

## Insomnia

### What is Insomnia?

Many people experience some fluctuation in the amount of sleep they receive from night to night and as they move through life. Some people need more sleep than others. However, persistent problems with the quality or quantity of sleep can signal a serious issue called insomnia.

Chronic insomnia can have serious and far-reaching consequences. It has been associated with an increased rate of work absence, workplace accidents, motor vehicle accidents, use of health services and hospitalisations, as well as a reduced quality of life and the development of depression. Despite this, though, it is often ignored or dismissed as a transient and trivial problem.

### What causes Insomnia?

Insomnia has many causes. It might occur in conjunction with significant life events or changes to a person's sleep schedule or environment. For some people, the problem will disappear when things return to normal; for others, it might persist for a long time after the event. In some cases, there is no obvious cause for the insomnia.

Some things might contribute to the risk of developing insomnia in individuals who are predisposed to the condition. We know that:

- Women are more likely to experience insomnia than men
- The risk of insomnia increases with age
- Individuals who are separated, divorced or widowed are more likely to experience insomnia although this appears to apply more to women than to men
- People who are prone to worry or who have a tendency to repress emotions might be at an increased risk
- Environmental factors like high altitude, noise, light, and uncomfortably warm or cold temperature in the room can increase vulnerability, as can things that modify the pattern of sleep like excessive caffeine consumption and shift work

Symptoms of insomnia can be associated with:

- Other medical issues, such as asthma and bronchitis, obstructive pulmonary disease, arthritis, heart disease, chronic pain, and stroke
- Other sleep disorders, such as restless legs syndrome, periodic limb movement disorders, and sleep-related breathing disorders like sleep apnoea
- The use of alcohol and other drugs, including cigarettes and some prescription medications
- Psychological conditions, particularly anxiety and depression.

## **Do I have Insomnia?**

### **Signs and symptoms of insomnia**

The primary symptom of insomnia is a problem with falling asleep and/or staying asleep during the night, waking earlier than intended, or receiving poor quality sleep. People with insomnia will also experience one of the following issues:

- Fatigue or lack of energy
- Attention, concentration or memory problems
- Problems with motivation or performance at school, work or social activities
- Making avoidable errors or having accidents at work or while driving
- Mood disturbance or irritability
- Tension headaches or gastrointestinal symptoms in response to sleep loss
- Daytime sleepiness, or feeling "tired and wired" during the day but not necessarily sleepy
- Frequent concerns or worries about sleep, or about functioning the next day

For a diagnosis of insomnia to be made, symptoms must occur despite good opportunities and conditions for sleep, they must also cause significant distress or issues with functioning during the day, and they need to be present for at least a month. Insomnia is not diagnosed if caused by another medical or psychological condition, or the effects of illicit drugs or prescription medications.

## **What can I do?**

Psychologists understand the factors involved in the development and maintenance of insomnia. They will begin by performing a thorough assessment. In many cases, the client will be asked to keep a sleep diary for a week, which is a record of bed-times, wake-up times, the quality of sleep, and other factors. With this information, the psychologist can determine the best course of action. Treatment will usually involve CBT-I, involving a combination of the techniques described below: Evidence-based psychological approaches and strategies Cognitive behaviour therapy for insomnia (CBT-I) is the most widely used and respected psychological treatment and is made up of a number of different techniques, including stimulus control therapy, sleep restriction therapy, cognitive therapy, relaxation strategies, and sleep hygiene.

### **Stimulus control therapy**

Stimulus control therapy encourages clients to use the bed for sleep only (sex being the exception), rather than for activities which can stimulate the mind and interfere with sleep, such as reading, watching TV, visiting social networking sites, or planning activities for the next day.

### **Sleep restriction therapy**

Sleep restriction therapy aims to reduce the time spent lying awake through a strict bed- and wake-time routine, so that the spent in time in bed better matches actual sleep time.

## **Cognitive therapy**

In cognitive therapy, unhelpful thoughts and beliefs about sleep, insomnia and its consequences, such as the idea that a person must have a certain number of hours of sleep each night in order to be healthy, are identified and addressed through evaluating the evidence for these ideas, and finding alternative perspectives and explanations.

## **Relaxation strategies**

Techniques such as progressive muscle relaxation, breathing exercises, or guided imagery are used to reduce mental activity, such as worry, that prohibits sleep. For best results, such strategies are practised throughout the day and early evening, and in conjunction with other CBT-I strategies.

## **Sleep hygiene**

Sleep hygiene refers to a set of behaviours or habits that can increase the length and quality of sleep when used together with other CBT-I interventions. Like relaxation, it should not be used as a complete treatment. Good sleep hygiene practices include:

- Keeping caffeine intake to a minimum, especially during the afternoon and evening
- Reducing or eliminating nicotine consumption with advice from a medical practitioner (sudden attempts to stop smoking and the use of nicotine replacement patches can negatively affect sleep as well)
- Decreasing or eliminating alcohol consumption
- Maintaining a routine of regular exercise, but avoiding exercise immediately before bed
- Reducing noise and light in the bedroom
- Making sure the room is warm
- Avoiding the use of electronic media such as computers, televisions, game consoles, smartphones, e-readers, or tablets at least one to two hours before sleep
- Performing important tasks that require cognitive effort during the day rather than the evening.

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