time of sleep onset, and based on indirect comparisons, appear to have fewer adverse effects than benzodiazepines.	B

Use of Antihistamines

Nearly 25 percent of patients with insomnia use over-the-counter (OTC) sleep aids, and 5 percent use them at least several nights a week. Routine use of OTC antihistamines, such as Benadryl and Unisom, should be discouraged because they are only minimally effective in inducing sleep, may reduce sleep quality, and can cause residual drowsiness.

Use of Herbal and Dietary Supplements

Many herbs and dietary supplements (e.g. valerian root, melatonin, lavender, passionflower, kava, St. John’s wort, glutamine, niacin and l-tryptophan) have been promoted as sleep aids. There is insufficient evidence of benefit except for melatonin and valerian.

Melatonin, a hormone that is involved in sleep regulation, improves insomnia caused by circadian schedule changes (e.g. jet lag, shift work). It has been approved by the FDA to treat circadian rhythm sleep disorder in blind children and adults, but otherwise it is unregulated and preparations vary greatly in strength. At higher doses, melatonin may cause sleep disruption, daytime fatigue, head-ache, dizziness, and irritability. Little information is available about the safety of long-term use.

Valerian root is minimally effective in treating insomnia, and its adverse effect is residual daytime sedation. Additionally, its preparations are unregulated by the FDA and may vary in content and strength.

Adapted from: “Treatment Options for Insomnia,” American Family Physician, August 15, 2007

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