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## Facts About Insomnia

### **What Is Insomnia?**

Insomnia (in-SOM-ne-ah) is a common sleep disorder. People who have insomnia have trouble falling asleep, staying asleep, or both. As a result, they may get too little sleep or have poor-quality sleep. They may not feel refreshed when they wake up.

### **Overview**

Insomnia can be acute (short-term) or chronic (ongoing). Acute insomnia is common and often is brought on by situations such as stress at work, family pressures, or a traumatic event. Acute insomnia lasts for days or weeks.

Chronic insomnia lasts for a month or longer. Most cases of chronic insomnia are secondary, which means they are the symptom or side effect of some other problem. Certain medical conditions, medicines, sleep disorders, and substances can cause secondary insomnia.

In contrast, primary insomnia isn't due to medical problems, medicines, or other substances. It is its own distinct disorder, and its cause isn't well understood. Many life changes can trigger primary insomnia, including long-lasting stress and emotional upset.

Insomnia can cause daytime sleepiness and a lack of energy. It also can make you feel anxious, depressed, or irritable. You may have trouble focusing on tasks, paying attention, learning, and remembering. These problems can prevent you from doing your best at work or school.

Insomnia also can cause other serious problems. For example, you may feel drowsy while driving, which could lead to an accident.

### **Outlook**

Treating the underlying cause of secondary insomnia may resolve or improve the sleep problem, especially if you can correct the problem soon after it starts. For example, if caffeine is causing your insomnia, stopping or limiting your intake of the substance might make the insomnia go away.

Lifestyle changes, including better sleep habits, often help relieve acute insomnia. For chronic insomnia, your doctor may recommend medicines or cognitive-behavioral therapy.

## **Causes**

### **Secondary Insomnia**

Secondary insomnia is the symptom or side effect of another problem. This type of insomnia often is a symptom of an emotional, neurological, or other medical or sleep disorder.

Emotional disorders that can cause insomnia include depression, anxiety, and posttraumatic stress disorder. Alzheimer's disease and Parkinson's disease are examples of neurological disorders that can cause insomnia.

Many other disorders or factors also can cause insomnia, such as:

- Conditions that cause chronic (ongoing) pain, such as arthritis and headache disorders
- Conditions that make it hard to breathe, such as asthma and heart failure
- An overactive thyroid
- Gastrointestinal disorders, such as heartburn
- Stroke
- Sleep disorders, such as restless legs syndrome and sleep-related breathing problems
- Menopause and hot flashes

Secondary insomnia also can be a side effect of some medicines. For example, certain asthma medicines, such as theophylline, and some allergy and cold medicines can cause insomnia. Beta-blockers also can cause the condition. These medicines are used to treat heart conditions.

Commonly used substances also can cause insomnia. Examples include caffeine and other stimulants, tobacco and other nicotine products, and alcohol and other sedatives.

## **Primary Insomnia**

Primary insomnia isn't a symptom or side effect of another medical condition. It is its own distinct disorder, and its cause isn't well understood. Primary insomnia usually lasts for at least 1 month.

Many life changes can trigger primary insomnia. It may be due to major or long-lasting stress or emotional upset. Travel or other factors, such as work schedules that disrupt your sleep routine, also may trigger primary insomnia.

Even if these issues are resolved, the insomnia may not go away. Trouble sleeping can persist because of habits formed to deal with the lack of sleep. These habits might include taking naps, worrying about sleep, and going to bed early.

Researchers continue to try to find out whether some people are born with an increased risk for primary insomnia.

## **Risk Factors**

Insomnia is a common disorder. It affects women more often than men. The disorder can occur at any age. However, older adults are more likely to have insomnia than younger people.

People who might be at increased risk for insomnia include those who:

- Have a lot of stress.
- Are depressed or have other emotional distress, such as divorce or death of a spouse.
- Have lower incomes.
- Work at night or have frequent major shifts in their work hours.
- Travel long distances with time changes.
- Have certain medical conditions or sleep disorders that can disrupt sleep. For more information, go to ["What Causes Insomnia?"](#)
- Have an inactive lifestyle.

Young and middle-aged African Americans also might be at increased risk for insomnia. Research shows that, compared with Caucasian Americans, it takes African Americans longer to fall asleep. They also have lighter sleep, don't sleep as well, and take more naps. Sleep-related breathing problems also are more common among African Americans.

## **Signs and Symptoms**

The main symptom of insomnia is trouble falling or staying asleep, which leads to lack of sleep. If you have insomnia, you may:

- Lie awake for a long time before you fall asleep
- Sleep for only short periods
- Be awake for much of the night
- Feel as if you haven't slept at all
- Wake up too early

The lack of sleep can cause other symptoms. You may wake up feeling tired or not well-rested, and you may feel tired during the day. You also may have trouble focusing on tasks. Insomnia can cause you to feel anxious, depressed, or irritable.

Insomnia also can affect your daily activities and cause serious problems. For example, you may feel drowsy while driving. Driver sleepiness (not related to alcohol) is responsible for almost 20 percent of all serious car crash injuries. Research also shows that insomnia raises older women's risk of falling.

If insomnia is affecting your daily activities, talk with your doctor. Treatment may help you avoid symptoms and problems related to the disorder. Also, poor sleep may be a sign of other health problems. Finding and treating those problems could improve your overall health and sleep.

## **Diagnosis**

Your doctor will likely diagnose insomnia based on your medical and sleep histories and a physical exam. He or she also may recommend a [sleep study](#). For example, you may have a sleep study if the cause of your insomnia is unclear.

## **Medical History**

To find out what's causing your insomnia, your doctor may ask whether you:

- Have any new or ongoing health problems
- Have painful injuries or health conditions, such as arthritis
- Take any medicines, either over-the-counter or prescription
- Have symptoms or a history of depression, anxiety, or psychosis
- Are coping with highly stressful life events, such as divorce or death

Your doctor also may ask questions about your work and leisure habits. For example, he or she may ask about your work and exercise routines; your use of caffeine, tobacco, and alcohol; and your long-distance travel history. Your answers can give clues about what's causing your insomnia.

Your doctor also may ask whether you have any new or ongoing work or personal problems or other stresses in your life. Also, he or she may ask whether you have other family members who have sleep problems.

## **Sleep History**

To get a better sense of your sleep problem, your doctor will ask you for details about your sleep habits. Before your visit, think about how to describe your problems, including:

- How often you have trouble sleeping and how long you've had the problem
- When you go to bed and get up on workdays and days off
- How long it takes you to fall asleep, how often you wake up at night, and how long it takes to fall back asleep
- Whether you snore loudly and often or wake up gasping or feeling out of breath
- How refreshed you feel when you wake up, and how tired you feel during the day
- How often you doze off or have trouble staying awake during routine tasks, especially driving

To find out what's causing or worsening your insomnia, your doctor also may ask you:

- Whether you worry about falling asleep, staying asleep, or getting enough sleep
- What you eat or drink, and whether you take medicines before going to bed
- What routine you follow before going to bed

- What the noise level, lighting, and temperature are like where you sleep
- What distractions, such as a TV or computer, are in your bedroom

To help your doctor, consider keeping a sleep diary for 1 or 2 weeks. Write down when you go to sleep, wake up, and take naps. (For example, you might note: Went to bed at 10 a.m.; woke up at 3 a.m. and couldn't fall back asleep; napped after work for 2 hours.)

Also write down how much you sleep each night, as well as how sleepy you feel throughout the day.

You can find a sample sleep diary in the National Heart, Lung, and Blood Institute's ["Your Guide to Healthy Sleep."](#)

## **Physical Exam**

Your doctor will do a physical exam to rule out other medical problems that might cause insomnia. You also may need blood tests to check for thyroid problems or other conditions that can cause sleep problems.

## **Sleep Study**

Your doctor may recommend a sleep study called a [polysomnogram](#) (PSG) if he or she thinks an underlying sleep disorder is causing your insomnia.

You'll likely stay overnight at a sleep center for this study. The PSG records brain activity, eye movements, heart rate, and blood pressure.

A PSG also records the amount of oxygen in your blood, how much air is moving through your nose while you breathe, snoring, and chest movements. The chest movements show whether you're making an effort to breathe.

## **Treatment**

Lifestyle changes often can help relieve acute (short-term) insomnia. These changes might make it easier to fall asleep and stay asleep.

A type of counseling called cognitive-behavioral therapy (CBT) can help relieve the anxiety linked to chronic (ongoing) insomnia. Anxiety tends to prolong insomnia.

Several medicines also can help relieve insomnia and re-establish a regular sleep schedule. However, if your insomnia is the symptom or side effect of another problem, it's important to treat the underlying cause (if possible).

## **Lifestyle Changes**

If you have insomnia, avoid substances that make it worse, such as:

- Caffeine, tobacco, and other stimulants. The effects of these substances can last as long as 8 hours.
- Certain over-the-counter and prescription medicines that can disrupt sleep (for example, some cold and allergy medicines). Talk with your doctor about which medicines won't disrupt your sleep.
- Alcohol. An alcoholic drink before bedtime might make it easier for you to fall asleep. However, alcohol triggers sleep that tends to be lighter than normal. This makes it more likely that you will wake up during the night.

Try to adopt bedtime habits that make it easier to fall asleep and stay asleep. Follow a routine that helps you wind down and relax before bed. For example, read a book, listen to soothing music, or take a hot bath.

Try to schedule your daily exercise at least 5 to 6 hours before going to bed. Don't eat heavy meals or drink a lot before bedtime.

Make your bedroom sleep-friendly. Avoid bright lighting while winding down. Try to limit possible distractions, such as a TV, computer, or pet. Make sure the temperature of your bedroom is cool and comfortable. Your bedroom also should be dark and quiet.

Go to sleep around the same time each night and wake up around the same time each morning, even on weekends. If you can, avoid night shifts, alternating schedules, or other things that may disrupt your sleep schedule.

## **Cognitive-Behavioral Therapy**

CBT for insomnia targets the thoughts and actions that can disrupt sleep. This therapy encourages good sleep habits and uses several methods to relieve sleep anxiety.

For example, relaxation techniques and biofeedback are used to reduce anxiety. These strategies help you better control your breathing, heart rate, muscles, and mood.

CBT also aims to replace sleep anxiety with more positive thinking that links being in bed with being asleep. This method also teaches you what to do if you're unable to fall asleep within a reasonable time.

CBT also may involve talking with a therapist one-on-one or in group sessions to help you consider your thoughts and feelings about sleep. This method may encourage you to describe thoughts racing through your mind in terms of how they look, feel, and sound. The goal is for your mind to settle down and stop racing.

CBT also focuses on limiting the time you spend in bed while awake. This method involves setting a sleep schedule. At first, you will limit your total time in bed to the typical short length of time you're usually asleep.

This schedule might make you even more tired because some of the allotted time in bed will be taken up by problems falling asleep. However, the resulting tiredness is intended to help you get to sleep more quickly. Over time, the length of time spent in bed is increased until you get a full night of sleep.

For success with CBT, you may need to see a therapist who is skilled in this approach weekly over 2 to 3 months. CBT works as well as prescription medicine for many people who have chronic insomnia. It also may provide better long-term relief than medicine alone.

For people who have insomnia and major depressive disorder, CBT combined with antidepressant medicines has shown promise in relieving both conditions.

## **Medicines**

### Prescription Medicines

Many prescription medicines are used to treat insomnia. Some are meant for short-term use, while others are meant for longer use.

Talk to your doctor about the benefits and side effects of insomnia medicines. For example, insomnia medicines can help you fall asleep, but you may feel groggy in the morning after taking them.

Rare side effects of these medicines include sleep eating, sleepwalking, or driving while asleep. If you have side effects from an insomnia medicine, or if it doesn't work well, tell your doctor. He or she might prescribe a different medicine.

Some insomnia medicines can be habit-forming. Ask your doctor about the benefits and risks of insomnia medicines.

### Over-the-Counter Products

Some over-the-counter (OTC) products claim to treat insomnia. These products include melatonin, L-tryptophan supplements, and valerian teas or extracts.

The Food and Drug Administration doesn't regulate “natural” products and some food supplements. Thus, the dose and purity of these substances can vary. How well these products work and how safe they are isn't well understood.

Some OTC products that contain antihistamines are sold as sleep aids. Although these products might make you sleepy, talk to your doctor before taking them.

Antihistamines pose risks for some people. Also, these products may not offer the best treatment for your insomnia. Your doctor can advise you whether these products will benefit you.

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