

# Simply Insomnia

A brief guide to insomnia and how to tackle it

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## **General**

What this eBook is: A simple guide to things you can do for yourself which should help to improve your chances of getting a good night's sleep.

What this eBook is not: It is not an exhaustive source of information on all types of insomnia or their causes, just the basics! It is not a medical guide, for medical advice, see a doctor! It does not touch on drugs, medicines or psychological advice.

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## Introduction

If you wake up not feeling refreshed and feeling irritable, if you feel sleepy during the day to such an extent that it affects your normal activities – you should consult a physician or medical practitioner for guidance. They may suggest some of the self help measures contained in the guide, or they may prescribe medication, they will also look for *underlying causes* for the condition.

If there is an underlying personal or emotional problem which may be causing insomnia, you should also consult your medical practitioner, who may recommend counselling to help deal with anxieties.

Herbal remedies may help: Valerian, Passiflora, Lavender and Chamomile – but if you are taking other medication, check with your medical practitioner first.

Never take any medication without proper medical guidance.

## What is insomnia?

Insomnia may also be known as Wakefulness or Dysomnia and is an inability to sleep, or to sleep for long enough to get a proper night's rest. It can have the effect of making you feel constantly tired.

Sleep is necessary to repair the body and provide mental and physical rest – to recharge your batteries. Without sleep, or when sleep is insufficient or disturbed over a long period, you may find your concentration and coordination is poor and you may become irritable.

A typical sleep cycle has five stages: drowsiness, light sleep, two deep sleep stages followed by REM (Rapid Eye Movement) sleep, where most dreams occur. This first five stage cycle usually lasts about 90 minutes. The REM stage for subsequent cycles may be longer. You may have five of these cycles in a typical night's sleep.

The amount of sleep needed by people varies: Babies need about 17 hours sleep a day, a child nine to ten hours per night, and an adult seven to eight hours each night, though that typically decreases as you get older. If you don't need much sleep, get up early to do things – don't spend *too long* in bed as this can help trigger insomnia.

Infants typically wake frequently during sleep periods until about six months old when they will probably start to sleep through the night, though they will also sleep two or three hours during the day.

Getting enough sleep is much more important for young children than for fully grown adults, as a childhood growth demands a healthy sleep cycle.

Babies may have some other causes than adults for insomnia, such as wanting to be noticed or comforted, being hungry, having colic or pain from growing teeth. Constant attention when a baby cries on waking can be counter-productive, it may be better to let the baby stop crying on its own. Holding a child in your arms to get them to sleep, or reading stories at bed time can mean that without these triggers they will have difficulty sleeping – so weaning them off these habits should be considered at some point.

You should *not* send a child to bed as a punishment as this may lead to insomnia due to a fear of being sent to bed.

You should consider using a bedroom only for sleep, instead of also for play.

Do not give a child sleeping medicines unless advised to do so by a doctor.

## Symptoms of Insomnia

- difficulty falling asleep
- difficulty staying asleep
- getting back to sleep, after waking in the middle of the night
- waking up early
- feeling tired first thing in the morning – not rested
- can cause digestion and bowel problems

## Types of insomnia

- transient - only lasts for a few nights
- short term – more than a few nights but less than three weeks
- long term (chronic) – at least 3 times a week, for three weeks or more
- Seasonal Affective Disorder – due to changes in length of Day & Night
- Sleep Apnea: this is a condition where the sufferer stops breathing for a short time (see final section)

## Causes of Insomnia

30-40% of people report insomnia each year

10-15% of people reporting insomnia say they have chronic insomnia

Short term or Transient insomnia can be caused by

- traumatic events such as acute illness, injury or surgery, bereavement, job loss
- less serious events such as trouble at work, an exam, travelling (including jet lag), extreme weather change

Insomnia is often a symptom of other disorders:

- |  |        |     |
|--|--------|-----|
| • Psychological: e.g. stress, anxiety, grief, depression, dementia                             | aprox% | 50% |
| • Behavioural:   |        |     |
| ○ sleep environment – e.g. bedroom is noisy or uncomfortable                                   |        | 30% |
| ○ coffee, alcohol, nicotine or other stimulants<br>or medication e.g. for asthma or depression |        | 10% |
| • physical: e.g. arthritis, diabetes or pain   |        | 10% |

The best way to cure insomnia is to get to the root cause and cure that.

Temporary insomnia is often brought on by anxiety and stress, and is normal in that situation. Continuous stress or anxiety leading to chronic insomnia would be an example of a situation where treating the root cause, the stress would be appropriate. It may be that after or during treatment of the root cause, you would need to tackle symptoms or lingering insomnia by addressing behaviour and environmental issues as suggested in this guide. A partner's sleep habits or snoring could also be the cause – in which case that would need to be directly addressed.

In most cases, *if* the root cause is behavioural, then this guide should help you to tackle the problem. If the cause is something else, then you should seek medical help to discover the cause, but the information here may still help you improve the situation until you do find the root cause.

## What can you do to treat Insomnia yourself?

These measures are self-help, behavioural therapies, but you should consult a medical professional if you are worried about serious insomnia, and always before taking any medication or drugs.

The following are fairly general points, for some specific processes see the next chapter. When trying a method or process, use it for at least a week and log it in a sleep journal each morning, then don't use it for a week, also logging the result. You might need to repeat this if the results aren't definite.

Generally the keys are a regular routine which you repeat every night, and finding something that helps you relax before going to bed and then repeat this every night. Also, avoid things which trigger wakefulness, stress or worry!

- Create a routine, going to bed and getting up at the same time each day in order to establish a sleep rhythm. Sleep is helped greatly by rhythm, routine, habit and repetition. If you are expecting trouble getting to sleep then that works against you, if you are expecting to go to sleep because repetition and habit have reinforced that going to bed means it's time to sleep, then your subconscious will help. For more details see the next chapter.
- Reduce caffeine intake – from coffee, tea or soft drinks... especially late in the day (after 1pm), people differ but caffeine *is* a stimulant. Try decaf!
- Moderate your alcohol intake – although it may initially make you sleepy, it can cause you to wake up early, alcohol hinders the deep sleep function. You should avoid alcohol for two hours before going to bed.
- Reduce or give up smoking. Don't smoke in bed (it's also dangerous!)
- Do not nap during the day, as it will affect how well you sleep at night – any kind of oversleeping will.
- Work out the right amount of sleep you need (at a time when you *are* sleeping!) by keeping to a particular bedtime while getting up 15 minutes earlier every three days until eventually your mind/body allows you to get to sleep quicker than normally at night – this process may take a several weeks to produce results.
- For younger people try getting up earlier, before you are totally 'slept out', for older people try going to bed a bit later.
- Put away your work at least one hour (preferably two to three hours) before going to bed, and don't watch scary or exciting TV shortly before going to bed - begin winding down at least an hour before going to bed. Preferably stop watching TV a while before going to bed, as television can require a degree of concentration which increases wakefulness – the idea is to mentally unwind in preparation for sleep.
- Take regular exercise, but not immediately before going to bed. Fitter people tend to sleep better. Exercising after work may help distance the workday's

worries from your private life, aiding relaxation and sleep. The best time to exercise to help sleep is late afternoon to early evening as after a few hours body temperature and metabolism drop lower than if there is no exercise.

- Try and get outside during the day as this can increase levels of the hormone melatonin which affects sleep.
- Try a warm drink or a snack before going to bed – dairy and soy products, eggs, rice and grains contain the amino acid tryptophan which aids relaxation. Tryptophan is used in serotonin production.
- Foods high in carbohydrate such as bread or crackers can increase the level of serotonin and reduce anxiety, aiding sleep.
- Don't eat heavy, rich or spicy meals in the 3 hours before retiring to bed.
- Avoid high protein foods such as pork and caffeinated foods contain the amino acid tyrosine which aids wakefulness.
- Cut out carbonated drinks late at night, as the stomach gases produced by acids in the drinks can wake you up.
- Don't eat sugary foods near bedtime as this increases the blood-sugar level, hindering sleep
- Watch out for other foods which you may be sensitive to, and don't eat them near to bedtime.
- Ensure you bedroom is not too hot (no higher than 70°F) or too cold, and that the bed is comfortable.
- Try wearing socks to bed, or putting a hot water bottle at the bottom of the bed – the feet and hands have the poorest circulation and often feel colder than the rest of the body, keeping them warm can aid sleep.
- If it's too light or noisy, try wearing a sleep mask or ear plugs (warn your partner or children about this!) or fit window blinds help keep the bedroom dark.
- Reading in bed may help, as it causes the eyes to get tired, leading to drowsiness – unless the book is too exciting! It can also take your mind off problems or other thoughts that can go round and round in your head. It is however contrary to some advice, as it is using your bed for a purpose other than sleeping... so use your own discretion!
- Try a warm bath, relaxing music or other relaxation techniques before retiring.
- Don't lie there worrying or thinking how much sleep you're missing, don't watch the clock! Clock watching can keep the brain stimulated and active, so stop it! When I had this problem, I eventually got over it by realising that I could cope even if I didn't sleep for a few nights, or even a whole week – still no fun, but takes the worry away – i.e. what's the worst that can happen? And you decide that you can cope with that. "So I'll feel tired and won't work well... it'll pass!" Worry is the enemy of sleep.
- If you can't get to sleep, get up out of bed, preferably going to another room, and read for a while or do something boring or relaxing until you begin to feel sleepy. The idea is to break the association between insomnia and bed.

- But don't reward getting up - by drinking, eating or smoking – which might reinforce waking in the middle of the night. Don't watch exciting TV or do anything else that may excite or stimulate the mind too much.
- Try using your bed only for sleeping (and making love) – *not* for watching TV, reading, studying or playing computer games – associate it with mental and physical *relaxation* only.
- Don't spend time discussing your sleep problems with others (except a doctor etc.) as it can reinforce the problem mentally (subconsciously?) – even try telling yourself the problem is going away – it might not help, but it won't hurt either. In other words if you're going to program yourself mentally, make it positive programming!
- For jet lag: try and get into the normal rhythm for your destination, avoid daytime napping – unless the stay is only for a couple of days, in which case it may better to keep to your home timetable. Travelling East is generally worse, e.g. travelling across 6 time zones East you could expect 4 days of jet lag, but West should only give 3 days of jet lag.
- If your mind's racing, thoughts going round and round in your head, try writing them down, to be dealt with in the morning (this is one that I use, and it seems to work well) Consider writing a personal diary\* or journal before going to bed, to exorcise the day's events.
- If your problem is worry or stress, this is a whole new subject! Research ways to tackle it\* – e.g. again writing down the problem, worst case scenario, what you can realistically do about it, a plan to tackle it, to be started *in the morning* – then let it go! If you can visualise your problem, then visualise it drifting away from you. You could try a thirty minute "worry time" earlier in the evening, to get it out of the way!

For mental and physical stress or tension, try relaxation or meditation techniques\* Once a good sleep rhythm is established, then you may no longer need them, but they can also help control stress during the day!

e.g. Lie in bed and work through your muscles in sequence from toes up to head especially your face, tensing for a few seconds then relaxing. Feel your muscles relaxing. Feel your breathing as it slows, and your heartbeat slowing as you relax. Imagine your tension flowing out through your toes, fingers and the top of your head - you can also breathe it out. When concentrating on your breathing: breathe in naturally and don't hold your breath (definitely not for more than about two seconds), then breathe out slowly through your nose.

e.g. Think of a nice relaxing place, such as a beach you visited on holiday... imagine yourself there – see it, smell it, feel the sun and sand on your skin hear the waves on the shore and let your body and mind relax. You will find that if you repeat such techniques regularly they become easier and quicker to take effect.

\*Various relaxation techniques can be found, some will work for you others may not. If you are sceptical then just treat them as fun – something to do while you are lying awake anyway, nothing to lose! There's no 'right' way to relax, so experiment to find out what works for you. Remember, relaxation can't be forced – you have to *let* it happen: if you can't relax at the moment, then try something new. Also – while you

are concentrating on a relaxation technique, you are not thinking about whatever it is that you may have been worrying or obsessing about!

Because you want to use the techniques immediately before going to sleep, you need to be fully proficient at them, so that you can do them easily and automatically in bed. So you should practice them much more often than just at bedtime, until you can do them automatically without thinking too much!

With both relaxation techniques and sleep therapies the results tend to get better when practiced regularly over a long period.

## Specific Processes

### Cognitive Therapy

Before undertaking the following behavioural therapies, you should understand some things. Technically this is called 'Cognitive Therapy', and can be helpful in itself, since it may address some unhelpful worries due to misunderstandings you might have.

- **Unrealistic expectations:** How much sleep do you need? People are different, and the amount of sleep you need changes as you get older. Eight hours per night should not be used as a target! Getting more sleep than you actually need is not beneficial. You need to find out what is right *for you*.
- **Cognitive Distortion:** Some people are prone to selective memory – only recalling the longer periods of wakefulness, or the good or bad night's sleep – i.e. nothing in between, whereas most nights *are* somewhere in between.
- **Misattribution:** Insomniacs sometimes attribute other failings to their lack of sleep, which can increase the focus on the insomnia. You should look at any such failings and determine which ones are really separate issues which can be can therefore be addressed separately. E.g. stress, poor interpersonal skills etc.

The aim here is to get away from the idea that you cannot cope without a full night's sleep. To realise that you can in fact function after a poor night's sleep, it's just that you would *like* to do better. This helps to take the pressure off!

The following specific processes may prove helpful:

### Bootzin's Stimulus Control Therapy

This therapy reinforces the association between bed and sleep, making it more likely that when you go to bed to sleep, you will actually get to sleep more easily by following these steps.

1. Only go to bed when you are ready to sleep and feeling sleepy.
2. Don't use your bed for anything except sleep. (or sexual activity)
3. If you experience difficulty getting to sleep quickly (within roughly ten minutes), get up and go to a different room. Stay there until you feel that you are really ready to fall asleep. The goal is to associate your bed *only* with falling asleep quickly. *Repeat this if you again fail to fall asleep quickly.*
4. Set your alarm and get up at the same time each morning, whether you slept well or not – to ensure you keep the correct sleep rhythm.
5. Do not nap during the day.

Note that in this therapy particularly you are advised not to read or watch TV while in bed. This technique is well known and generally accepted as one of the most

effective behavioural treatments for insomnia. It is important to understand that each step has a reason, and that it is the therapy as a whole that will produce results – you can't expect as good results from just one or two parts of it.

## **Sleep Curtailment**

This therapy is based on the idea that even insomniacs will get to sleep easier and sleep better if they are *deprived* of sleep! The improvement may be short lived, but it may be enough to get back to normal sleeping after a relatively short period of insomnia.

The process involves working out how much actual sleep time you have had (a sleep log helps here!) and then restricting the actual time in bed to that number of hours – but with a minimum of 4.5 hours.

So if you get up at 7am and the hours of sleep are set to 4.5 hours, you would delay going to bed until 2.30am. You must keep awake until the set time, so if you are prone to falling asleep in front of the TV, do something else that will prevent you falling asleep – e.g. go for a walk.

Once your time asleep (sleep efficiency) for the 4.5 hours (or whatever was originally decided) is 90% or above (85% for the elderly), you then add 30 minutes to the sleep time allowed (i.e. you can go to bed half an hour earlier)

This is a long process, possibly taking up to two months in total – and the first 2 or 3 weeks are particularly difficult, but it can produce good results by the end.

## **Relaxation Therapy**

There are different types of tension and the relaxation technique should be tailored to the specific type of tension. Because relaxation for sleeping needs to be done when consciousness is waning, it needs to be automatic, which requires additional practice.

Although relaxation techniques might be expected to produce the best results, they often do not! This may be due to lack of practice, bad practice or just because the original problem of hyperarousal is a 24 hour a day problem, and the relaxation is much more limited. In any case, other therapies generally seem to be more effective.

## **Bright Light Therapy**

This therapy involves exposure to bright light and is used for people with delayed or advanced sleep cycles - whether due to advanced or delayed sleep phase syndrome or a disordered circadian rhythm.

Early sleepers should use evening exposure to bright light, whereas late sleepers should get up an hour early for a morning exposure to bright light.

Note that success will only reset the circadian rhythm, not the period of it – so that over time it will get out of step again. So the therapy needs to be made permanent.

Full daylight (from 30 minutes after sunrise to 30 minutes before sunset) is usually bright enough to have an effect, but for extreme cases or to have a more marked effect, clinical application of very bright electric light (2,500 – 10,000 lux) may be necessary – if you think this may necessary, then you should first seek medical advice.

## Further Thoughts

I don't expect you'll try (or need to try) *all* of these things before you hit something that works for you, but it's worth trying each of them at some point to find out what works best for you. My experience is that good sleep habits, a regular sleep pattern, low caffeine and not eating late work for me... except when I don't do that!

Everyone is different, but my *personal* experience is that drinking coffee or eating chocolate late in the day hinders sleep, and if I allow my sleep cycle to become irregular – too many late nights or late mornings – it can bring on a period of insomnia.

Caffeine Withdrawal: After noticing headaches on week-end mornings (later put down to caffeine withdrawal, as I drank coffee at work, but tea at home) I went through a process of detoxifying, by completely stopping caffeine intake (only drinking decaffeinated tea or coffee, and no chocolate!) for a period of months before allowing myself one or two morning coffees – but usually none after midday.

When I have thoughts going around in my head, ideas about something I'm concerned with – I write them down... then forget them. Usually these thoughts that seem important in the middle of the night and keep me awake don't seem at all important in the morning – if I even remember to read through them!

I also leave my alarm set to the normal weekday setting even at week-ends (unless there's a special reason – extra late night, or visitors etc.) and try and keep to a regular bedtime, if necessary reading until I feel tired (though this is not really recommended!) I have found that going to bed early when I don't feel tired is counter-productive.

I have read that the majority of the bodies systems do their recharging and recovering, especially of adrenals between 11pm and 1am. The gallbladder also dumps toxins during this period which if not got rid of can back up into the liver. If this is true then it would be healthier to go to sleep early to get these benefits!

Personally, I have tried going to bed at eleven o'clock, but I'm just not tired at that time – so this one doesn't work for me, so far – I'll keep trying it though.

I have also read that electrical devices, including alarm clocks and phone rechargers have electric fields stretching up to three feet away, which may particularly affect the brains electrical activity. So moving them outside the three feet (approximately one metre) distance from the bed may have beneficial effect.

## Sleep Apnea

Sleep Apnea is a condition where the sufferer stops breathing for a short time (perhaps 10 seconds to a minute) anywhere from a couple of times per hour to many times an hour while sleeping. Sleep Hyponea is similar but slower breathing rather than stopping breathing.

Sleep Apnea can run in the family and affects roughly 2% of women and up to 4% of men. If you suspect Sleep Apnea, you should consult your doctor.

Sleep Apnea is usually associated with waking abruptly with a choking sensation or gasping for air, heartburn and restlessness. It is often associated with loud snoring or obesity but can also be associated with high blood pressure, heart problems and hypertension. It can lead to a dry mouth, sore throat, headaches upon waking up and possibly mood swings or behavioural changes as well as normal insomnia symptoms of poor memory, poor concentration and irritability. It can get worse as you get older, possibly becoming life threatening.

One indicator for Sleep Apnea is that while normal people take about 10 to 20 minutes to fall asleep, people with Sleep Apnea can fall asleep in about 5 minutes.

Treatment for Sleep Apnea includes:

- weight loss for obese people – a small weight loss can have a significant effect
- reduce use of caffeine, alcohol, tobacco
- avoid using tranquilisers or sleeping pills
- treat any allergies or runny nose – to keep airways clear
- avoid sleeping on the back
- physical or mechanical therapy – this involves wearing a mask over the nose
- after trying other methods, the last resort is surgery to remove excess tissue in order to open the airways

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Well, that's all! I hope you've enjoyed the guide and that the information helps with your ongoing fight against the scourge of Insomnia!!!

Please let me have any comments etc. at [my blog](#) (look in the 'Insomnia' category)