

Tossing and turning with insomnia

When you don't get a refreshing night's sleep, it not only makes you less functional the next day but may slow your recovery from an illness and can lead to emotional or mental problems. When problems sleeping last more than a few days or persist after a stressful event has passed, it may signal a sleep disorder.

Insomnia is the most common sleep-related complaint, with about

30% of American adults suffering from it occasionally and 10% saying they have chronic insomnia.

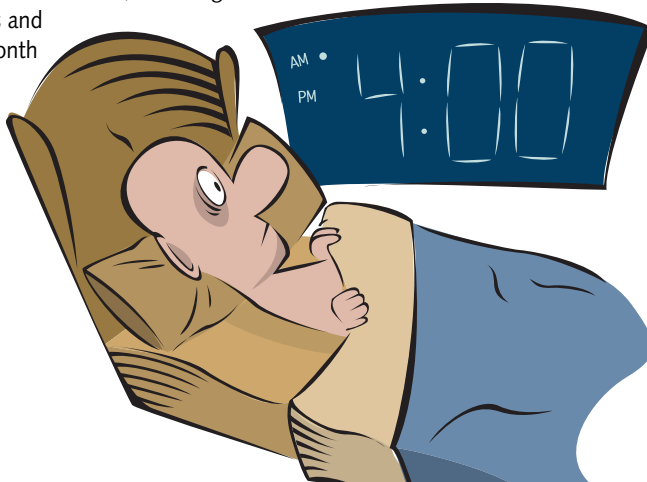
A number of options are available to treat insomnia. A study in the March 17, 1999, issue of *JAMA* reports that both behavioral and drug treatments can be effective for the short-term management of insomnia in older people. But improvements in sleep are better sustained over time with behavioral treatment.

WHAT IS INSOMNIA?

Insomnia is the perception or complaint of inadequate or poor-quality sleep because of 1 or more of the following:

- Difficulty falling asleep
- Waking up frequently during the night with difficulty returning to sleep
- Waking up too early in the morning
- Unrefreshing sleep

Insomnia results in feelings of tiredness, lacking energy, difficulty concentrating, and irritability during the day. It is classified as transient (short term, lasting from a single night to a few weeks), intermittent (on and off), or chronic (constant, occurring on most nights and lasting a month or more).



HOW TO SLEEP BETTER:

- Get up about the same time every day
- Go to bed only when you are sleepy
- Establish relaxing rituals before bedtime, such as a warm bath or reading
- Exercise regularly; but do so 3 hours before bedtime
- Maintain a regular schedule (such as for meals, taking medication, and doing chores)
- Don't eat or drink anything containing caffeine within 6 hours of bedtime
- Don't drink alcohol within several hours of bedtime, or when you are sleepy
- Don't nap close to bedtime
- If you take naps, try to do so at the same time each day

BEHAVIORAL TREATMENTS:

- **Relaxation therapy** – Techniques to relax muscles to decrease anxiety and body tension
- **Sleep restriction therapy** – Curtailing time spent in bed to actual sleep time
- **Stimulus control therapy** – Restricting use of bed and bedroom only for sleep or sex (no reading, eating, worrying, or TV watching in bed)
- **Cognitive therapy** – Identifying dysfunctional beliefs and attitudes about sleep and replacing them with accurate information

DRUG TREATMENT:

A variety of drugs may provide relief from specific symptoms, but only your doctor can determine if drug therapy is appropriate and prescribe it. Drug treatments may be important in treating underlying disorders that can cause disturbances in sleep.

FOR MORE INFORMATION:

- National Sleep Foundation
729 15th Street, N.W., Fourth Floor
Washington, DC 20005
or www.sleepfoundation.org
- National Heart, Lung, and Blood Institute
National Center on Sleep Disorders Research
NHLBI Information Center
301/251-1222 or
www.nhlbi.nih.gov

INFORM YOURSELF:

To find this and previous *JAMA* Patient Pages, check out the AMA's Web site at www.ama-assn.org/consumer.htm.

Additional Sources: National Heart, Lung, and Blood Institute, American Sleep Disorders Association, National Sleep Foundation

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