

INSOMNIA

WHAT IS INSOMNIA?

While everyone has an occasional sleepless night, approximately 35% of US adults have regular difficulty falling asleep (sleep onset insomnia) or staying asleep (sleep maintenance insomnia).

For most people, insomnia is mild or short term (lasting up to 3 months), but about 10% of people experience chronic insomnia (lasting more than 3 months). Insomnia is more common in older people and women. Short-term insomnia can be caused by many factors, including other medical issues, mental health conditions, certain medications, sleep habits, the sleeping environment, stress, major life events, shift work or frequent travel. Over time, the sleep difficulty can become chronic, typically through a process called "conditioned arousal" where the stress of sleeping itself leads to more sleep difficulties.

WHAT ARE THE SYMPTOMS OF INSOMNIA?

Many people with insomnia experience at least 1 of the following sleep issues:

- Trouble falling asleep at the beginning of the night
- Waking up during the night and taking a long time to fall asleep again
- Waking up early in the morning and being unable to fall back to sleep

Insomnia impacts how people feel and function during the day, including:

- Feeling tired and/or sleepy during the day
- Finding it hard to concentrate and remember things
- Performing poorly at work or school
- Feeling moody or irritable, acting rashly or aggressively
- Lacking energy or motivation
- Making more mistakes or accidents
- Worrying or feeling frustrated about sleep
- Feeling depressed

INSOMNIA SYMPTOMS IMPACT
NIGHTTIME SLEEP AND DAYTIME
MOOD AND FUNCTIONING

HOW IS INSOMNIA DIAGNOSED?

Seeing a **sleep specialist** is recommended, especially for insomnia that has been ongoing for 3 months or longer.

- A healthcare provider will ask questions about symptoms, sleep, health, and wellbeing, and may do a physical exam and other tests to find the potential cause and best treatment plan.
- A healthcare provider may ask people to track their sleep and wake patterns for several days by keeping a **sleep diary** and/or wearing a clinical monitor (**actigraph**).
- A **sleep study** (also called polysomnography) is not required to diagnose insomnia but may be done to rule out other sleep disorders. Stick-on sensors measure breathing, heart rate, brain activity, and body movements while asleep. The study can be done during an overnight stay in a **sleep center/lab** or **at home**. Home testing collects less information but may be more convenient for straightforward cases.

HOW IS INSOMNIA TREATED?

The best choice of treatment for each person with insomnia depends on the type and cause of insomnia, and may include:

- **Cognitive behavioral therapy for insomnia** (CBT-i) is recommended for most people with insomnia. CBT-i addresses the causes of chronic insomnia and helps train the brain and body to be able to sleep naturally. It is typically provided by a clinical psychologist board-certified in Behavioral Sleep Medicine, though other clinicians may also have this expertise. It can be provided in-person, via telehealth or with an app.
- Other **behavioral and cognitive therapies** that help for certain types of insomnia include stimulus control, sleep restriction therapy, paradoxical intention, behavioral experiments, relaxation training, cognitive restructuring, and sleep compression.
- Helpful **lifestyle strategies** include keeping healthy sleep habits (also called sleep hygiene) and relaxation techniques, though these are typically only helpful for mild sleep problems and not chronic insomnia.
- **Social support**, through connecting with other people who have insomnia, can empower people to learn coping strategies.
- **Medications** can affect different types of insomnia differently, and if used incorrectly can make insomnia worse. Therefore all sleep medications, including those available without a prescription, should be used with the advice of a sleep specialist.
 - Prescription medications approved by the FDA for treating insomnia include orexin receptor antagonists, benzodiazepine receptor antagonists, benzodiazepines, melatonin agonists, and heterocyclics. These medications may be helpful if used occasionally; however, if used long-term some of these medications can become less effective and can be habit forming. Some medications can cause complex sleep behaviors such as sleep walking and increase risk of accidents.
 - Some medications for treating other conditions can also help with insomnia, and may be prescribed '**off-label.**'
 - Over-the-counter medications and supplements are not recommended for treating chronic insomnia, including melatonin, diphenhydramine, L-tryptophan, and valerian. These have not been shown to be effective for insomnia.
- **Treating other health issues** that could be contributing to insomnia.

EVEN NON-PRESCRIPTION SLEEP
MEDICATIONS SHOULD BE USED WITH A
SLEEP SPECIALIST'S SUPERVISION.