

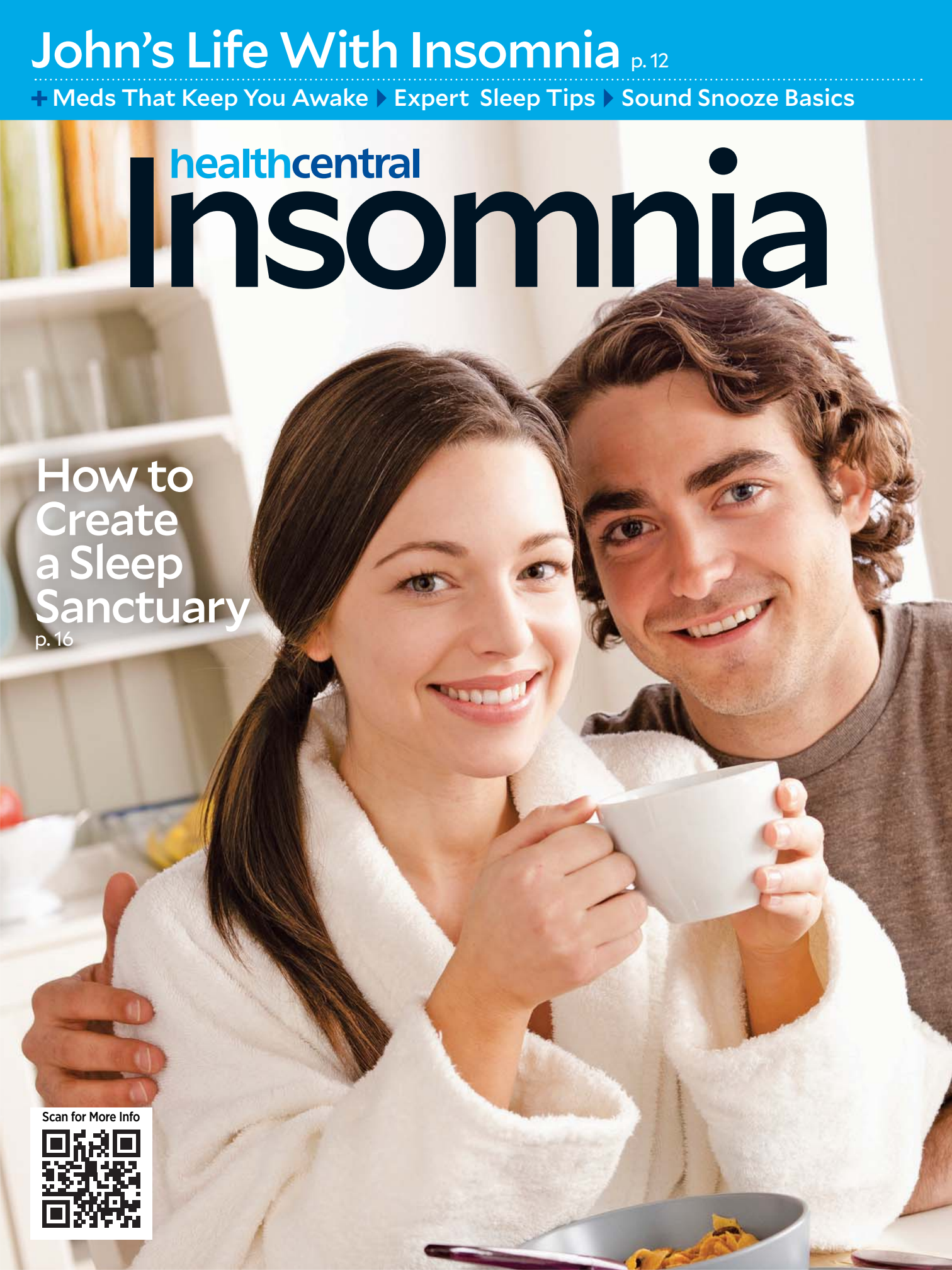
John's Life With Insomnia p.12

+ Meds That Keep You Awake ▶ Expert Sleep Tips ▶ Sound Snooze Basics

healthcentral Insomnia

How to
Create
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p.16

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WELCOME to HealthCentral's guide to **Insomnia**. In 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).



Sleep Well, Be Happier

RELATIONSHIPS are intimately tied to sleep. When you're satisfied with your significant other, you tend to sleep better, say researchers who investigated sleep quality in married people ages 39 to 64. In the study, which was published in the *Journal of Couple & Relationship Therapy* (2019), the higher couples rated their marital satisfaction, the higher they rated their sleep quality. Happier couples also reported falling asleep faster than those not satisfied with their relationship. A six-month follow-up revealed that decreasing marital satisfaction was paralleled by a rise in sleep disturbances.

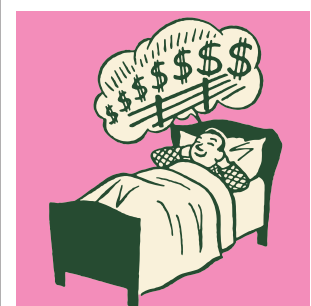
Your sexual health can also suffer, according to a British study of almost 4,000 older men and women, which was published in *The Journal of Sexual Medicine* (March 2019). In women, low or moderate sleep quality was linked with a higher likelihood of problems with arousal and orgasm; in men, moderate sleep quality was linked with erectile difficulties.

Jakob Jensen, PhD, a marriage and family therapist in Greenville, North Carolina, agrees that sleep is key to intimate relationships. "If you aren't getting good sleep, it's tough to have good communication with your partner."

You Don't Snooze, You Lose . . . Money

Not sleeping well could be costing you. For a study published in *Sleep* (April 2019), researchers reviewed data on about 150,000 Medicare recipients with insomnia and about 300,000 without. Those who had trouble sleeping spent \$1,143 more per person every six months for inpatient care, emergency department use, and prescriptions than those who slept better.

Getting treatment for insomnia or other sleep issues could help you bank some Benjamins, as well as ward off insomnia-related illnesses.



Rx FOR INSOMNIA?

Many common prescription drugs carry the risk of disrupting sleep. In one study of 88 drugs, published in *Mayo Clinic Proceedings* (January 2017), 19 of the meds were found to prompt or amplify sleep problems. Medication classes most linked to sleep disturbances were acetylcholinesterase inhibitors (for dementia); dopamine agonists (for Parkinson's disease and other conditions); and SSRIs, or selective serotonin reuptake inhibitors (for depression). Other common meds, such as corticosteroids, may also interfere with sleep.

If you suspect any of your prescription drugs are keeping you from getting enough rest, ask your doctor if reducing your dose or switching to a drug less likely to cause insomnia is an option. Cutting back on caffeine may also help.

39

Percentage of adults ages 45 to 54 who sleep less than seven hours a night.

Q&A

My partner's snoring often wakes me up, and then I have trouble getting back to sleep. What should I do?

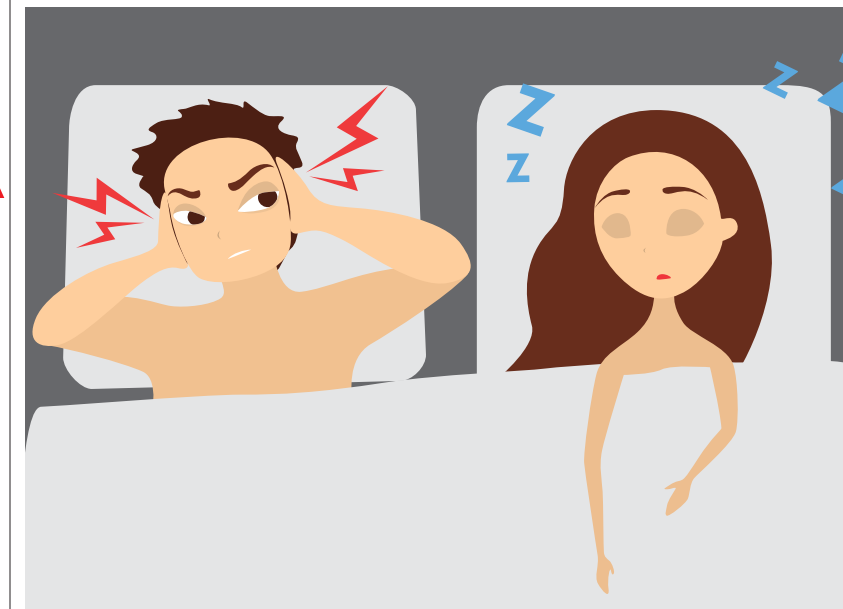
When this happens, get up and go to another room and do something that helps you relax under dim light. Then go back to bed when you feel sleepy.

Also, your partner's snoring should be checked out by a sleep specialist. Snoring alone, without other symptoms, has been linked to an increase in blood pressure. It's also often a symptom of obstructive sleep apnea (a condition involving blockage of airflow during sleep), and that's associated with medical problems like heart disease and metabolic changes.

If your partner has sleep apnea, treatment can help, and that in turn may help you get the rest you need. In the meantime, wearing earplugs, using a white noise machine or app to mask the snoring, and encouraging your partner to sleep on their side may help.

How can I sleep more soundly when my bedmate tosses and turns a lot during the night?

One possible solution is to get twin beds and put them together so that your partner's movements don't shake your mattress. But if your partner is frequently kicking you, a sleep disorder such as obstructive sleep apnea, restless legs syndrome (characterized by the urge to move your legs at night), or periodic limb movement disorder could be the cause, in which case it's wise to get an evaluation. Restless legs syndrome affects about



10 percent of the population, and in 80 percent of cases it's associated with periodic limb movement disorder, which involves repetitive kicking during sleep. Medications can help alleviate the problem.

My partner and I disagree about the best room temp for sleep. I'm cold, and he's hot. What should we do?

There's new technology that allows you to have individual settings that control the temperature of your mattress pad, but there isn't a good solution for room temperature. The best thing to do if you're cold at night is to wear warmer PJs, or use more coverings or even an electric blanket.

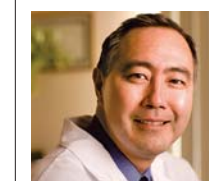
I need more sleep than my partner does, and when I don't get enough, I'm irritable. What are good ways to deal with this discrepancy?

Here, too, a white noise machine or app can come in handy—in this case, to mask the sound of your partner coming to bed later or getting up earlier. Wearing a sleep mask can also help if your partner is using a light while you're trying to sleep.

If your partner gets up earlier than you, have them use a vibrating, rather than ringing, alarm, so there's less of a chance you'll be disturbed.

I dread bedtime because my partner has trouble falling asleep. I feel like their insomnia is giving me insomnia!

It sounds like you and your partner might benefit from cognitive behavioral therapy for insomnia (CBT-I), which helps you identify and replace thoughts and behaviors that can interfere with sleep. You can work with a therapist who offers CBT-I or take an online course like the Department of Veterans Affairs' Path to Better Sleep ([veterantraining.va.gov/insomnia](https://www.veterantraining.va.gov/insomnia)). With CBT-I, you'll learn strategies that can help you over the long term. ■



CLETE KUSHIDA, MD, PhD, is division chief and medical director of Stanford Sleep Medicine in Palo Alto, California.



Insomnia 101

Sleepless? You're not alone. More than one-third of Americans rate their sleep as "poor" or "only fair."

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, PhD, 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 is 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 a bit from person to person, but also depends in part on such factors as 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, and people over age 65 typically manage 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 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.)

(Continued on page 7)

GETTY IMAGES

Doctor Discussion Guide: Insomnia



Addressing Insomnia

Lack of sleep can be detrimental to your health, so it is important to understand the causes of your insomnia. Things like job or family worries, erratic schedules, and late-night use of electronics can greatly contribute to your lack of sleep. In order to track and eventually address these factors, experts suggest that people experiencing insomnia keep a journal of sleep patterns and habits (we've provided a sample one for your use on the flip side of this page). The next time you go to the doctor you can bring the discussion guide below and your sleep journal to give your healthcare professional insight on how to help you with your insomnia.

Answer the Questions Below to Help Describe Your Insomnia:

- How long have you had difficulty sleeping? _____
 - On most days, how do you feel when you wake up? _____
 - On average, how many hours do you sleep per night? _____
 - Do you have the most trouble: (check all that apply) Falling asleep Staying asleep
 - How well would you rate the quality of your overall sleep? (circle one)
-
- Do you think your sleep troubles are negatively affecting your productivity during the day? Yes No
 - What food or drinks do you often consume within three hours of going to bed? _____
 - Do you use electronics shortly before trying to sleep? Yes No
 - Are you exercising? Yes No If yes, how often and at what time of the day? _____
 - Are you employing any non-medication remedies for your insomnia? Yes No If yes, please describe: _____

ISTOCK (2)

▶ Find more insomnia tools and information at: [HealthCentral.com/insomniaguide](https://www.healthcentral.com/insomniaguide)



Sleep Journal

COMPLETE IN THE MORNING

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time I went to bed							
Time it took to fall asleep							
Time I woke up							
Total hours slept							
Number of times I woke up during the night							
Time spent awake							
Unusual occurrences (e.g., vivid dreams, sleepwalking, etc.)							
Medications and times I took them							
When I woke this morning, I felt: 1 - Extremely sleepy, and I struggled to wake up 2 - Somewhat tired 3 - Fairly alert 4 - Wide awake							

COMPLETE IN THE EVENING

Number of caffeinated drinks (coffee, tea, soda) and the times I had them							
Number of alcoholic drinks and the times I had them							
Number, duration, and times of naps							
Time of day and duration of exercise							
During the day today, I felt: 1 - Extremely sleepy, and I struggled to stay awake during much of the day 2 - Somewhat tired 3 - Fairly alert 4 - Wide awake							

(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’re not experiencing the normal cycling of the sleep stages, you will likely feel some immediate effects. These may include fatigue, daytime sleepiness, moodiness, upset stomach, headache, and 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, DO, medical director of the Sleep Disorders Center of Prescott Valley in Arizona.

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, MD, assistant 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 can be the heart. For example, women who sleep five or fewer hours a night have a 30 percent 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.

You’re Not Alone

Approximately 1 in 3 adults has insomnia, according to the American Academy of Sleep Medicine. And the people most likely to be affected are middle-aged and older adults, although anyone of any age is susceptible.

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, PhD, RN, 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 is 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



SLEEP GLOSSARY

■ **ACUTE INSOMNIA** is a brief and transient episode of difficulty with sleep.

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

■ **PRIMARY INSOMNIA** is 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.

anxiety. “For many years, health 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 is 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 information on insomnia, go to [HealthCentral.com/insomniaguide](https://www.healthcentral.com/insomniaguide).



Team Up!

Frank communication is often the ticket to finding sleep solutions that work for you.

35

Percentage of adults who get less than seven hours of sleep in a typical 24-hour period.

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, advises Nathaniel F. Watson, MD, co-director of the UW Medicine Sleep Center in Seattle, Washington. "An insomnia disorder involves not only nighttime sleep complaints, but also daytime symptoms such as fatigue, sleepiness, memory problems, impaired job performance, and moodiness."

There has been a great deal of research into sleep in recent years, and many 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, MD, 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, MD, PhD, 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 in order 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 as well.

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. ■

WHAT YOUR DOC WANTS TO KNOW

■ **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 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 simply by making a few surprisingly simple changes to your routine, such as keeping lights low in the evening to allow for the release of melatonin, a naturally occurring sleep-inducing hormone (bright light suppresses it).

■ **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 to go to your appointment with you.



A detailed sleep diary can reveal a lot about why you're having insomnia.



Sleep Solutions

There are more ways to tackle insomnia than you might think.

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

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 one or more of the following treatments and techniques that might work for you.

Cognitive Behavioral Therapy for Insomnia (CBT-I)

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

One aspect of CBT-I is offering 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, DO, medical director of the Sleep Disorders Center of Prescott Valley in Arizona. People might be instructed to try writing their worries down and then slipping the paper into a drawer, essentially storing them away.

Distraction is another key tool of CBT-I. For example, instead of staring at the ceiling when you wake up in the middle of the night, try counting backward from 300 by threes, suggests Michael Breus, PhD, 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 just 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 are 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 time spent in bed—and helping to ensure that sleep is occurring the majority of time while in bed. Once you are asleep for at least 85 percent of the time, you can increase 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. Let your doctor know if you are thinking of taking melatonin since,

as is the case with any supplement, there is 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 the body's muscles sequentially, from the toes to the 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 of worries 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.

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

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

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

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STORIES THAT
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Living With Insomnia

John Holcomb has had insomnia his entire life. Here's how he and his family manage when he can't sleep.

Getting a good night's sleep has always been difficult for John Holcomb, a 35-year-old married father of two who lives in South Orange, New Jersey. He's tried many strategies to help himself feel rested and raring to go in the morning.

When did you first realize you had insomnia?

It was right around puberty that I realized other people went to sleep quickly and weren't tossing and turning for hours before they fell asleep. It just took me a lot longer.

When I was in elementary school, I would lie in bed awake for hours. My mother used to tell me to just lie there and I would fall asleep, but sometimes it would take me two

or three hours. Then, when I was a teenager, I got more sleep for a couple of years—maybe because my body required it for growth. On weekends, I would sleep until noon like your average teen. On school days, I had to get up earlier and I'd set the alarm for 7:00 a.m., even though I wasn't going to bed any earlier at night.

Once I had my kids—who are now 4 and 6—my sleep patterns didn't change much. I was just as awake with them in the middle of the night as other parents, and both my wife and I were physically exhausted getting up with them. Now, I have to be to work at 9:00 a.m., and if I were the only one who had to get ready, I could wake up at 8:00. Instead, I

Insomnia Treatments

Cognitive Behavioral Therapy for Insomnia (CBT-I)

This approach focuses on uncovering unhealthy thoughts, emotional patterns, and behaviors that may be keeping you awake. CBT-I will teach you the tools to address them and get to sleep.



Sleep Restriction

This approach helps people sleep by having them go to bed later and compress their time in bed. Sleep restriction helps cut down on waking hours lying in bed, which can be helpful for some.

Melatonin

Taking a supplement version of this naturally occurring hormone that plays a role in sleep works for some, but check with your doctor before trying it.



Relaxation

One of the most common methods suggested is progressive muscle relaxation, in which you tense and then relax your muscles sequentially from your toes to your head.

Medication

If these and other lifestyle methods do not work, a prescription sleep medication may be the answer. Check with your doctor.



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Find more insomnia tools and information at:
[HealthCentral.com/insomniaguide](https://www.healthcentral.com/insomniaguide)



Things to avoid in the hours before bedtime that may be keeping you from a full night's sleep:



Consuming caffeine after 1:00 p.m.

Using electronics right before bed

Physical exercise within four hours of bedtime

Excessive napping during the day or any napping within five hours of bedtime

Medications/supplements that may inhibit sleep



Healthy nighttime habits to adopt for restful sleep:



Doing stretches, yoga, meditation, or deep breathing before bedtime

Eating at least three hours before sleep

Listening to calming music before bedtime

Dimming the lights in the hour before going to bed

Keeping your bedroom at a cool temperature



Find more insomnia tools and information at: [HealthCentral.com/insomniaguide](https://www.healthcentral.com/insomniaguide)

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ROB TRINGALI

get up at 6:30 to get the kids fed, dressed, and ready for the bus. I often wake up on my own now at 6:00 or 6:20 a.m.

Have you tried sleep medications?

The doctor will tell me to take a sleep medication for three days in a row, but I haven't been able to get my sleep cycle right this way. This approach may work well for some people, but it just hasn't for me.

What else have you tried to fall asleep?

I've tried getting up at the same time every day, making sure I have a sleep routine, going to bed early, going to bed at the same time every night, lying in bed and waiting to fall asleep, getting up and reading a book, and not being on my phone at bedtime. I've also tried oils, like lavender or vanilla. I put them on a cotton ball and put it near my pillow, or I poured the oil into an aerator or humidifier. But I've never found that any of these things consistently helped me get to sleep.

What is your sleep routine like now?

These days, I usually go to sleep around midnight or 1:00 a.m. I sleep until 5:00 or 6:00 a.m., though I



John relies on blackout curtains to help him get just enough sleep.

wake up a few times during the night for a couple of minutes and go back to sleep. It's not always easy to fall back to sleep.

One thing that helps for sure is to stop doing things once I notice it's gotten late. I put down the project I'm working on or the thing I'm playing with. Despite it being a big no-no for sleep specialists, TV seems to help me fall asleep. It acts as a white noise machine for me. Listening to music can have the same effect, but it's not as consistent because I get more excited over music.

Darkness always helps. I've always loved blackout curtains.

It sounds like you're at peace with your insomnia.

Acceptance is the thing that really helps me most. Just being at peace with life, even when it's hard, is helpful for me when it comes to falling asleep.

What I've learned over time is that I just have to believe my body will put me to sleep when it wants to sleep.

I also think my insomnia has gotten a little better as I've gotten older. When I was younger, three or four hours of sleep could seem normal, but now I often sleep for five to six hours. Doctors seem so focused on making sure you get your eight hours of sleep. But maybe some people have different body rhythms. Trying to force yourself out of your own body rhythm may cause problems of its own.

I think, over time, my body became used to not sleeping. Getting six hours of sleep is a lot for me. If I happen to get more sleep on a particular night, I have so much energy the next day. It's such an incredible boost, that feeling of being so rested and alert. And on days when I get enough sleep and feel rested, I don't know what to do with all of that energy. In some ways, I just can't handle getting a good night's sleep. ■



HOW THE OTHER HALF SLEEPS

"LUCKILY, I fall asleep pretty easily," says John's wife, Verna, "so John's insomnia doesn't usually keep me awake. I will sometimes notice when he comes to bed very late at night or wakes up early, but I can usually go back to sleep.

"The hardest thing for me is not getting annoyed if he naps. If he can fall asleep, I want him to sleep; but naps in the middle of the day when the kids want to go outside or at dinnertime can be challenging. That said, John manages to push through when he has to, or when I need him to, and I really admire and appreciate that. I've found it helpful to read about how insomnia affects others and what they try that helps. I sometimes use what I read to inform discussions with John, but it's usually better if he educates himself."



Sleep Tips I Can't Use

Unless you've experienced chronic insomnia, you're unlikely to have any idea of how it feels to live without decent sleep for months or years. We insomniacs have gotten lots of tips and advice from people who just don't understand—and we're tired of hearing the same old things!

Here are some of the worst things we hear about our sleep problems—along with more helpful alternatives!

■ **“Just relax and stop worrying about it.”** If we could simply force ourselves to relax and stop worrying about sleep, we probably wouldn't be living with the frustration of insomnia in the first place! Of course, we would like to be able to relax and stop worrying about sleep—we just find it impossible to do so! **Better:** Ask what you can do to help lighten our load, so that we can take time to relax and decompress—particularly late at night.

■ **“I had a bad night last night, too.”** Although we appreciate the fact that you had a bad night, it simply doesn't compare to the torture of enduring a bad night almost every night of the week! We don't want to be the center of attention, and we aren't looking for pity—but please don't try to compare your one night of sleep problems with weeks, months, or even years of sleep disruption. **Better:** Ask us for some tips on getting through the day after having a rough night. We'd be happy to help!

■ **“Have you tried going to bed earlier or taking a morning nap?”** Yes, we have tried this! Sometimes it works, but most of the time it doesn't. In fact, spending more time in bed usually means less time asleep and more time awake, worrying about being unable to sleep. **Better:** Instead, try asking us how much time we are spending in bed in order to help us make sure we're

These are the absolute worst—and best—things to say to someone with insomnia.

By Martin Reed

allotting an appropriate amount of time for it.

■ **“Just take some melatonin.”** We already know all about melatonin. Chances are, we're currently taking melatonin supplements or we've tried them in the past. Unfortunately, melatonin doesn't work for everyone. **Better:** Ask us if we'd like to talk about our sleep struggles. Sometimes just venting our frustrations can be a great relief.

■ **“Come over and let's take your mind off your insomnia.”** Social support can help prevent insomnia from turning into depression. Although we would love to hang out, we may need some extra encouragement and motivation to do so. Insomnia leaves us feeling lethargic, and we may even try to avoid socializing as a way to conserve energy. **Better:** Ask if you can come to us—the last thing we want to do is drive to your place when we're already feeling exhausted! ■



Martin Reed is a certified clinical sleep health educator and has a master's degree in health and wellness education. He is also the creator of InsomniaCoach.com, an eight-week course that combines online sleep education with individual sleep guidance.

■ **Stick to a Sleep Schedule** “Keeping to a regular schedule and going to bed at the same time each night is key,” says Michael Twery, PhD, director of the National Center on Sleep Disorders Research at the National Institutes of Health. “Give yourself enough time to be in your bed for seven to eight hours.” If you think you make up for lost sleep time on the weekends, you don’t, he says. “Sleeping longer on the weekend and then going back to an early waking time on Monday can actually put more stress on your body.”

■ **Block Out Noise** “Try not to have phones or alarms going off in your bedroom during the night,” Dr. Twery says. “If outside noise is coming in, consider using white noise to drown it out.” Another way to block noise is to wear earplugs.

Rest Assured

How to create a sleep sanctuary.

■ **Banish Your Phone** “Try your best to remove all electronics from the bedroom—TV, laptop, tablet, phone,” says Nicole Moshfegh, PsyD, author and psychologist at Pepperdine University in Malibu, California, and the University of California, Los Angeles. “Blue light from these devices delays the production of melatonin, the hormone responsible for cuing your brain to sleep. Moreover, engaging with electronics before bed tends to stimulate your brain too much, which can cause you to associate your bed and bedroom with *not* sleeping.”



■ **Turn Off the Lights** Make your bedroom as dark as possible, says Dr. Twery. “Light tells your brain to wake up. Even Mother Nature can shed unwanted light in your bedroom. A full moon can produce a lot of light that can stream in and disturb your sleep.” Light-blocking curtains or eye masks can make a positive difference, he says.

■ **Keep Kitty Out** Dr. Twery suggests thinking twice about sleeping with pets—their activity and early waking habits can steal sleep from you.

■ **Play It Cool** Your temperature drops slightly as your body preps for sleep. “That’s why you don’t want to go to sleep in an overly warm room,” says Dr. Twery, who suggests trying cooler room temps to see what works for you. Another Dr. Twery tip: “A warm bath before bed can actually make you feel cooler.”

■ **Clean Your Room** “Set up your bedroom as a shrine to sleep by making it as relaxing and pleasant as possible,” Dr. Moshfegh advises. Limit clutter or anything you associate with stress or wakefulness.



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

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