

A Prof's Slumber Tips: Yoga and Cats p.12

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**Insomnia**

**3 Ways to  
Meditate  
Yourself to  
Sleep** p.16



**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 information on insomnia, go to [healthcentral.com/insomniaguide](http://healthcentral.com/insomniaguide).



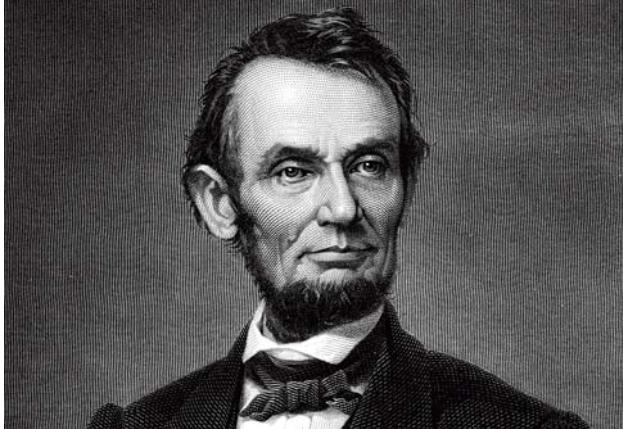
## One-Minute Med School

### WHAT IS POLYPHASIC SLEEP?

Instead of sleeping in a single eight-hour block, polyphasic enthusiasts divide their slumber into short naps and one longer stretch. They believe this schedule allows for faster entry into REM (rapid eye movement) sleep—a highly restorative stage—so that you need less shut-eye overall. While scientists don't think that humans are naturally polyphasic, this type of sleep has been used successfully for short periods by astronauts, military personnel, and yacht racers.

**Research Bulletin:** You might be tempted to blame your insomnia on stress or other external factors, but the real culprit may be your genes. A recent study published in *Nature Communications* found 47 links between sleep and genetics. Researchers also discovered that genetic regions linked to sleep are involved in the production of serotonin, which is a key player in sleep cycles and quality. This exciting investigation into genes and human sleep could one day lead to new insomnia treatments.

**39** Percentage of people 65 and over who have symptoms of insomnia.



## 5 Famous Insomniacs

Wide awake in the middle of the night, you may feel all alone with your insomnia, but you shouldn't. Take some solace from the fact that famous folks have also had trouble sleeping, including these five.

**Abraham Lincoln:** The stress of the Civil War, as well as a mercury-based medication he took for digestive issues, kept President Lincoln up at night. When he couldn't sleep, he'd enlist his aides to accompany him on midnight strolls through Washington.

**Mindy Kaling:** In her 2015 autobiography, *Why Not Me?*, Kaling noted, "About once a month, I wake up at 4 a.m. and lie in the dark worrying about the same handful of things." She runs as a way to alleviate anxiety-induced insomnia.

**Amy Poehler:** In her 2014 autobiography, *Yes Please*, Poehler wrote, "A good night's sleep is my white whale . . . I love to talk about how little sleep I get. I brag about it, as if it is a true indication of how hard I work . . . but I truly suffer at night."

**Vincent van Gogh:** The artist sometimes doused his bedding with an early form of turpentine to treat his insomnia. Do not try this at home: Not only did the treatment slowly poison him, but it was apparently a contributing factor in his suicide.

**Jennifer Aniston:** While Aniston uses meditation and yoga to relax before bedtime, she told *The Huffington Post* in 2016, "My one key tip . . . is to sleep with my phone at least 5 feet away from me."

## Myths & Facts

**Myth:** In the Victorian era, magnets were believed to be a cure for many health issues. Charles Dickens believed that aligning your head to true north would aid slumber.

**Fact:** Even now, magnetic bedding is touted as a cure for insomnia. However, scientists have not been able to find a link between magnets and sleep.

**Myth:** Another Victorian insomnia cure was to lather your hair with yellow soap before bedtime, tie up your head with a napkin, and wash it all out in the morning.

**Fact:** Aside from a placebo effect, there isn't much science to this method, though it may lead to cleaner hair.



### What's the difference between insomnia and occasional sleeplessness?

With insomnia, we're talking about a disorder that needs some sort of treatment. To be considered insomnia, the symptoms—difficulty falling asleep, problems staying asleep, or waking up very early without an alarm—must occur at least three nights per week for at least three months; also, the person needs to have daytime consequences, such as fatigue or trouble with memory. If a person complains of difficulty falling or staying asleep but doesn't have any negative daytime consequences, we don't call it insomnia or treat it.

### Is depression a cause of insomnia or a result of it in some people?

We consider depression a comorbidity, which means that many people with primary insomnia will also have depression. There's also good research suggesting a causal connection between the two: Psychological disorders, including depression, are generally associated with insomnia, but we don't exactly know how depression may cause insomnia. The real issue, though, is that if someone has depression and insomnia, we may need to treat each condition independently; treating just the depression may not solve the problem.

### How can you eliminate or minimize middle-of-the-night awakenings?

Sometimes, these are a manifestation of insomnia. Other times, there's a physiological reason for such sleep disruptions, whether it's heartburn, a



peptic ulcer, low blood sugar, or the consumption of alcohol before bedtime; in cases like these, we'd need to treat the underlying cause. Some sleep disorders can result in middle-of-the-night insomnia—especially restless legs syndrome; periodic limb movements during sleep; and in women, obstructive sleep apnea (which involves blockage of airflow). For restless legs syndrome, we'd look for iron or vitamin B-12 deficiency first.

### What's the best way to handle late nights? Wake up at the usual time or sleep in if possible?

I tell people to try to maintain the same sleep schedule every day. So if you have a night where you end up going to bed one or two hours past the usual time, you're better off maintaining your regular schedule, because if you start switching things around, it can lead to problems falling asleep later on. However, if you're up until 3 a.m. and usually get up at 7 a.m., that's not enough sleep, so I'd recommend you

sleep an hour or two beyond your normal wake time (if possible), and then maybe take a brief nap later.

### How can you relieve anxiety about falling asleep before you turn in for the night?

Some people develop anxiety if they have had a few bad nights and expect to have another one—that's a difficult thing to get over. You should not get to the point where you start to associate the bed with not sleeping. If you can't get to sleep in 20 minutes, get out of bed and do something boring until you can fall sleep. Otherwise, you may lie awake and get angry or anxious about falling asleep. If the problem persists, cognitive behavioral therapy for insomnia may help. ■



**MEIR KRYGER, M.D.**, is a professor of medicine at the Yale School of Medicine, and author of *The Mystery of Sleep: Why a Good Night's Rest Is Vital to a Better, Healthier Life*.



# Insomnia 101

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

**S**leep 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 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

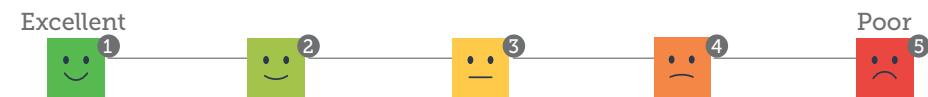


There are several strategies you can employ to combat insomnia. But first, you should evaluate—or reevaluate—your sleep habits. Keep a journal to track your sleep patterns (you can use the one on the flip side of this page). Bring your sleep journal and responses to the prompts below to your next doctor appointment. With these tools in hand, you and your doctor can look for answers together—and hopefully get closer to the sound sleep and deep rest you deserve.

### Fill out before your appointment:

1. On average, I'm sleeping this many hours per night:  Weekdays  Weekends

2. At the moment, I would rate the quality of my sleep as:



3. When I wake in the morning, I feel:

Refreshed  Neutral  Irritable  Tired  Exhausted

4. Since we last spoke, I've:

Reduced electronic use before bed  Stopped eating large meals before bed  
 Limited my alcohol consumption  Increased my physical activity  
 Cut my caffeine intake  Other: \_\_\_\_\_

5. I'm taking the following medications and/or dietary supplements to help me sleep: \_\_\_\_\_

### Questions to ask your doctor:

1. What should I do to create and follow a productive nighttime routine? \_\_\_\_\_

2. Are there any alternate treatments or therapies that you think I should try? \_\_\_\_\_

3. What are some resources I can use to talk about my insomnia? \_\_\_\_\_



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



# Sleep Journal

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>COMPLETE IN THE MORNING</b>							
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							
<b>COMPLETE IN THE EVENING</b>							
Number of caffeinated drinks (coffee, tea, soda) and the time I had them							
Number of alcoholic drinks and the time I had them							
Number and duration of naps I took							
Frequency 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 "Terms to Know" 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, D.O., 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 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., 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 population most likely to be affected is middle-aged and older adults, although people of basically any age are 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, 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 is actually at the root of their sleep issues. This is secondary insomnia. Underlying conditions such as diabetes, asthma, and chronic pain are 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,



## TERMS TO KNOW

■ **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.

health professionals saw insomnia as a symptom rather than a cause of depression," says Dr. Decker, adding that more recent research indicates that 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

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

**E**veryone 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, M.D., 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, 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 he or she 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.

In your sleep diary, you should 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, he or she 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 lab study to learn more. As part of this overnight evaluation, doctors measure your oxygen levels, heart rate, blood pressure, brain activity, eye movements, and more while you sleep. ■



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

## QUESTIONS YOUR DOCTOR MAY ASK

■ **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 be signs of 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. Ask your sleep partner about this before your visit, or if you like, take him or her along to your appointment.



# 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 (CBT)

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

Part of CBT's magic is that it 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., 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. 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, 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 just drift off before you reach zero.

Other CBT 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, like 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). They bind to specific receptors in the brain to induce sleep.

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.

ISTOCK



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



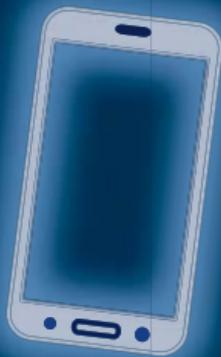
# How to Fall Asleep

Avoid stimulants, such as caffeine and nicotine, after 1:00 p.m.



If you're on a medication that's interfering with sleep, ask your doctor whether there's a different one you can switch to. Don't stop taking a medication without first consulting your doctor.

Turn off electronic devices, such as smartphones, tablets, and computers, at least one hour prior to going to bed, so that the light from their screens doesn't inhibit sleep.



If you must nap during the day, limit it to no more than 30 minutes.



Exercise regularly during the week, but avoid doing so less than three hours prior to going to bed.

Try using calming scents and sounds to promote relaxation.



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



# How to Stay Asleep

Don't consume alcohol within two hours of bedtime. While it may help you drift off initially, it compromises sleep quality and can cause repeated waking throughout the night.



Avoid large meals, fatty or spicy foods, and carbonated beverages before bed.

Hydrate throughout the day and avoid drinking large amounts of water close to bedtime.

Keep your bedroom cool, comfortable, and dark.

To facilitate sleep, drown out unavoidable background noise with a white noise machine, earplugs or a humidifier.

Implement light-regulating measures, such as blackout curtains and a sleep mask.

Silence electronic devices and keep them out of arm's reach so you're not tempted to use them.



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# Insomnia Lesson Plan

A college professor reveals her tips for better sleep.

**A**nn Dienes, age 58, had been plagued by insomnia for years. Try as she might, she simply could not get a good night's sleep. But she recently shifted her attitude and adopted some new sleep strategies, and that's made a world of difference, she says.

Dienes—who is an English professor at the City University of New York in Manhattan and lives in Great Neck, New York, with her husband, Robert, and their five cats—traces her sleep troubles back to her mid-20s, when she first moved into her own apartment.

“All of a sudden, the challenges of really being independent were a lot for me, and the insomnia showed up,” she says. She was also battling

social anxiety, which contributed to her sleep woes.

Dienes tried herbal remedies such as valerian and lavender, relaxation techniques, melatonin, and exercise. Nothing really helped her sleep. “I started doing yoga in my 30s, and I loved it as a form of exercise,” she says. “There are some poses that are supposed to help with sleep, but I can't say they really helped me.”

The therapist she saw for her mood issues referred her to a doctor who prescribed a low-dose tranquilizer. But she found that to be an unsatisfying solution. “Tranquilizers can be your best friend or your worst enemy,” she says. “If you don't use them the right way—like taking one in the middle of the night—you

could end up having a headache or a hangover feeling the next day.”

Although Dienes felt rewarded by her job teaching composition to first-year university students, many of whom were the first in their family to attend college, the insomnia was always there, sapping her energy. That made it even more difficult to make connections with others, and held her back from doing things she wanted to do, such as pursue career opportunities and engage in an active social life. “It kept me in a rut,” she says.

## A Sleep-Habit Shift

About a year ago, Dienes sought the help of a sleep professional and began to realize that the solution didn't lie just with her insomnia treatments, but with her own habits and attitudes. “When you can't sleep, it's easy to start thinking about it too much and spinning out worst-case scenarios,” she says. “But once you start obsessing, it becomes really problematic.”

People with insomnia can start to panic that they're not going to be able to fall asleep or get enough sleep. “I used to overreact to my insomnia, and that made it worse,” says Dienes.

Here's what she has done to turn things around—and what might help *you* to sleep better:

### ■ Set your sleep time in stone.

One of the most important things Dienes does is stick to the same sleep schedule, day in and day out. “You need to have a set pattern and not veer from it,” she explains. “You don't sleep in on the weekends or change your going-to-bed and waking-up times. You try to keep it as consistent as you can.”

Related to this practice is restricting the amount of time spent in bed, no matter what. Allotting too much time for sleep can actually lead to spending more time in bed awake. “And you definitely don't want to associate the bed with being awake,” Dienes says. For this reason, you



Dienes with her cat Blake, who is a beloved pet and a calming influence.

should not work, watch TV, eat, or read in bed.

■ **Make relaxing—not sleep—your goal.** “Once you give your mind a job to do, it will keep checking to see if you've done it,” Dienes explains. “This works well with other things in life, but it doesn't work with sleep because you need to take a step away from your mind, but your mind keeps looking over your shoulder and saying, ‘Are you asleep yet?’”

Dienes says she had to learn how to unwind. “I tend to worry and overthink things,” she says. “I'm learning to be more lighthearted and laid back. So relaxing is a priority for me. The more I relax, the better I sleep.”

Dienes also discovered that some yoga poses, such as forward folds and leg lifts, soothe her. In addition, she likes to meditate.

Other calming strategies that Dienes says have been helpful include “being with friends and just relaxing with my husband and our pets. Watching our cats is very relaxing because they're so good at being lazy and napping. I actually learn a lot from them!”

■ **Wind down for sleep.** In the hour before bed, Dienes starts to set the stage for sleep. “I can't just be going all day, doing this, doing that, and

then expect to instantly fall asleep,” she explains. “My husband can, but I need to really ease into it, so I need to bring myself down, not talk about anything really urgent or worrisome, and just zone out.”

She starts by turning off the TV and other electronic devices. The light they emit interferes with the brain's ability to shut down. Then she does something restful such as reading. “Of course, as an English professor, I like to read,” Dienes says. “But you have to choose wisely. You don't want to read something overstimulating that's going to take your mind a million places.”

■ **Try a Jedi mind trick.** When she's having trouble falling asleep, Dienes doesn't attempt to double-down. Instead, she tells herself, “I'm just going to lie here and relax, and see what happens.” The tactic is surprisingly effective.

She also uses this trick if she wakes up in the middle of the night. “It's very useful,” Dienes says. “It takes away some of the anxiety about sleep.”

■ **Practice the 30-minute rule.** If she has been lying in bed for about a half hour and is still awake, Dienes gets out of bed. “I keep my yoga mats out, and I might go to a mat and do some stretches,” she says. She gets back into bed only when she feels really ready to fall asleep.

## A Quality of Life Shift

Dienes' sleep has improved significantly since she made the changes—and her quality of life has seen a boost. When she and her husband have free time, they enjoy simple pleasures like going to the movies and to concerts of performers they enjoyed in their youth, such as Pat Metheny, the Stylistics, and Steely Dan.

Dienes says she isn't insomnia-free, but that's OK. “Everyone's always going to have a bad night now and then. It's just part of being human,” she says. “But now I have more tools to cope with it.” ■

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

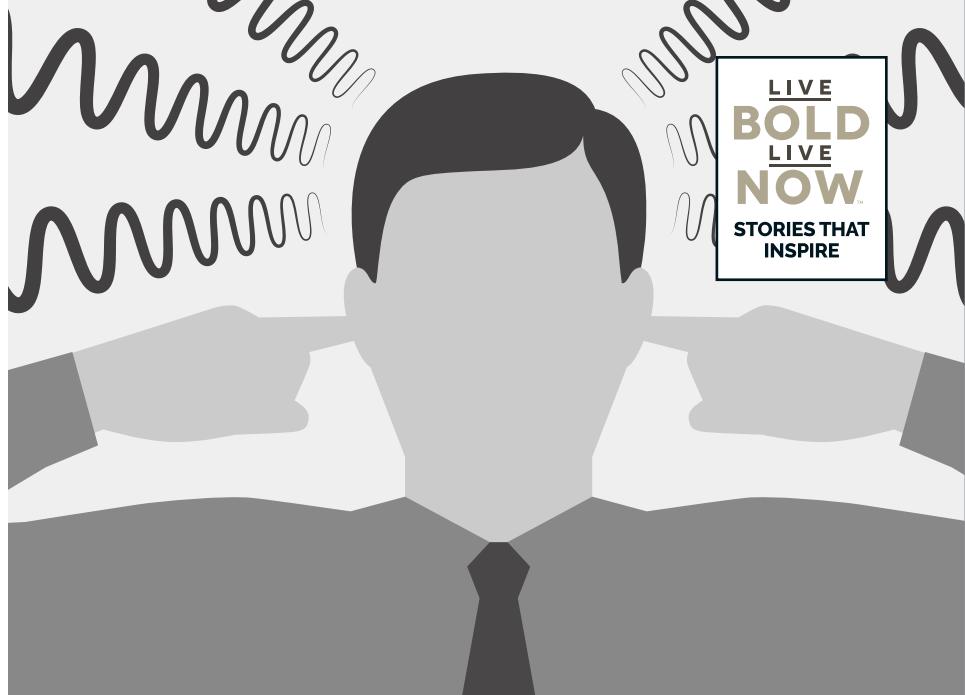
By Martin Reed

**U**nless 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



# Advice I Don't Need

having a rough night. We'd be happy to help!

■ **“Have you tried going to bed earlier or taking a morning lie-in?”** 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 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 tried them in the past. Unfortunately, there isn't any evidence that melatonin is an effective treatment for insomnia. **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 the 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 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](http://InsomniaCoach.com), an eight-week course that combines online sleep education with individual sleep guidance.*

■ **Blackout Curtains and Sleep Masks**

By blocking light, these tools can be useful for achieving sweet slumber. When your brain senses darkness, your pineal gland produces melatonin, which helps regulate the sleep cycle. Because even the smallest amount of light in your bedroom can enter your retina, inhibit melatonin production, and disrupt sleep, keeping out all illumination is key.

■ **Let Sleeping Dogs Lie?** While there may be reasons you don't want *your* canine companion in the bedroom overnight, having a pup in the room is not necessarily disruptive to slumber. A small study from the Mayo Clinic in 2017 found that those who slept with one dog in the bedroom, but not on the bed, maintained good sleep. Quality of sleep was somewhat lower if the dog was on the bed.

# Fad or Fact?

## Do weighted blankets soothe?

■ According to a study in *The Journal of Alternative and Complementary Medicine*, weighted blankets have a grounding effect that can regulate the production of cortisol—a hormone released during times of stress. In another study, from 2006, 63 percent of participants reported less anxiety after using a weighted blanket. This success may be related to deep touch pressure—a kind of cocooning, hugging sensation that triggers the release of serotonin and dopamine, which in turn, relaxes the body.



## 3 Ways to Meditate Yourself to Sleep

With its focus on breathing and awareness of the present moment, mindfulness meditation may help you break the cycle of worrying about the past and future when trying to sleep. A 2015 University of Southern California study showed that adults with insomnia who practiced mindfulness meditation experienced less insomnia, fatigue, and depression than those who didn't engage in this practice. Check out these three mindfulness meditation exercises as a starting point:

**1 COUNTING:** Count backward from 100. Every time you lose your place, start again. Don't get stuck on why you stopped counting; just slide back in and focus on the numbers.

**2 BREATHING:** Take in a deep breath and count to 4. Then, exhale for twice as long. As you continue doing this, imagine the air moving in and out of your lungs, and picture anything you've been holding in simply float away.

**3 GUIDED MEDITATIONS:** Looking at your phone when you're trying to fall asleep is counterproductive. But listening to a narrator guide you through a deep relaxation exercise can be helpful—especially if you have trouble meditating on your own. Guided meditations are readily available on YouTube and Spotify, and from apps such as Headspace. Just search online to find ones to your liking.



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

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