Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCSEng MRCS LRCP DRCOG MHSM FRSM

Insomnia

We have all laid in bed watching the clock and seeing the hours tick away. The more you 'try' to sleep the less successful you appear to be. You make a cup of tea or listen to the radio for a while, but to no avail. You worry about work, you are irritated by your partner's snoring, you remember all the things you forgot to do . . . . and suddenly you are woken

You have been suffering from insomnia. So, what is it. It does not really have a clear definition. It is described as ***difficulty in getting off to sleep or sleeping insufficiently long to awake feeling refreshed***.

A bad night is not too disruptive but if it happens repeatedly, it impairs performance during the day, leaves you feeling low in spirits and suffering difficulty in concentration. It can damage your quality of life.

Patients are considered to have chronic insomnia if they have difficulty sleeping for three or more nights a week for a period of three months or longer.

There is no set pattern for insomnia. Sufferers may struggle to get to sleep or wake one or more times during the night. Alternatively they may wake early in the

morning. Although they may feel tired during the whole of the day, they

may find it difficult to take cat-naps. For some irritability is a cardinal feature.

If insomnia is insufficient sleep, then what is sufficient sleep. Again there is no clear-cut answer.

The 'normal' for an adult is considered to be between seven and nine hours a night although, famously, Mrs Thatcher is alleged to have required little more than three hours.

Children sleep for longer periods and older adults sleep progressively less. Sleeping is not just about duration but abvout quality.

People may feel extremely tired despite sleeping for a reasonable period if that sleep is disturbed.

Insomnia may be associated with a number of factors:

- Stress and anxiety
- Physical health conditions such as heart disease, other diseases with symptoms that cause disturbances such as arthritis, chronic pulmonary disease, urinary incontinence and restless leg syndrome and sleep disorders such as sleep apnoea.
- Mental Health disorders such as anxiety, depression, schizophrenia, bipolar, etc.
- Medication such as steroids, anti-depressants, epilepsy drugs and any sort of stimulant.
- Local factors such as noisy sleeping accommodation, uncomfortable bed, sleeping with a restless partner, a room that is too hot or cold or too light and sleepless young children.
- Sundry factors such as consuming too much alcohol, too much coffee or tea, jet-lag, etc.

The problem of insomnia is so common and there are so many contributing factors that there are a huge number of solutions and different ones work for different people.

- Review the bedroom. Use thick curtains to shut out light or wear an eye mask.

Use earplugs if there is noise from traffic or a snoring partner. Make sure that the clock isn't too light if electric (and don't keep watching it!). The bedroom should be used for sleep and sex only.

- Try to go to bed at the same time each night.
- Don't use computers or watch the television immediately before going to sleep.
- Don't eat large meals or consume alcohol before bedtime. Also avoid caffeine containing drinks such as tea and coffee
- Try to relax. This is common advice but it may be very difficult to do. Try a bath, relaxing music, have a milky drink but a big turnoff is often worrying about something and it can be very difficult to prevent yourself from doing so.
- It is also important not to worry if you don't go to sleep. Lying in bed worrying about it makes things worse; get up, go to another room, read something, listen to (soft) music.
-

May work for some!

Also

Take regular daytime exercise (though not too close to bedtime).

- Try not to snooze during the day because it may impair the ability to sleep at night.

Ok so when should you give up and consult a doctor? Well, insomnia persisting for three months or more is probably a good indication. The GP may well review the medical history to see if anything is

contributing to the disturbance. If so, treatment of the underlying medical condition, or perhaps a change of medication, may resolve the problem. The problem could be physical or mental, such as anxiety.

The doctor will review alcohol, caffeine and food intake to see if it should be changed. He or she will also advise on establishing sleep routines. A sleep diary may also be proposed to see what the actual pattern of sleep loss actually is.

If sleep apnoea contributes or causes the disturbance in sleep, then referral to a sleep clinic for assessment and treatment may resolve the problem.

Once all these issues have been exhausted, the doctor may consider more active treatment. Cognitive Behavioural Therapy for Insomnia is available in some places and may be very helpful.

Sleeping tablets are used only as a last resort.

Some patients may already have tried various herbal sleeping tablets available from pharmacies but they are not always successful and, when they are, they simply delay the problem except when the problem is the result of an acute event.

Medical prescriptions of sleeping tablets are used only occasionally and usually only for up to seven days (only rarely longer) because they are easy drugs to which to become habituated.

The most commonly used agents are ***benzodiazepines*** such as ***temazepam*** and ***lorazepam*** and also the newer sleeping tablets which seem predoimnantly to be spelt with a 'z', such as ***zopiclone*** and ***zolpidem***.

These drugs may leave people feeling drowsy the next day, nauseated and with a dry mouth. They tend to make snoring worse too.

For many people insomnia is relatively short-lived and may coincide with particular medical or emotional problems or anxieties.

However, during my GP years I have seen patients whose insomnia peristed indefinitely despite trying all remedies available in the Universe.

For most people it does get better.

Sleep Well

paullambden@compuserve.com