

7 Ways to Improve Your Sleep Hygiene p.11

▶ Home Remedies ▶ Expert Q&A ▶ Prescriptions for Sleep


HealthCentral

Insomnia

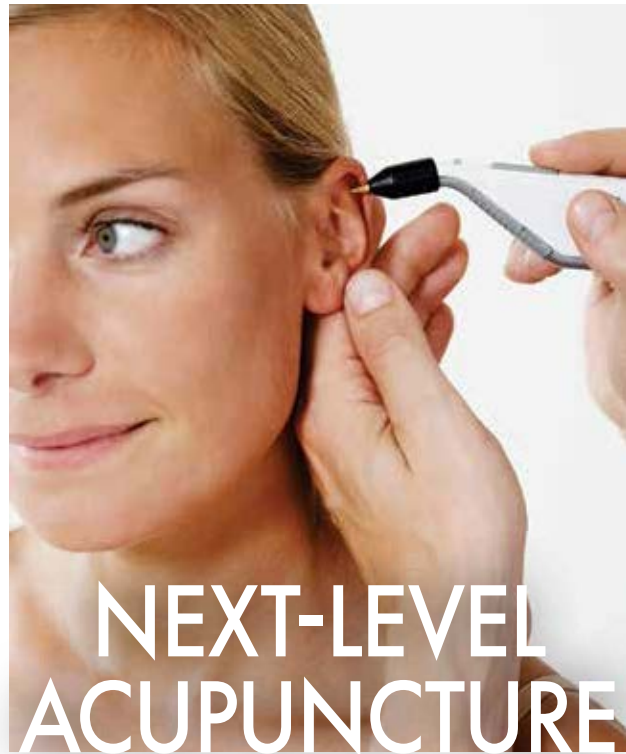


**Ditch the
Phone for
Better Sleep** p.2

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More Info



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).



IF YOUR INSOMNIA is related to depression, the results of a recent clinical trial suggest that you might benefit from electroacupuncture (EA), a modern take on an ancient Chinese therapy. With EA, tiny electrodes are attached to acupuncture needles, delivering a small buzz of electricity as the needle is inserted into the skin.

The trial included 247 patients, 18 to 70 years old, who had both depression and insomnia. Those patients—who were advised to continue taking their antidepressants and other medications—were divided into three groups. One group received EA three times per week, along with standard care, such as advice about healthy living and managing stress. The other two groups served as controls, with one receiving sham acupuncture (where the needle touches the skin but isn't activated) plus standard care, and the other receiving just standard care.

By the end of the eight-week study, sleep improved for those in the EA treatment group, based on their scores on a common measurement of sleep quality. They also got, on average, almost 30 minutes more sleep time than the control groups. What's more, they found that their sleep was still improved 24 weeks after the EA treatments had ended. The study was published online in *JAMA Network Open*.

A FAMILY AFFAIR

A recent survey by the Sleep Foundation found that 42% of people with insomnia share a home with someone who also has insomnia. What gives?

Wendy Troxel, Ph.D., a clinical psychologist at the RAND Corporation, a global research organization, says the situation is likely due to a combination of factors. Some risk factors for insomnia, such as depression or anxiety, tend to run in families, she says. But the biggest culprit is probably habit. "Families share habits and behaviors that can be linked with insomnia, including sleep routines," says Troxel.

Parents can set an example of good sleep behaviors and make those a part of the family's wind-down routine instead, she says, like not bringing phones into bedrooms before bedtime.

28
Percentage of adults using a smartphone to track their sleep



TUNE OUT, SLEEP BETTER?

Worries about money, family, or work can keep you awake at night. Now, you can add the state of the world to that list. A national survey of 2,040 U.S. adults by the Ohio State University Wexner Medical Center in Columbus found that the pandemic, political divisions, and other global crises are among the concerns keeping people up.

The 2022 survey also found that nearly half of Americans scroll through their phones right before bed, and 37% fall asleep with the television on. Not only is this a recipe for poor sleep, it also offers a big clue about how to improve it. Turning off the world and its problems—at least temporarily—by shutting down your devices before bedtime is a great habit to help you get better sleep, says Aneesa Das, M.D., professor of internal medicine at the Wexner Medical Center.

Q&A

I used to have trouble falling asleep. Now I have trouble with waking up and not being able to get back to sleep. Why the change?

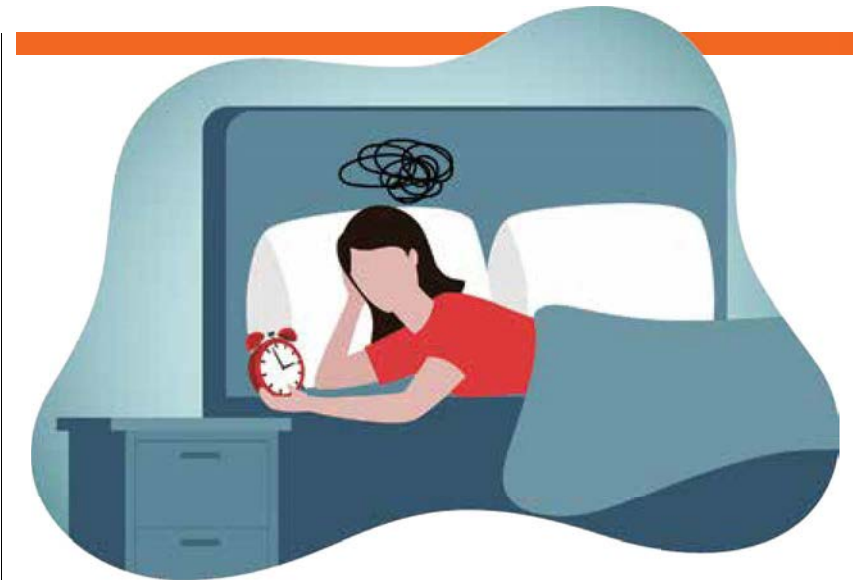
Insomnia can take several different forms, and there's a multitude of things that can lead to nocturnal awakenings. The most common thing I see is the development of sleep apnea [a breathing disorder]. Other medical problems—such as bladder conditions, joint pain, and movement disorders like restless legs syndrome—can cause you to wake up from sleep during the night. Or, there could be environmental factors, such as if you've moved to a new home.

I know that napping isn't recommended if you have insomnia. What can I do to stay alert and productive?

The best thing to do is make sure you stay busy and occupied. Take breaks from what you're doing, get up and walk around outside and expose yourself to natural sunlight—it's good for waking us up. If you can't do that, sitting in front of an artificial sunlamp that has a brightness measurement of 5,000 to 10,000 lux can help wake you up. The bright light signals to your brain that it's daytime and stimulates your brain to stay awake.

Can exercise help with insomnia, or does it sometimes worsen it?

Yes and yes. Exercise absolutely can help with insomnia. I recommend exercising as intensely as you feel comfortable with, though more vigorous exercise is going to be more tiring and that can help you sleep.



You don't want to work out too close to bedtime, though how close is too close depends on the individual. But definitely don't exercise within an hour of bedtime to prevent it from interfering with sleep.

How can I prevent my occasional bouts of insomnia from turning into a chronic problem?

When they have trouble sleeping, people start to worry about it, and that worry propagates the insomnia. So part of it is to try not to worry about it, which admittedly is easier said than done. One of the most important things to do is maintain really good sleep habits, such as having a consistent bedtime and awakening time, day after day. But if you can't sleep, don't lie in bed for more than 20 minutes without sleeping: Get up and do something calming until you're ready to try again. Before you go to bed, avoid screens for at least an hour: The light from them will keep you awake even if you don't want to be.

Why do I sometimes have insomnia when I'm really stressed out?

It could be physiological: If you're really stressed out, you could have increased cortisol levels, which can make you feel revved up. Or, it could

be psychological, especially if you're prone to rumination: If you're worried about something and you think about it over and over, that can interfere with sleep. Cognitive behavioral therapy for insomnia (CBT-I)—which helps people change sleep-related thoughts and behaviors, using guided imagery and relaxation techniques—can help with rumination. It's a way to distract your brain from those thoughts, so you can improve the quality of your sleep.

What else do you wish people asked you about insomnia?

People don't really ask me about what kind of sleep routine to have. I wish people realized how impactful it is to make changes to their sleep routine and be consistent. Keep in mind, insomnia isn't something that happened overnight, so it's not something that's going to get fixed overnight. It can take weeks or months. ■



JAMES MCGUIRK, M.D., is an assistant professor of neurology in the sleep division at Vanderbilt University Medical Center in Nashville, Tennessee.



Oh, to Sleep!

For some of us, a good night's sleep is an impossible dream. Why is it so hard to get enough zzz's?

By Patty Onderko

If even just reading this headline makes you yawn, you may be one of the estimated 35% of American adults who, according to the American Academy of Sleep Medicine, don't get enough sleep because of insomnia. Keep reading to learn what insomnia is and what it means for your health.

What Exactly Is It?

Insomnia doesn't mean you *never* sleep, even if it feels that way. (One study found that more than a quarter of people with insomnia get much more sleep than they realize.) The sleep disorder's definition is much more subtle—and often subjective.

Simply put, insomnia is “dissatisfaction with sleep quantity or quality,” says Joseph M. Dzierzewski, Ph.D., vice president of research and scientific affairs at the National Sleep Foundation (thensf.org), who is based in Washington, D.C. “It is waking up feeling unrefreshed.”

And for most humans, feeling refreshed requires a minimum of seven hours of sleep a night. “Healthy sleep generally means falling asleep within about 15 to 20 minutes of going to bed and sleeping for at least seven hours, with few awakenings each night,” explains James A.

Rowley, M.D., professor of pulmonary, critical care and sleep medicine at Wayne State University School of Medicine in Detroit. The reasons for not getting those crucial seven hours might differ—one person may struggle to fall asleep, another may have trouble staying asleep, and still others might wake up too early—but the outcome is the same: sleep deprivation.

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, but the rest of the body is still. A stretch of REM sleep can last from 10 to 60 minutes, with each successive REM period getting longer. On average, adults go through five cycles of non-REM and REM sleep in any given night of normal sleep. That doesn't happen with insomnia.

You may hear the terms “acute” and “chronic” insomnia; the first lasts less than three months, the second persists longer. But if you're getting insufficient sleep for *any* length of time, it's worth taking seriously, says Dr. Rowley.

What Causes Insomnia?

Often, sleep troubles beget more sleep troubles. If you're nervous about falling asleep tonight because you couldn't fall asleep last night, says Dzierzewski, the anxiety around going to bed can make it that much harder to relax and get adequate zzz's. That stress can continue to mount, transforming what might have been just a few bad nights into insomnia.

But falling and staying asleep is not always a mental game. Many cases of insomnia are caused by other sleep disorders, such as obstructive sleep apnea (a breathing abnormality) and restless legs syndrome (an uncontrollable urge to move the legs). Or, the cause may be an underlying medical condition: Alzheimer's disease, anxiety disorders, asthma, chronic autoimmune

(Continued on page 7)

(Continued from page 4)

or pain disorders, chronic obstructive pulmonary disease, depression, heart disease, or Parkinson's disease, to name a few. Sometimes, the medications for these conditions can interrupt sleep, says Dzierzewski.

Insomnia caused by another health disorder used to be called "secondary insomnia," while insomnia caused by stress was known as "primary." But that distinction is no longer considered relevant. "Rigorous research has shown that when insomnia is the direct result of another disorder, it is still deserving of focused attention and treatment and responds well to insomnia treatment," says Dzierzewski. Plus, the relationship between another health condition and insomnia can go both ways, with insomnia sometimes causing or worsening the health issue.

Finally, lifestyle habits can play a role. Excessive consumption of caffeine, alcohol, or drugs doesn't do sleep any favors, says Dzierzewski. Neither does "misusing the bed and bedroom," he says, referring to using them for anything other than sleep and sex. "Think of the bed as a tool designed for sleep, not for working, watching TV, or snacking," he says. Going to bed at different times every night can also wreak sleep havoc.

Who Is Most at Risk?

The risk factors already discussed aside, some people are more likely to develop insomnia than others. Females are at the top of the list, with a lifetime risk that's 40% higher than that for males. Why? Women may experience insomnia at higher rates because of a combination of socioeconomic factors, physiological factors like pregnancy and menopause (when hormones are fluctuating), and social contributors like the uneven distribution of child-care responsibilities, says Dzierzewski.

If you're a woman over age 65, the news is even more disheartening. Older adults are more likely to experience insomnia because they are prone to having underlying health



conditions, get less exercise, and have less exposure to daylight, says Dzierzewski. Our sleep undergoes a physiological overhaul, too. As we age, what's called our "sleep architecture" shifts: We spend less time in the deepest stage of sleep, leading to more frequent overnight wake-ups.

The Effect on Health

Sure, there may be nights—or even weeks—when, because of circumstances (a newborn in the house, for example, or a tough work deadline), you don't get the full, restorative seven hours. But those nights should be the outliers, says Dzierzewski. Getting less sleep consistently over time will take a big toll on your health, he says. Along with diet and exercise, sleep is the foundation for optimal function of every part of your body, from your brain to the ligaments in your toes. "People with insomnia recover more slowly from injury, experience more pain, are more susceptible to mood disturbances, and experience faster rates of cognitive decline than people who get healthy sleep," says Dzierzewski.

Need more motivation to take your insomnia seriously? Research shows

that the disorder is also associated with hypertension, coronary artery disease, and heart failure. Plus, growing evidence shows that short sleep durations might be at least partially behind this country's obesity and diabetes epidemics. In men, lack of sleep has been linked to erectile dysfunction and impaired fertility. And research has found that women who had poor-quality sleep showed increased signs of skin aging, including fine lines, uneven pigmentation, and slackening of skin and reduced elasticity, compared with women who had healthy sleep. Beauty sleep, indeed!

The Good News

You don't have to live with less-than-dreamy sleep. Insomnia can be successfully treated and cured, says Dr. Rowley. Talk with your doctor about what the causes of your insomnia might be and how you can get back to feeling refreshed when you wake up. ■



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The Doctor Is In

If you're not sleeping, it's time to get some help. Here's how to prepare yourself for your medical appointment.

By Patty Onderko

So you've been struggling to get a good night's sleep for a while now and you're increasingly fatigued during the day. Is it really worth a trip to the doctor? After all, doesn't everyone have difficulty sleeping sometimes? Sure, says Matthew Ebben, Ph.D., a sleep specialist and associate professor of psychology in clinical neurology at Weill Cornell Medicine in New York City, but that doesn't mean your lack of shut-eye is any less detrimental to your health and well-being.

"If you're having trouble sleeping on a regular basis, it's important to see a doctor about the issue," says Ebben. Mounting anxiety around bedtime and whether or not you'll fall asleep is another good indicator that it's time to seek professional help.

Who to See

Your primary care provider (PCP) is a great place to start, says Ebben. "Your PCP can do a physical exam and run blood work," he says, to rule out common medical issues that can

disturb sleep, such as diabetes and thyroid disorders. Your PCP can then refer you to a sleep specialist if needed.

If you've already been diagnosed with diabetes or another chronic condition, such as multiple sclerosis, arthritis, liver disease, heart disease, psoriasis, or Parkinson's, and you develop insomnia, see your disease specialist first to make sure your condition is being treated as effectively as possible.

If you have no underlying conditions and have been suffering through sleepless nights of tossing, turning, and despondent clock-staring for more than three months, though, "it's not unreasonable to go straight to a sleep specialist," says James A. Rowley, M.D., professor of pulmonary, critical care and sleep medicine at Wayne State University School of Medicine in Detroit.

What Is a Sleep Specialist?

Sleep medicine is a multidisciplinary field, says Ebben, which means that specialists come from all different

DID YOU KNOW? Over the long term, sleep deprivation can weaken your immune system and lead to persistent low-level inflammation throughout the body, which underlies many chronic medical conditions.

backgrounds, including neurology, pulmonology, internal medicine and psychiatry. These doctors then become board-certified in sleep medicine through a yearlong specialized fellowship.

There are also certain psychologists and other health professionals who provide what's known as cognitive behavioral therapy for insomnia (CBT-I). This treatment is one of the most effective to emerge from the field in the last 20 years.

If you have trouble finding a sleep specialist, look for an accredited sleep center, which should have a well-rounded team of healthcare providers. Locate one near you at sleepeducation.org/sleep-center.

Before Your Appointment

Since some drugs have side effects that disrupt sleep, write down a list of all the medications and supplements you're taking, says Dr. Rowley. It's easy to forget things (the over-the-counter allergy medicine you don't think twice about, for example) when you're with the doctor. Note, too, the time of day

you take each medication. Certain medications taken too close to bedtime may keep you awake longer than you want. A sleep specialist can help create a medication schedule designed for optimal sleep.

In addition to making a list of meds, write down all the strategies you've tried so far to resolve your insomnia, says Dr. Rowley, from sleep aids to relaxation videos. And on the day of your appointment, wear comfy clothes that are easy to take off and put back on, as your doctor will not just talk with you, but also do a physical exam.

Besides taking these steps, the main thing you need to do is "prepare to be completely honest," says Ebben. "We can't help patients if we don't know the whole picture." Your sleep specialist will want to know about any substance use (recreational drugs, alcohol) as well as your daily diet and exercise habits. Do you have a mid-night snack before you go to bed? Do you enjoy an after-dinner espresso? How much wine do you have with dinner? Details like these can be

important to figuring out what's going on with your sleep, Ebben says, so don't be reluctant to share them.

Will I Need a Sleep Study?

Maybe, but it's more likely that you won't, says Ebben. Sleep studies, called polysomnograms, "are generally used to determine if a person's sleep disturbances are caused by a sleep-related breathing disorder," he says, the most common of which is obstructive sleep apnea (OSA).

In OSA, the muscles around the airway relax and collapse in on the narrow upper respiratory tract, causing labored breathing—or even briefly stopping it. During a polysomnogram, you sleep overnight at a hospital or sleep center while your breathing and blood oxygen levels are continuously monitored to see if your air intake is being interrupted during the night. (There are sleep testing devices for home, too, but polysomnograms "are the gold standard for diagnosing apnea," says Ebben.) In a 2019 study, over 35% of people with OSA were also found to have insomnia.

If your doctor doesn't suspect OSA, you won't need a polysomnogram. Instead, you'll likely be asked to log your sleep and daily habits in a sleep diary for two weeks, says Ebben. ■

DEAR SLEEP DIARY: WHY AM I AWAKE?

A SLEEP DIARY is a log that tracks your shut-eye over time. If you want to be a gold-star patient, you can complete a sleep diary (download one at sleepeducation.org/resources/sleep-diary) before your first appointment to give your doctor a sense of how much—or how little—slumber you're getting. But it's not necessary, says Ebben. In fact, many sleep physicians will have their own sleep log that they'll want you to use for two weeks after your first visit as a diagnostic tool. Keeping a sleep diary can help you and your doctor spot behaviors or habits that might be contributing to poor sleep. In addition to giving you space for logging when you

fell asleep, how many times you woke up during the night, and when you got up in the morning, many sleep diaries have fields in which you can input:

- Whether you've used your bed for anything other than sex or sleep
- When you take medicine
- When you drink alcohol or caffeine
- When you nap
- Your exercise routine

A sleep diary can offer convincing, concrete evidence that you sleep much better on days you exercise, for example, says Ebben, which may motivate you to exercise more.



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GETTY IMAGES



Hello, Sandman

Getting a good night's sleep may take a little trial and error, but you and your doctor have lots of tools to choose from to help you sleep the whole night through.

By Avery Hurt

Once your doctor has ruled out or begun treating other issues that may be contributing to your insomnia, it's time to zero in on treating the insomnia itself. Your doctor will work with you to find out what's keeping you awake and the best way to address the problem. Fortunately, there are many tools available. Be confident that if one approach doesn't work, there are other options to try. Plus, there's a lot you can do on your own.

No one approach works for everybody, and successful treatment for insomnia usually requires a multi-pronged plan. These are some of the options you'll likely discuss with your doctor.

Don't Overthink It

If worry or intrusive thoughts are keeping you awake, cognitive behavioral therapy for insomnia (CBT-I) might be just what you need. The American Academy of Sleep Medicine (AASM) recommends CBT-I for both insomnia not caused by other health conditions and insomnia associated with other conditions, such as chronic pain or depression. With CBT-I, a professional therapist trained in this method will show you how to work

through thoughts and behaviors that might be interfering with your sleep. Over the course of several coaching sessions, typically from four to eight, you'll learn how to recognize when you're dwelling on negative or troubling thoughts, as well as how to deal with those thoughts in a more productive way—one that doesn't keep you awake. You can meet with a therapist in person, by telehealth, or via an app.

CBT-I doesn't focus only on managing your thoughts. You'll also learn some good sleep hygiene tips that will help you make sure your body and environment are primed for sleep when you crawl under the covers.

While CBT-I has many advantages, it doesn't work for everyone. You have to be committed to the program. Ann Romaker, M.D., director of the Sleep Medicine Center at the University of Cincinnati College of Medicine in Ohio, points out that you might not begin to see the benefits for 90 days—or sometimes longer. But for those who stay the course, CBT-I can be very effective, she says.

Deep Breaths

Relaxation and meditation once you're in bed can help you fall asleep, and if you awaken in the night, the

same tools can help settle you back into slumber. Progressive muscle relaxation, starting at the feet and working your way up, is one helpful technique. Or you might try deep breathing or counting your breaths.

Some relaxation techniques practiced during the day can also help you sleep at night. Dr. Romaker recommends gentle yoga, pointing out that it has been shown to be effective regardless of the cause of the insomnia. Also, yoga can be used in conjunction with other therapies, such as CBT-I, and the benefits of yoga are immediate.

It's All in the Timing

Spending less time in bed—at least at first—might help you get more sleep in the long run. This technique is called sleep restriction. Rather than turning in early, you actually stay up later at night, but still get up at the same time in the morning. The idea is that, even though you spend less time overall in bed, more of that time is spent sleeping. Once you're asleep at least 85% of the time, you can start increasing your time in bed in 15-minute increments. Sleep restriction also means forgoing naps and not sleeping late in the morning. That way, you're more likely to be drowsy at bedtime. Note that this technique is not for people in high-risk jobs.

Melatonin

Melatonin is a hormone produced naturally by the body. Some people find that melatonin supplements help

40

Percentage of people with insomnia who also have clinical depression.

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reset their internal clocks (circadian rhythms) when they're suffering from jet lag. But the AASM doesn't recommend it for either sleep-onset insomnia (difficulty falling asleep) or sleep-maintenance insomnia (problems with staying asleep) because there's little evidence that it works for these purposes. Melatonin may also interact with other medicines, so if you're thinking of giving it a try, be sure to check with your doctor first and ask about the safest dose to take.

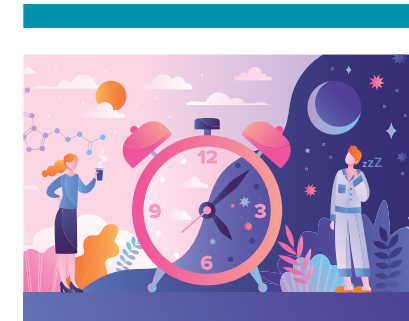
Off the Shelf

Lots of people reach for over-the-counter (OTC) sleep aids when they can't get enough shut-eye, but that's probably not a good idea. Most OTC sleep medications rely on antihistamines to make you drowsy. They do work for some people—about 10% to 25%, according to Dr. Romaker—but they stop being effective if you take them for more than a week or so. Another reason not to take antihistamine sleep meds regularly is that they can affect your balance. The AASM does not recommend these types of sleep aids because there's not a lot of evidence that they're effective, and there are some questions about their safety.

Prescription for Sleep

You and your doctor may decide that in addition to other techniques and therapies you may be using, you need prescription medication for your insomnia. The most common medications used to treat insomnia are in a class of drugs called hypnotics. These drugs bind to specific receptors in the brain to induce sleep. Zolpidem (Ambien), eszopiclone (Lunesta), and zaleplon (Sonata) are the most well-known of these.

Other drugs help you sleep by targeting receptors in the wake-promoting sections of the brain. Suvorexant (Belsomra), lemborexant (Dayvigo), and daridorexant (Quviviq) are in this class of drugs. Ramelteon (Rozerem) works by stimulating receptors for melatonin. ■



PILLOW TALK

SLEEP HYGIENE DOESN'T mean taking a bath before bed and wearing clean pajamas (although those strategies might help). It's the term sleep doctors use for simple habits that can help you sleep better. Some of these are taught in CBT-I programs. Here are a few tips that you can start using right away:

- Go to bed at the same time each night, and get up at the same time each morning, including on weekends. Doing so can help regulate your internal clock.
- Limit your exposure to bright light in the last hour or so before bedtime.
- Keep your bedroom free of electronics: no computers, phones, or TVs allowed. Use your bedroom for only the three S's: sex, sickness, and sleep. Turn off all your electronic devices at least 30 minutes before turning in.
- Keep your bedroom quiet, dark, and cool—around 65 degrees is ideal.
- Avoid alcohol for four hours before bedtime. Even moderate amounts of alcohol can interfere with sleep.
- Stay away from caffeine for a minimum of eight hours before bedtime—or risk being kept awake.
- Be active. Exercising during the day can help you sleep better at night. The Sleep Foundation recommends that you stop exercising at least 90 minutes before bedtime.



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Sleep? No Problem

Changing her thinking about insomnia helped this woman find relief from a lifelong issue.

By Suzanne McElfresh

For most of her life, **Beth Kendall** felt insomnia looming. A constant companion, it was there at night as she lay in bed, not sleeping, and as she struggled through the day, exhausted at work or worrying about whether she could commit to plans with friends or boyfriends or enjoy a vacation.

“Insomnia just follows you around like a ghost,” she says. “It’s hard to live your life fully because your gas tank is always running on empty. You’re always pushing through, trying

to muster up the energy. It really affected my life and my relationships and my thoughts. It kind of consumed me. I was walking around life just sort of half alive.”

For Kendall, now 54, sleep issues began in childhood, when her parents moved her to a different bedroom in the family house. “For whatever reason, that just seemed so dramatic and traumatic to my 8-year-old brain. I felt very alone and separated from my family,” she says. “I think my brain created a link that being awake at night was something really unwanted, that it was scary and lonely.”

She settled into her new bedroom eventually, but sleep evaded her again in her teens. As a ballet student at a performing arts high school, she lived in a dorm. “I was attuned to the fact that everyone else could sleep just fine, but I would have these periods where I was lying up on the top bunk awake,” Kendall says. “That’s when I started developing this identity that there was something wrong with my brain, that I couldn’t sleep like other people could.”

Insomnia didn’t plague her every night, but it flared up unpredictably and could last for several days or even weeks. These cycles of sleeplessness persisted during college and through the next three decades, until Kendall finally found relief in 2019.

‘Always Chasing Sleep’

Kendall first sought help for sleep issues in her 20s, while dancing ballet professionally. She was medically diagnosed with sleep-onset insomnia, or trouble falling asleep.

“I saw just about every sleep medicine specialist,” she says. “I did two sleep studies, where I went to a facility and had all these wires coming out of my head, but no one had an answer for me. I really did spin my wheels for decades.”

Kendall took prescribed medications for more than 20 years, but either they didn’t work or caused side effects. She also tried supplements and other treatments, such as “meditation, sleep hygiene rituals, nervous

system relaxation, and crazy horrible [medicinal] teas that tasted unbelievably bad,” but to no avail. “I was always in that ‘chasing sleep’ mode,” she says.

A Life Less Lived

Feeling controlled and limited by her condition, Kendall says, “I stopped living life as fully as I could. I stopped committing to trips and outings and anything that would threaten my sleep even more. My life got smaller and smaller.

“It was a very difficult thing to navigate, because you hear all the time that this is a prevailing problem in the world, but you really feel like you’re in a small club when you’re in it,” she says. “You try to explain your experience to people, and they just don’t understand.”

On top of the effects of sleep deprivation, Kendall says, her sleep issues made her feel ashamed. “You feel like insomnia is your fault. You blame yourself, and you just feel alone in it. Insomnia infiltrated everything I did. I had this ongoing worry about the status of my sleep.”

In her late 20s, Kendall left ballet and began working as a flight attendant (her career until 2020), while still juggling her life around the need to get more sleep. “I slept at oddball times or took naps in the daytime,” she says. “But my schedule was upside down, where I would stay up



Kendall, enjoying a smooch from her boyfriend’s dog, Guinness.

until 3 or 4 in the morning and then sleep till 10 or noon.”

An Epiphany

Then, in September 2019, a shift occurred. During her final year of study for a master’s in holistic health at St. Catherine University in St. Paul, Minnesota, Kendall says she experienced a change in the way she thought about insomnia, which led to the resolution of her problem. She is now insomnia-free.

As she learned about the mind-body connection, she says, she became fascinated with the concept of neuroplasticity, or the brain’s ability to change. She chose the topic for her thesis project, focusing on how the nervous system and the stress response affect behavior.

“I became aware of the subconscious mind and how it creates patterns in our lives, and things started to shift,” Kendall says. “I had that click, an ‘aha,’ that my brain wasn’t broken, that this was a mental program I had been running on replay. That was the beginning of my starting to respond to sleep differently. Over time, my brain let go of the hyperarousal. I now understand that focusing on making sleep happen kept me from sleeping.”

The change in her waking life has been remarkable. “I started making plans that I wouldn’t previously make without considering the impact on my sleep. My focus switched from trying to fix my sleep to living my life

again—and that, too, took the power away from insomnia,” she says.

A Different Perspective

Kendall likens insomnia to a phobia—a fear of not sleeping. It’s a controversial view, she admits, but one held by several sleep experts.

“This way of thinking is that insomnia is a fear or anxiety issue versus a sleep problem,” she says. “If we say over and over that sleep is hard, that it’s a problem we need to fix, it unintentionally confirms the brain’s fear of not sleeping. It becomes this vicious loop.

“I approach sleep by creating more ease and effortlessness,” she says. “Instead of creating struggle and tension and rules and rigid behaviors, sleep can be easy.” While this approach may not work for everyone, it works for Kendall.

And Kendall has proved the theory to herself, including on nights when it takes time to fall asleep or she wakes up. “I view that as a sleep disruption, which is normal,” she says. “That’s how I knew I was beyond insomnia, because disrupted sleep doesn’t spiral me into another cycle of sleeplessness. I know that my sleep system is dynamic. I don’t even think about insomnia anymore.”

Kendall’s own success—after decades of sleeplessness—is why she is dedicated to helping others with insomnia. She earned a sleep coach certification and established her own practice (bethkendall.com). In the fall of 2022, she launched her own program, Mind Body Sleep, which she characterizes as a “mentorship for insomnia.” Kendall offers a free course via email and, for those wanting more support, a three-month paid video curriculum, one-on-one phone sessions, and access to a private community of others with insomnia.

“I want to give people the information I wish I’d had,” Kendall says. “I want to provide hope, because that’s what I needed when I was going through it. I want to be an example of what’s possible for people.” ■



Kendall at work as a sleep coach, supervised by her cat Lover Boy.

SCOTT HOLMES (3)

Doctor Discussion Guide

Insomnia



Lack of sleep and poor-quality sleep can be detrimental to your health, so it is important to resolve your insomnia. But to do that, you must first figure out what's causing your sleep troubles. Work stress, family worries, erratic schedules, and 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 with your healthcare professional to provide them with details needed to determine the best treatment plan for you.

DESCRIBE YOUR INSOMNIA AND SLEEP HABITS:

How long have you had difficulty sleeping?

Which do you have trouble with?

- Falling asleep Staying asleep Both

How often are you waking up each night?

Do you have a consistent sleep schedule?

- Yes No

Which sleep remedies have you already tried? (Check all that apply.)

Relaxation Exercises	Caffeine Avoidance	Over-the-Counter Medicine	Prescription Medicine	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Extremely Exhausted	Very Tired	Tired	Slightly Rested	Very Rested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes No

Do you have any health problems besides your insomnia?

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

Do you relax and unwind before bed?

- No
 Yes
 Sometimes

How often do you use electronic devices shortly before going to bed?


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


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

Do home remedies for insomnia work? Their success may vary, but they're worth a try. *By Lambeth Hochwald*

9 Tips for Self-Care





 **Take time for tea.** Drinking non-caffeinated tea may help you fall asleep. “Certain types of tea, such as chamomile, are believed to be especially relaxing,” says Janet Kennedy, Ph.D., a psychologist and sleep specialist in New York City. “But it’s the ritual of relaxing with a cup of tea that’s most beneficial.”

 **Soothe yourself with sounds.** Many people swear that white noise or calming music helps them fall asleep. “While there’s no hard data, we do know that white noise helps to buffer intrusive noise from the outside world,” says Kennedy. And if blocking out the noise is what you’re looking to do, Kennedy recommends using a white noise machine over wearing

headphones pumping in sounds all night long.

 **Use essential oils.** Multiple studies have shown that the scent from spraying lavender essential oil on bedsheets, for example, can help with insomnia.


 **Take a warm bath.** A good soak in the tub is an old-fashioned way to help promote sleep. Just be sure you’re soaking in warm (not hot) water. “The rise in body temperature while you’re in the tub, followed by cooling after the bath, could help you fall asleep more quickly,” says Kennedy.

 **Lower your head temp.** By putting a cold pack on your forehead before bed, you may sleep better, Kennedy


says. “Cooling the frontal cortex may slow down racing thoughts and help you fall asleep faster.”

 **Keep your feet toasty.** Wearing socks or keeping a hot-water bottle near your feet might make a noticeable difference throughout the night.

 **Block the light.** Wearing an eye mask might improve your sleep since your body responds to light even when your eyes are closed. “Light also affects melatonin levels, compromising sleep duration and quality,” says Kennedy.

 **Consider cherry juice.** Drinking just one glass of tart cherry juice (particularly Montmorency, a variety of

sour cherry) may improve your sleep, thanks to the high levels of melatonin it contains, according to one study in which 20 individuals consumed either a placebo or tart cherry juice concentrate for seven days. Among those who drank the cherry juice, the total melatonin content in their urine was significantly elevated.

 **Calm your racing mind.** If all else fails, open up a book to help your mind and body detach from the stress of the day, Kennedy suggests. “Reading gives your mind a place to go, away from stressful thoughts,” she explains. “Meanwhile the body takes over and pulls you into sleep.” And isn’t that what we’re hoping for when insomnia hits? ■

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