

How One Woman Conquered Insomnia p. 12

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HealthCentral

Insomnia



**Proven Ways
to Help
Yourself
Sleep** p. 2

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WELCOME to HealthCentral's guide to **Insomnia**. Within these pages, you'll learn about current research, how to make the most of every doctor visit, the latest treatments, and more.

For additional tips and info, go to [HealthCentral.com/InsomniaGuide](https://www.healthcentral.com/InsomniaGuide).



ROLL OVER, ROVER

IF YOU SPEND your nights clinging to the edge of the mattress and fighting for your share of the duvet, you may be a pet owner. In a recent survey by the American Academy of Sleep Medicine (AASM), almost half (46%) of 2,010 respondents said they sleep with their pets. That doesn't always result in lost sleep. Close to half of those who sleep with their pets said they got a better night's sleep when their pet was in the bed with them.

So what do the experts say? Nitun Verma, M.D., a sleep medicine specialist in Cupertino, California, and spokesperson for the AASM, is reassured that many people are sleeping better with their pets, but notes that for some, snuggling with a furry companion can worsen an already existing sleep problem.

He says it's important to notice if you're waking up often during the night or if you feel like you're not sleeping deeply enough. Check out how you feel the next day, too, he advises. Do you feel sleepy during the day? Are you in a persistently negative mood? These can signal a sleep problem, he says. If you're unsure whether Fido or Fluffy is the cause, Dr. Verma suggests a little experiment. Close the door one night and see if you sleep better without your pet. If sleep problems persist, talk with your doctor.

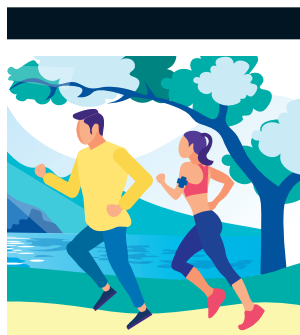
STAYING SHARP

The ill effects of poor sleep can last far longer than you might think. A study in the *Journal of Aging and Health* found that long-term insomnia during a person's working years could increase the risk of cognitive decline after retirement. However, if the insomnia improved over the years, so did cognitive function, suggesting that sleep problems should be treated early.

So how much sleep is ideal? A separate but related study, this one published in *Nature Aging, Health*, crunched data on the sleep patterns, health histories, and cognitive abilities of 500,000 adults. Seven hours of sleep per night was just right for both cognitive performance and mental health. Sleeping too little or too much was associated with cognitive decline in older adults.

35

Percentage of U.S. adults who say they sleep less than 7 hours per night.



DIY HACKS FOR BETTER SLEEP

There's a lot you can do during the day to make sure you're getting good-quality sleep at night. But according to a 2022 National Sleep Foundation (NSF) poll, most Americans aren't doing enough to ensure they get the zzz's they need.

The good news? A few tweaks in your daily routine can make a huge difference when you turn in at night. Here's what the NSF recommends:

- Make sure you're exposed to bright light upon waking and during the afternoon.
- Get at least 20 minutes of exercise each day.
- Keep your body's sleep-wake schedule regulated by eating meals at roughly the same times each day.
- Avoid screen time for at least the last hour before bedtime.
- Make sure your bedroom is cool, dark, and quiet.

Q&A

I have insomnia; should I undergo a sleep study?

I would *not* use a sleep study for someone with insomnia unless I suspected that obstructive sleep apnea [a breathing disorder caused by a collapse of the upper airway] was a component. Obstructive sleep apnea can cause multiple awakenings or arousals at night, and it becomes more common as people get older.

After a poor night's sleep, is napping recommended?

Sleep deprivation can have acute and chronic consequences. It's hard to function mentally; the sleep loss changes your mood and ability to concentrate. If you're experiencing these symptoms, it's appropriate to take a well-timed power nap for 15 to 20 minutes between noon and 2 p.m. That way it won't interfere with your nighttime sleep. But people with insomnia should *not* nap: When they nap during the day, it takes away the drive to sleep at night, which can perpetuate insomnia.

How does occasional insomnia turn into chronic insomnia? How can I prevent that from happening?

People with chronic insomnia have trouble falling asleep or staying asleep on more than three nights a week for three months or longer. It can happen through the "three p's."

Some people may be *predisposed* to develop chronic insomnia if they have underlying depression or anxiety or a family history of insomnia. Then, something *precipitates* the insomnia—it could be an acute stressor such as the loss of a



job or something else. And in some people certain factors or behaviors can *perpetuate* insomnia—if someone develops anxiety toward sleep or drinks alcohol before bed, for example.

To prevent chronic insomnia, the goal is to avoid perpetuating sleep problems with your behavior, but there's no guarantee that it will work. What does work is cognitive behavioral therapy for insomnia [CBT-I]—it's the strongest evidence-based treatment for insomnia, even if it's acute insomnia.

I never had difficulty sleeping until I became menopausal. What can I do?

For some women, menopause and sleep issues are strongly related, particularly when it comes to night sweats and insomnia. Hormonal changes can cause these symptoms.

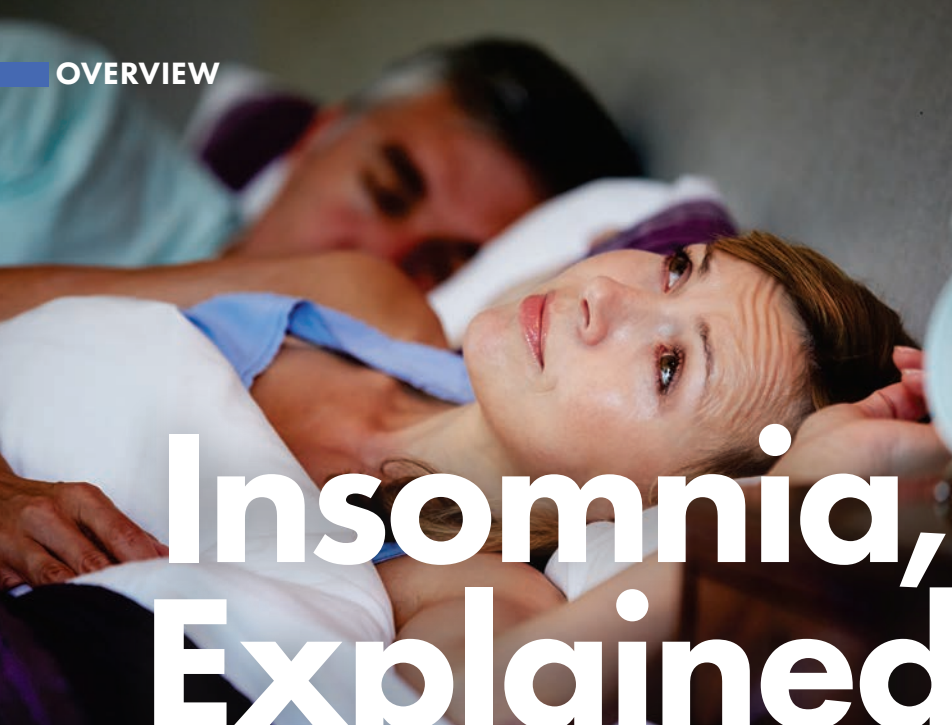
Some tips for addressing them include dietary adjustments [such as avoiding heavy meals before bed and limiting caffeine], exercising

regularly, reducing stress, having a relaxing bedtime routine, and dressing lightly for sleep. Also, keep your bedroom dark, quiet, and cool.

If you're considering hormone therapy, a prescription antidepressant, or medications to treat your insomnia, you *must* talk to your healthcare provider—the same is true if you're taking dietary supplements for menopause such as ginseng, black cohosh, or red clover extract. There could be interactions or unwanted side effects [with these medications or supplements] that you may be unaware of. ■



RAJ DASGUPTA, M.D., is a pulmonary critical care and sleep medicine specialist at the University of Southern California in Los Angeles, and a spokesperson for the American Academy of Sleep Medicine.



Insomnia, Explained

You need seven or more hours of sleep every night for optimal health and well-being, but a third of us aren't getting enough.

Sleep is as important to our lives as the food we eat and the air we breathe. We need it for growth and repair of the body, healthy brain function, and the consolidation of memories.

What Happens During Sleep?

Many important body processes occur while you are asleep. During normal sleep, you cycle through what's known as rapid eye movement (REM) sleep and non-REM sleep.

It's during REM sleep that most dreaming takes place. The eyes dart back and forth, though the rest of the body is very still. The brain is active and working to seal in memories.

But before deeply restorative REM sleep can occur, your body must pass through the following stages of non-REM sleep, each of which serves its own vital role:

Stage 1 represents a bridge from wakefulness to sleep. It's a very light sleep—what Michael Breus, Ph.D., author of *Good Night: The Sleep Doctor's 4-Week Program to Better Sleep and Better Health*, calls “your entrance into sleep.” It lasts from five to 10 minutes or so.

Stage 2 marks the onset of sleep. Your breathing is regular but your heart rate slows down a bit, and your

body temperature drops. It's during this stage of light sleep that you begin to disengage from your surroundings.

Stage 3 and **Stage 4** are characterized by a deeper level of slumber, referred to as delta sleep. Blood pressure drops, breathing slows, and the muscles relax. It's in these stages that the body produces growth hormone (which is responsible for proper development) and has a chance to repair and build bone, muscle, and other tissues. The immune system also has an opportunity to recoup.

So how do all of these different stages play out? “During sleep, the brain goes through a dance,” says Dr. Breus. “It shifts from being awake to Stage 1 to Stage 2, Stages 3 and 4, and back to Stage 2, and then to REM.”

REM sleep typically takes place about 90 minutes after falling asleep and can last from 10 minutes to 60 minutes—with each successive REM period getting longer. On average, adults go through a total of five cycles of non-REM and REM sleep in any given night of normal sleep.

The amount of sleep needed for basic health varies naturally from person to person, but also depends in part on age. For example, toddlers need about 11 to 14 hours of sleep a day, while teenagers need eight to 10. Adults usually need seven to nine hours of sleep, with people over age 65 typically managing well with seven to eight.

When Sleep Gets Derailed

By definition, insomnia includes problems falling or staying asleep, waking too early and being unable to go back to sleep, or having sleep that doesn't feel restorative. While insomnia is not the only type of sleep disorder, it is the most common one. (Some others, for example, are obstructive sleep apnea, which involves a blockage of airflow during sleep; restless legs syndrome, characterized by an urge to move your legs at night; and narcolepsy, a disorder that causes overwhelming drowsiness during the day.)

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(Continued from page 4)

DID YOU KNOW? Over time, insomnia can compromise your health, weakening your immune system and possibly increasing your risk for various conditions.

Insomnia can be acute or chronic (see “Sleep Glossary” at right). Either way, if you aren’t experiencing the normal cycling of sleep stages, it’s likely you will feel some immediate effects. These may include fatigue, daytime sleepiness, moodiness, upset stomach, headache, or problems concentrating and paying attention.

The American Academy of Sleep Medicine reports that people with insomnia often are not getting a full night’s sleep, even though they’re in bed for a long time. “Many people we see are spending nine hours in bed but only sleeping for five,” says Robert S. Rosenberg, D.O., a board-certified sleep medicine specialist and author of *Sleep Soundly Every Night, Feel Fantastic Every Day*.

Long-Term Effects

At a certain point, insomnia can lead to serious health problems. For example, lack of sleep can disrupt the body’s endocrine system, which is responsible for regulating appetite and blood sugar, among other functions. “When you have insomnia and sleep deprivation, levels of the hormone ghrelin, which makes you feel hungry, increase, and levels of leptin, which makes you feel full, decrease,” explains Raj Dasgupta, M.D., associate professor of pulmonary critical care and sleep medicine at the University of Southern California in Los Angeles. In fact, research from Texas Tech University in Lubbock has found that sleeping less than seven hours per night doubles a person’s risk of becoming obese.

Over time, sleep loss can also weaken your immune system. “Studies have shown that people who suffer from sleeplessness mount a weaker immune response when getting vaccinated,” says Dr. Dasgupta. “Therefore, they may be less protected from illnesses.”

Another potential casualty of sleep difficulties is the heart. For example, women who sleep five or fewer hours a night have a 30% greater chance of developing coronary heart disease. That’s according to the long-running Nurses’ Health Study, one of the nation’s largest investigations into chronic disease risk factors in women.

A Common Problem

Approximately one in three adults has insomnia, according to the American Academy of Sleep Medicine. The people most likely to be affected are middle-aged and older adults, although anyone of any age can experience it.

In general, more women than men have insomnia, particularly in midlife. Beginning with perimenopause, the approximately four-year stretch that precedes menopause, “there are abrupt changes to hormones, and these can be accompanied by night sweats, insomnia, and unrefreshing sleep that lasts for weeks to many months,” says Michael J. Decker, Ph.D., R.N., a sleep researcher and associate professor at Case Western Reserve University in Cleveland, Ohio.

Insomnia That’s Secondary

Many people don’t simply have insomnia, but are dealing with another illness that’s actually at the root of their sleep difficulties. This is secondary insomnia. Underlying conditions such as diabetes, asthma, and chronic pain are included in this category. In this situation, the insomnia is ideally addressed by treating the illness itself along with the sleep problems.

Other common causes of secondary insomnia include depression and anxiety. “For many years, health



SLEEP GLOSSARY

■ **ACUTE INSOMNIA** is often caused by a stressful life event and lasts for less than three months.

■ **CHRONIC, OR LONG-LASTING, INSOMNIA** describes a pattern of insomnia in which sleeplessness occurs at least three times a week and persists for three months or longer.

■ **PRIMARY INSOMNIA** refers to sleeplessness that doesn’t result from an existing medical or mental health condition, or the use or misuse of a medication or substance. The main culprits? Stress and the many challenges of everyday life.

■ **SECONDARY INSOMNIA** is sleeplessness that occurs as a result of an underlying health problem.

professionals saw insomnia as a symptom rather than a cause of depression,” says Dr. Decker, adding that more recent research indicates the influence goes both ways. To complicate matters, antidepressant medications can be a source of sleeplessness, too, notes Dr. Dasgupta.

In fact, it’s not uncommon for sleep problems to surface as a side effect of medications; other common culprits include drugs taken for colds and allergies, heart disease, high blood pressure, and thyroid disease. ■



For more info on insomnia, go to [HealthCentral.com/InsomniaGuide](https://www.healthcentral.com/InsomniaGuide).



Working with your doctor is essential to finding a sleep solution. Start by being prepared for your appointment.

Everyone has the occasional night when sleep just won't come. But if lack of sleep is affecting you during the day as well as at night, and improving your sleep habits hasn't helped, it might be time to see a doctor. "An insomnia disorder involves not only nighttime sleep complaints, but also daytime symptoms such as fatigue, sleepiness, memory problems, impaired job performance, and moodiness," says Nathaniel F. Watson, M.D., co-director of the UW Medicine Sleep Center in Seattle.

There has been a great deal of research into insomnia in recent years, and new techniques and treatments are now available. Working with your doctor, you should be able to figure out what's keeping you from getting deep and restorative sleep.

It's All in the Details

Your visit to a sleep specialist will probably be a little different from visits to other doctors. Your sleep doctor will take the usual medical

history—asking about any other health issues you may have and what illnesses may run in your family—but will also want to know a lot about your daily life.

"I usually ask what a typical 24-hour period is like—not just at night. I'll want to know when and what you eat, when and how much you exercise, what your daily routine is like," says Gopal Allada, M.D., a sleep specialist and an associate professor at Oregon Health & Science University School of Medicine in Portland.

Obtaining complete information about your habits and routines will help your doctor figure out why you're having sleep issues. Some doctors will ask you to fill out a questionnaire before your visit, but even if yours doesn't, "it's a good practice to keep track of your sleep patterns and share that with your team," says Jean Tsai, M.D., Ph.D., a sleep disorders specialist and an associate professor in the neurology department at the University of Colorado School of Medicine in Aurora.

To do this, keep a paper or digital sleep diary, and record what time you go to bed, how often you wake up, how long you are awake in the night, and what time you get up in the morning. Additionally, make a note of anything unusual that occurs during the night, such as having especially vivid dreams or sleepwalking.

Looking for Causes

If your doctor suspects that an underlying health condition is contributing to your sleep troubles, they may order blood tests to learn more. "Many illnesses, such as thyroid disease, for example, can contribute to sleep problems," says Dr. Tsai.

"Insomnia due to a medical condition is most common in older adults because people tend to have more chronic health problems as they age," notes Dr. Watson.

Chronic pain, no matter what your age or the reason for the pain, can also make it difficult to sleep. Fibromyalgia, arthritis, and other painful disorders are common sleep thieves.

Even when you share everything that's going on with your health, a doctor will sometimes order a sleep study to learn more. As part of this overnight evaluation, your oxygen levels, heart rate, blood pressure, brain activity, and eye movements will be measured while you sleep. ■

40

Percentage of increased risk for developing insomnia for women, as compared to men.

GETTY IMAGES

GETTY IMAGES

WHAT TO TELL YOUR DOCTOR

■ **What medications do you take?** Many common medications can inhibit sleep, while others can cause you to feel extra sleepy. (One reason older people tend to experience sleep issues is that they're more likely to take multiple meds, some of which may interfere with sleep.) Make sure to bring a list of everything that you take, including over-the-counter drugs and any supplements.

■ **What other health problems do you have?** Many health conditions can cause sleep problems, while insufficient sleep can make many conditions worse. Your doctor will need a complete picture of your overall health in order to determine what's causing your sleep difficulties. If you have undergone any previous sleep studies, your doctor will want to see those results.

■ **Do you have a regular nighttime routine?** The things you do immediately before getting into bed can impact sleep. Your doctor may be able to show you how to improve your shut-eye by making a few surprisingly simple changes to your routine, such as keeping lights low in the evening to allow your body to release melatonin, a naturally occurring sleep-inducing hormone that's suppressed by bright light.

■ **Do you worry about getting enough sleep?** Being anxious about falling asleep can make insomnia worse. Your doctor will want to know if your trouble falling asleep has become a source of anxiety for you—or if it started during a period when you lost sleep due to a specific reason (such as an injury or illness), after which you began to worry that your sleep problems were permanent.

■ **What does your sleep partner say?** Tossing and turning, snoring, and talking in your sleep can all point toward specific sleep problems. Although you probably don't know while you're asleep if you're doing any of these, someone who shares your bed likely does. Before your visit, ask your sleep partner to tell you about any of these signs, or see if they'll go to your appointment with you.



Keeping a sleep diary may help determine why you're having insomnia.

Rest and Relief

Whether through meditation or medication, insomnia is treatable. Here's how to solve your sleep problem.

Once you and your doctor have teamed up to figure out why you're having insomnia, you can start taking steps to resolve the condition.

For secondary insomnia—sleeplessness resulting from some other health issue, such as chronic pain, depression, or asthma, to name a few—you and your doctor can try to fix the sleep problem by focusing on the underlying condition. Sometimes a prescription drug being used to treat the underlying health issue is causing the insomnia, so finding a substitute medication may be the solution. It may even be possible to find an alternative that promotes sleep as a side effect, rather than impeding it.

For primary insomnia—sleep problems not due to an underlying health issue—work with your doctor to find out if one or more of the following treatments and techniques might bring you relief.

Cognitive Behavioral Therapy for Insomnia (CBT-I)

This type of therapy involves working with a professional to uncover unhealthy thoughts and behaviors that might be interfering with sleep. "It's the cornerstone therapy of insomnia," says Raj Dasgupta, M.D., associate professor of pulmonary critical care and sleep medicine at the University of Southern California in Los Angeles. "And it has a sustained effect."

CBT-I offers constructive ways to deal with worry and other emotions, which often prevent people from dropping off to sleep. "We teach patients how to recognize when they're ruminating—that is, brooding on negative thoughts and feelings," says Robert S. Rosenberg, D.O., a board-certified sleep medicine specialist and author of *Sleep Soundly Every Night, Feel Fantastic Every Day*. People might be instructed to write their worries down and then slip the paper into a drawer, essentially storing them away.

GETTY IMAGES

DID YOU KNOW? Getting 20 to 30 minutes of natural light each morning can help maintain a healthy sleep-wake cycle.

Distraction is another tool of CBT-I. For example, instead of staring at the ceiling in the middle of the night, try counting backward from 300 by threes, says Michael Breus, Ph.D., author of *Good Night: The Sleep Doctor's 4-Week Program to Better Sleep and Better Health*. It's mathematically complicated enough to focus your attention, but so boring that you might drift off before you reach zero.

Other CBT-I techniques include establishing a regular morning rise time, going to bed only when sleepy, getting out of bed when you're unable to fall asleep, and avoiding napping during daylight hours. "These tactics help to build up a big sleep drive," says Dr. Rosenberg. "They're coping mechanisms that can last a lifetime."

Sleep Restriction

It may seem counterintuitive, but restricting sleep works for some people. The approach involves going to bed later rather than earlier, thereby compressing the amount of time spent in bed—and helping to ensure that sleep is occurring most of that time. Once you're asleep for at least 85% of the time, you increase the time in bed in 15-minute increments until daytime drowsiness disappears.

Melatonin

Many people try taking a supplement version of melatonin (a hormone that occurs naturally in the body) to help reset their internal clock. It may be most useful for people who cross time zones and for seniors who may have problems with sleep regulation, says Dr. Breus. Tell your doctor if you're thinking of taking melatonin since there's the possibility of undesirable drug interactions.

Relaxation

Calming the body and mind can make a big difference for many people struggling with sleeplessness.

One popular approach is to do progressive muscle relaxation at bedtime or if you wake up during the night. First tense and then relax your body's muscles sequentially, from your toes to your head.

Set the Stage

Sometimes it seems that the more you need a good night's sleep the harder it is to get it. However, there are many things you can do to improve your chances of nodding off with ease—and staying there.

■ Become a creature of habit.

Going to bed and getting up at roughly the same time each day may be the single best habit you can develop.

■ **Exercise—but not too late in the day.** Exercising for 20 to 30 minutes each day can help you sleep better at night, but doing so too close to bedtime (such as within four hours of going to bed) can interfere with sleep.

■ **Stay cool.** You'll sleep better if you keep your bedroom a little on the cool side; body temperature gradually drops as you sleep. The National Sleep Foundation experts suggest a temp between 60°F and 67°F.

■ **Be careful with naps.** A short snooze during the day can be restorative, but napping can also bar you from a good night's sleep. If you must nap, keep it to 20 to 30 minutes.

■ De-stress before bedtime.

Simple stretches, easy yoga, or meditation can help you relax and clear your mind before turning in.

■ **Go to bed a bit hungry.** A heavy meal right before bed won't do you any favors with regard to shut-eye.

■ **Cozy up.** Make sure your bed and bedroom are comfortable and inviting. Consider replacing a mattress that's more than nine or 10 years old.

■ **Beware of caffeine.** Stop drinking coffee after 1:00 p.m. The same common sense applies to tea, chocolate, and other foods that perk you up.

■ **Use a night-light.** Turning on a bright light if you get up in the night could fool your body into thinking it's time to wake up and start the day.

Medications

Sometimes, in addition to practicing good sleep hygiene, the most effective approach to insomnia is taking a prescription medication. Doctors used to rely primarily on a class of drugs called benzodiazepines, such as diazepam (Valium) and alprazolam (Xanax). But that has changed. These drugs depress the central nervous system and can be long-acting, causing drowsiness the next day.

Newer alternatives appear to be safer and effective for longer-term use. They include agents that bind to specific receptors in the brain to induce sleep. Some examples of these drugs, which are called hypnotics, are zolpidem (Ambien), eszopiclone (Lunesta), and zaleplon (Sonata).

A medication called suvorexant (Belsomra) works by targeting receptors in the wake-promoting sections of the brain. "Where Ambien works by turning on the brain's 'sleep' switch, Belsomra turns off the 'wake' switch. It's a completely different mechanism," says Dr. Breus. Other drugs in the same class are lemborexant (Dayvigo) and daridorexant (Quviviq).

Another drug, called ramelteon (Rozerem), stimulates receptors for the hormone melatonin.

Over-the-counter medications are another option for difficulties with sleep. However, they usually contain an antihistamine, which affects the central nervous system. Drawbacks include possible next-day drowsiness and loss of effectiveness over time. ■



For more tips and info on insomnia, go to [HealthCentral.com/InsomniaGuide](https://www.healthcentral.com/insomniaguide).



Kristina Balun with her mother, Ramona Weinrich, and daughter, Lillie.

Dreaming of Sleep

A sleepless night snowballed into weeks—and then months—of anxiety and restlessness for one woman, until she found a way to conquer her insomnia.

The trouble started one night in 2019 when **Kristina Balun** was awakened by her husband, Nick, who was having a nightmare. “He woke me up from a dead sleep and startled me. And then I wasn’t able to go back to sleep,” says Balun, 33, of Coatesville, Pennsylvania.

Her experience that night seemed to be a triggering event, unleashing all the anxiety that had been building inside her for months. As a director of marketing and human

resources for a federal credit union, Balun’s work had been growing increasingly stressful.

Balun’s night of sleeplessness turned into four nights, then a week, until she was barely sleeping. “I’d wake up with racing thoughts,” she says. “And then it shifted into not being able to fall asleep at all. I would just lay there for hours and hours, my mind in overdrive.”

Although Balun was overwhelmingly tired, she managed to carry on with work and daily life with her husband. As time went on, she continued at her fast-paced job and even managed to attend social events. “I was still able to do everything that I wanted to do and forced myself to maintain this ‘normal’ lifestyle,” she says. “I wasn’t canceling plans with friends or calling out of work, or anything like that.”

But Balun was suffering. It had been months since she’d slept well, and soon she became more concerned about her sleep than about the stress of work. “I was hyper-aroused and constantly worrying about it. I thought, ‘What if I can’t sleep? What if I never get to sleep again?’” she says.

Balun felt increasingly desperate. She remembers bursting into tears one night at 3 a.m., waking her husband in the process. “I told him that there had to be something wrong with me,” she says.

Fortunately, he was reassuring and supportive, as was the rest of her family. “They knew what was going on. I was open with them about it,” Balun says. “I had the support that I needed to get through whatever was going on with me.”

Searching for Solutions

Balun was already seeing a mental health counselor for her anxiety, but it wasn’t enough to take care of her sleeplessness. So she made an appointment to see her doctor. “I kept thinking that something is wrong with me. Something is broken,” she says.

Balun’s doctor diagnosed her with insomnia and wanted her to try both an antidepressant and a sleep medication. Balun was willing to try the antidepressant for a couple of months. But it didn’t help her insomnia. And she didn’t think the sleep medication was the best solution for her.

At the same time, Balun was trying everything under the sun in her quest to get a good night’s sleep. She used cannabidiol (CBD) drops, a weighted blanket, blackout curtains, and lavender essential oil—“everything you can think of that’s promoted for or targeted toward better sleep,” she says.

These methods sometimes worked for a night or two, but then they’d lose their effect. “The insomnia would always kick back up,” Balun says. “It was still there.”

Balun knew that she needed another approach. “Nothing was working,” she says.

Relief at Last

Balun’s internet searches eventually led her to a type of therapy—cognitive behavioral therapy specifically geared toward insomnia, called CBT-I, which works by addressing the thoughts and behaviors that are the root cause of most cases of insomnia.

Balun chose to do an eight-week online program of CBT-I, which combined videos with personal guidance and coaching, and she committed to the process. The program began with education to correct inaccurate ideas about sleep, such as unrealistic expectations about the amount of sleep someone needs, and to understand how a person’s behavior affects their sleep. That helped to stop the worry about sleep and improve the ability to go to sleep, she says.

Balun then learned strategies to change her thoughts about sleep so they didn’t get in the way of achieving a restful night. “It’s basically teaching your brain and giving you tools to allow yourself to find solace,” she says. “Accepting what’s happening was the first step, and then you



Better sleep means more energy, allowing Kristina to pursue an active outdoor lifestyle with her husband, Nick. Here, the two are hiking in Montana.

kind of learn to react differently and go about things in a different way. Slowly, you can start to see your thoughts and patterns shift.”

The therapy included keeping a diary to record when and how long Balun slept, as well as following common “sleep hygiene” practices, such as only using the bed for sleep and sex. It also encouraged relaxation techniques such as guided imagery, where you imagine a place or time that makes you feel relaxed and peaceful using all your senses, and breathing exercises, such as inhaling deeply as your belly rises, then slowly exhaling while your belly falls.

Using the Tools

CBT-I was not a quick fix. “It took me probably a good three or four months before I really started to see strong changes, but I don’t have those insomnia issues anymore,” says Balun. That was true even after having a baby daughter, Lillie, last year, and going through weeks of caring for an infant around the clock.

“I have an occasional bad night here and there,” says Balun, whose insomnia lasted for about a year. “But I don’t often have insomnia worries or

related thoughts about not sleeping. And if I do, I know how to use the tools and the knowledge base I have now to overcome them.”

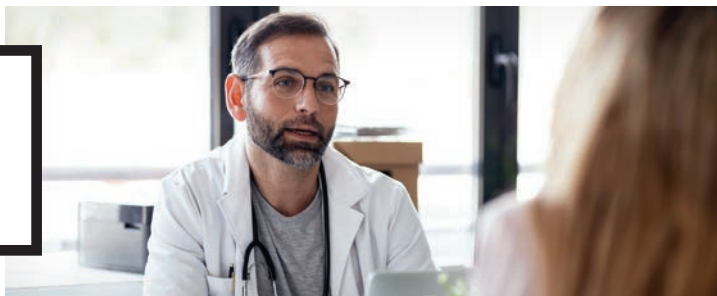
Balun encourages other people to give CBT-I a try. But if it’s not a resource that you can access, she shares her three top tips if you’re lying in bed, frustrated, and can’t fall asleep.

“One: Don’t look at the clock, because it will increase your anxiety,” Balun says. “Two: Get up and do something that relaxes you until you feel relaxed enough to return to bed. You really need to establish that relationship with your bed again as a place of restfulness and not a place of anxiousness. And three: Don’t get into bed until your body is telling you that you’re ready for sleep. Cues are yawning and really feeling tired.”

A big problem for people with insomnia, Balun believes, is that few people talk about it. “They think either there is something really wrong with them or they’re ashamed,” she says. “But you really need to speak about it and about what you’re going through. People can really help each other. Remember, you aren’t alone.” ■

Doctor Discussion Guide

Insomnia



Lack of sleep and poor-quality sleep can be detrimental to your health, so it is important to find a solution for your insomnia. But to do that, you must first figure out what's causing your sleep troubles. Work stress, family worries, erratic schedules, or using electronics before bedtime are some of the things that can contribute to not getting the restorative sleep you need. So that you can track and then address the possible causes of your insomnia, experts recommend keeping a sleep journal to record your sleep patterns and habits. Then, bring your sleep journal and the filled-out discussion guide below to your next appointment to provide your healthcare professional with details needed to determine the best treatment plan for you.

DESCRIBE YOUR INSOMNIA AND SLEEP HABITS:

How long have you had difficulty sleeping?

On average, how many hours do you sleep per night?

Which do you have trouble with?

☐ Falling asleep ☐ Staying asleep ☐ Both

Do you have a consistent sleep schedule?

☐ Yes ☐ No

How would you rate the quality of your sleep overall? (check one)

Poor	Not Great	Average	Good	Excellent
☐	☐	☐	☐	☐

On most days, how do you feel when you wake up? (check one)

Extremely Exhausted	Very Tired	Tired	Refreshed	Very Refreshed
☐	☐	☐	☐	☐

Has your lack of sleep and/or poor-quality sleep negatively affected your productivity during the day?

☐ Yes ☐ No

How often do you exercise?

☐ Never ☐ 1–3 times per week ☐ 4–5 times per week ☐ Daily

BEFORE GOING TO SLEEP

In the hours before going to bed, how often do you drink any of the following beverages?

Caffeinated drinks

(coffee, tea, soft drinks)

- ☐ Never
☐ 1–3 times per week
☐ 4–5 times per week
☐ Every night

Alcoholic beverages

- ☐ Never
☐ 1–3 times per week
☐ 4–5 times per week
☐ Every night

Have you ever used a sleep aid? (check all that apply)

- ☐ No
☐ Yes, over-the-counter product
☐ Yes, prescription medication

How often do you use electronic devices prior to going to bed? (check one)

- ☐ Never
☐ 1–3 times per week
☐ 4–5 times per week
☐ Every night

► Find more insomnia tools and info at: [HealthCentral.com/InsomniaGuide](https://www.healthcentral.com/InsomniaGuide)

Quieting your mind is the first step to better sleep. Start with these tried-and-true methods.

Ways to Relax

WHAT'S KEEPING YOU awake? If you're like a lot of people, it's your own mind. You may be ready to settle down for a good night's sleep, but your thoughts won't stop racing.

Relaxation techniques might help. "The goal of relaxation is relaxation—not sleep!" says Martin Reed, a certified sleep health educator in Eugene, Oregon, and founder of Insomnia Coach. As you calm your body and mind, you're much more likely to fall asleep easily and naturally.

Don't give up if it doesn't work on the first try. Relaxation is a skill you have to develop. "It takes a lot of practice," Reed says. If you're game to give it a try, here are a few techniques that could help you go from an active mind to restful slumber. Begin all of these by lying comfortably in bed in a dark, quiet room.

■ **Guided Imagery:** Close your eyes and imagine a place you find peaceful and soothing. It might be a real locale you've visited or an imaginary spot—a beach, garden, or cozy armchair by a fire. Then, use all of your senses to fill in the scene with as much detail as you can. Feel the wet sand squishing between your toes or the fresh garden soil crumbling in your fingers. Listen to the crackle of the fire or the pounding of the waves on the beach. See the colors of a sunset. Smell the scent of spring flowers. Take time to create your perfect relaxation spot.

■ **Progressive Muscle Relaxation (PMR):** Start by taking a few slow, deep breaths. As you exhale, imagine the stress slowly draining from your body. Then, starting at



your toes, gradually move up your body, pausing at each muscle group to gently tense and then relax your muscles. Pay attention to how the muscles feel when you tense them. Then notice how they feel when they're relaxed. The entire process should take about 15 minutes, and narrated PMR routines are available online to guide you.

■ **Body Scan:** Take a few deep breaths. Slowly, bring your attention to your feet. Notice how your feet feel. Can you feel the sheet against your toes? If you like, wiggle your toes and notice how that feels. Then, after a few moments, let your attention glide up to your ankles, then your legs, and so on, slowly up your body, ending at your scalp, paying attention to how each part of your body feels. When you detect any tension in any particular spot, imagine it draining away. Don't worry if your mind wanders. Just bring it back gently to your body.

■ **Deep Breathing:** There are several techniques for deep breathing. One of the simplest is this: Close your eyes and breathe in slowly to a count of two, filling your belly with air and then your chest. Lightly tense your muscles for five to 10 seconds as you breathe in, relaxing them as you breathe out completely for a count of two, letting your body go limp. Take your time, and breathe slowly. Do this until you feel relaxed, and then resume normal breathing. ■



For more info, go to [HealthCentral.com/InsomniaGuide](https://www.healthcentral.com/insomniaguide).

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