

*Management of*  
**Chronic Insomnia**

**A guide for health professionals**

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*Dedicated to my wife Kim and my sister Sara*

# Preface

The purpose of this book is to provide a management framework that health professionals can use to successfully treat chronic insomnia.

It is based on clinical experience; that is, on practical interaction with patients, focusing on what to do and how to do it. Most of the work is done by the person him/herself with the health practitioner pointing them in the right direction and helping to unravel what appears to be a frustrating experience: chronic insomnia.

I recommend that you read this entire book (a short one) from beginning to end and then go back to the sections that apply more specifically to you.

The first chapter ‘Need to know’ is particularly important, laying a foundation for successful management. The second chapter outlines the principles of managing chronic insomnia. The third chapter gives examples of some common causes of insomnia. Although some of the cases described may not apply directly to you, they should nevertheless help you understand the nature of the problem. Chapter 4 explains how to manage insomnia in practice. In some cases, cooperation between more than one health practitioner is needed — for instance, a sleep physician, a psychologist and a counsellor.

Some ideas and recommendations for treatment are, unavoidably, repeated throughout this book. However, this highlights some of the important facts about chronic insomnia.

Ultimately, it is my hope that after reading this book you will be able to look at chronic insomnia in a different way, and you will have picked up a number of useful suggestions to improve the quality of sleep and daytime functioning of your patients.

A. AMBORGETTI

# Introduction

## What is insomnia?

Insomnia is a symptom that consists of difficulty initiating sleep, maintaining sleep and/or waking too early in the morning. Insomnia is perceived to cause daytime symptoms such as irritability, tension, helplessness, unhappiness, low energy, and a reduction of interest in normal activities. The person may complain of poor concentration, lethargy, of feeling uncoordinated or of not functioning as they would like to. This can lead to worrying about one's health — of an increased risk of infection and of poor health in general.

Insomnia does not just affect bedtime and nighttime, it also has an important daytime component. It is the combination of difficulty sleeping and poor daytime function that make insomnia such an important symptom.

Insomnia is highly subjective. It is a very common problem, affecting 1 in 10 of the population, with severe cases affecting at least 1 in 20. Chronic insomnia has a significant negative impact on the quality of life of the sufferer and an impact on society as a whole.

**Insomnia = difficulty sleeping and poor daytime function**

In some cases, insomnia is of brief duration (perhaps up to a month or so), usually triggered by well-recognised factors such as important life events. In most cases the sleeping difficulty eventually subsides and daytime function resumes. However, for others, poor-quality sleep and poor daytime functioning persist well beyond a few months, and this is what we refer to as 'chronic insomnia'. It can be continuous, experienced most nights of the week. In other cases it can be intermittent, sometimes with seasonal variability.

This book is predominantly concerned with chronic insomnia, although some of the principles outlined in the next few chapters can be applied successfully to insomnia of shorter duration.

Please refer to the glossary for an explanation of some of the terms/words that you may not be familiar with.



# Ideas and principles

In order to treat insomnia successfully, one must first understand the ideas and principles that are the basis for treatment. This chapter discusses some of these important points.

## **How much sleep does a person need?**

This question is asked frequently. The answer is that each individual has different needs. It is often quoted that on average a person needs between 7½–8 hours of sleep. In reality, the amount of sleep that a person needs changes during their lifetime. For example, teenagers often need longer than adults, due to hormonal and maturation factors. It would not be uncommon for a teenager to need at least nine hours sleep, whereas an older or younger person will likely require less time. However, even in adulthood the amount of sleep that people need can vary from five hours (short sleepers) to nine hours or more (long sleepers).

If a person wants to know how much sleep they need, then for a period of a week or ten days (perhaps while on holiday from work), and without any commitments or stresses which may interfere with sleep, they should go to bed when sleepy and get up when they are ready. If they can record their bedtimes and wake up times each day and then average the number of hours slept over the period, this will show how much sleep their body needs if left to its own devices.

## **Insomnia as a symptom not a disease**

There is some debate about whether insomnia should be regarded primarily as a symptom or a disease. Everybody agrees that insomnia is a symptom. However, some health professionals also argue that once insomnia has been going on for a long time, it can potentially be regarded as a disease. For the purposes of discussion throughout this book, it is important that insomnia is considered a symptom and not a disease. We usually say that we treat symptoms and we cure diseases. There are many conditions in medicine where symptoms are treated without necessarily curing the disease. For example, the headache (a symptom) of migraine (a disease) can be treated, but migraine itself is unlikely to be cured.

Regarding insomnia as a symptom is useful as there are so many causes — it can be helpful to identify what triggers this symptom of insomnia and what makes it persist over time.

## **Insomnia is a symptom of poor function during 24 hours — not just a bedtime or nighttime problem**

It is very important that this idea is understood. For cultural reasons, people often say, ‘If only I could get a good night’s sleep, I would not feel so tired during the day’ or, ‘If I could get a good night’s sleep then I would be able to do certain things which I am unable to do during the day’. To some degree, they are correct. However, this only accounts for 50% of the problem.

Often what we have done between 8am–8pm is as relevant to sleep as nighttime sleep (or a lack thereof) is relevant to daytime function (see Figure 1). There are those who say, ‘If you have a good day you will have a good night’s sleep’ and to some degree, they are also correct. From a practical point of view, it is useful to consider insomnia a symptom of poor function during the full 24-hour period, whereby daytime influences bedtime and sleep-time, and nighttime influences daytime.

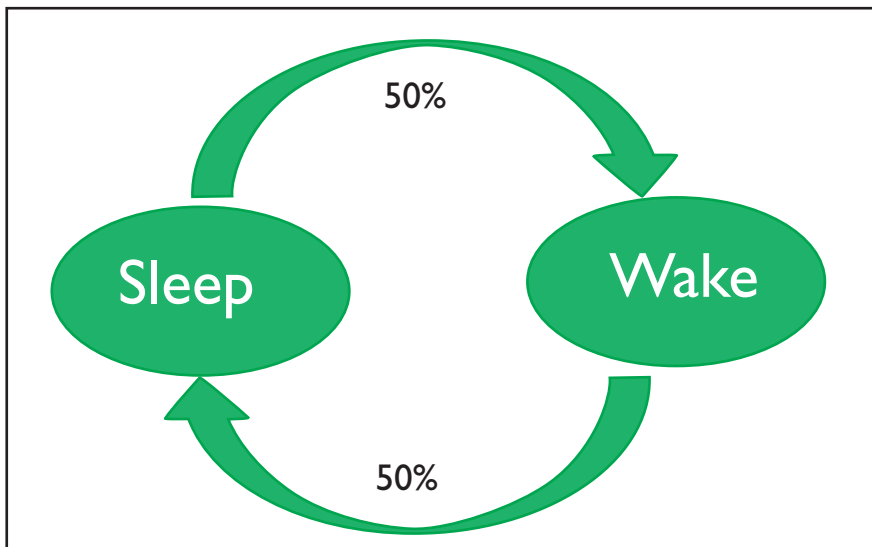


Figure 1 Insomnia has both sleep and wake components.



As you will see in the next chapter, to successfully treat insomnia it is important to address what a person does and how they feel during the day.

## **Some people with insomnia are sleepy during the day and some are not**

When people feel they are not sleeping well at night (difficulty initiating sleep, staying asleep and waking up early) it is important to ask how sleepy they feel during the day. Often the person complains of insomnia and feels tired but does not fall asleep during the day. In other situations the person suffers from insomnia and tends to fall asleep very easily during the day. These are two completely different groups of people, although both suffer from insomnia. People who suffer from insomnia and fall asleep easily during the day often have specific disturbances of sleep during the night (see examples in Table 1). People with insomnia who do not fall asleep easily during the day are people who tend to be hyper-aroused.

People are hyper-aroused when their stress system is continuously activated. The stress system is very useful for survival. Through the activation of various hormones including adrenaline, noradrenaline and cortisone, we can have an emergency response to danger ('fight or flight'), which is helpful under threatening conditions. However, the body does not make a distinction between physical and mental threats — as human beings we have only one stress system. This means that for whatever reason, if something in the mind is upsetting us,

the stress system will be activated and the body will not be in a state conducive to sleep. When activated for a limited period of time, the stress system is very important to our defense response. However, if constantly activated, it is detrimental to our health, as it leads to physical exhaustion.

Hyper-arousal is a common reason why insomnia persists over time. Depending on genetic makeup, some people are more likely to have their stress systems activated than others. Some individuals may not be

**Table 1.1 Some examples of conditions causing insomnia and daytime sleepiness**

Obstructive sleep apnoea
Restless legs syndrome
Abnormal movement in sleep
Depression
Heartburn and esophageal reflux
Chronic pain
Bladder problems
Coffee, alcohol in excess

able to fall asleep if they hear a noise in the middle of the night, feeling that they have to investigate, whereas others are able to turn over and go back to sleep. While both are within normal limits, the first (who is unable to go back to sleep) will tend to be hyper-alert — this means that compared with person who falls back to sleep, their alert system is more responsive and is more likely to keep them awake.

There are many circumstances that cause our stress system to be continuously activated, including personal and relationship problems, emotional issues, the work environment and family concerns. This affects sleep.

## **Psycho-physiological insomnia (learned insomnia)**

This is a common mechanism and state of health which sets in once the symptom of insomnia has been present for a few weeks or months. No matter how the problem started, psycho-physiological insomnia sets in. This refers to the situation where after a few weeks or months of not being able to sleep, but having to continue daily duties (family, work commitments) a person starts longing more and more to get a good night's sleep. As the longing and desire for a good night's sleep increases, so too does their anxiety and the expectation that they will fail to sleep when night comes. This results in a person being less and less able to fall asleep. After a while, going to bed, bedtime and often the bedroom itself become negatively associated with falling asleep and the person becomes more and more anxious around bedtime with the expectation that they will not be able to fall asleep. This negative state of affairs is what we refer to as psycho-physiological insomnia. It appears that despite any effort, falling asleep cannot be achieved. Therefore the person has a feeling of having lost control over their ability to fall asleep. Once insomnia has been going on for some time, learned insomnia sets in, irrespective of how the problem started. This is one of the main reasons for insomnia continuing and is one of the targets of our treatment.

## **Individual body clock**

Each individual has a different body clock, which regulates a person's sleep-wake pattern to act in synchrony with light/dark, day/night cycling due to the earth's rotation. We identify approximately three types of body clock. The 'morning' type tend to go to sleep early in the evening, perhaps at about 9-10pm and by

6am it is difficult to keep them in bed. The ‘evening’ type tend to fall asleep preferably between 11pm-midnight and if left undisturbed in the morning they tend to sleep in until 8am and are somewhat sluggish in getting up. There is also an ‘intermediate’ type, in-between these two types.

The kind of body clock that a person has can influence their insomnia. The questionnaire (Appendix D) is a simple way to assess body clock types. Keep in mind that work schedules, in particular shift work and medications used for other medical problems, can affect the body clock.

## **Summary**

The following ideas are very important to be understood in order to properly manage the symptom of insomnia:

- The amount of sleep needed by each person is different.
- Insomnia is a symptom not a disease.
- Insomnia is a symptom of poor function in the total 24 hour period — it is not just a bedtime or nighttime problem.
- Insomnia is different in people who are very sleepy during the day and people who are not sleepy during the day.
- Psycho-physiological insomnia is a common reason for insomnia becoming chronic.
- Different individuals have different types of body clock and problems with the body clock can cause insomnia.

The interaction of the above factors explains why insomnia is different in different people and is a highly subjective experience.

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