Insomnia and Mood Disorder

Insomnia is common in mood disorders and presents with the person waking between 2am and 4am and being unable to fall asleep again, dozing on and off until the alarm goes off. Anxiety disorders may also cause insomnia.

TREATMENT

Insomnia is usually a chronic problem often dating back many years. The person needs to realise that an overnight solution to a chronic long standing problem is not possible and requires strong motivation and commitment. The aim of the treatment is to enable the person to"regain control of sleep".

Treatment is as follows:

1. Rules for better sleep
2. Restriction of time in bed
3. Use of medications

Rules for better sleep

This is an important step. Suggestions to improve sleep are outlined on the last page.

Restriction of time in bed. The person is asked to keep a sleep diary for about 2 weeks. The information obtained includes the time the person goes to bed, how long the person takes to fall asleep, how many times the person wakes after having fallen asleep and for how long, what time the person wakes and what time they got out of bed. A programme is then prescribed whereby the patient is allowed to be in bed for only a small amount of time in a 24 hour period. This creates a state of light to moderate sleep deprivation which usually is conducive to consolidation of sleep pattern and more refreshed sleep.

Medication

Hypnotic medication (medication which helps a person to fall and stay asleep) may help the person to regain control over their sleep pattern. They are usually not used by themselves. Medications can be used while the person is trying to change his sleep pattern. Depending upon the patient, their age and problem, medication can also be used long term. It is acceptable to use hypnotic medication only when needed and up to 2-3 days per week.

Dr Antonio Ambrogetti
50 Smith St Charlestown
NSW 2290
Tel: (02) 49-422-457 Fax: (02) 49-478-128
Suite 2, 213 Albany St North Gosford
NSW 2250
Tel: (02) 43-126-966 Fax: (02) 43-126-967
www.sleepmedicine.com.au

INSOMNIA

(Difficulty Sleeping)

SLEEP MEDICINE

INSOMNIA

In simple terms the person complaining of insomnia is unsatisfied with the nature of his/her sleep.
A person presenting with insomnia complains of:
* Difficulty initiating sleep
* Difficulty maintaining sleep
* Early morning awakening
The person may complain of one or more of the above. Sleep quality is described as light, restless, unrefreshing. During the day the patient may complain of fatigue, tiredness and mood swings.

Quantity of sleep
It is the quality and the perception of the time spent asleep more than the amount of hours which is important in insomnia. Two out of three adults report sleeping between 7-8½ hours per night. However, some people who are "short sleepers" (people who sleep less than 6 hours/night) may not complain of insomnia. On the other hand "long sleepers" (people who sleep 9 hours or more) may still complain of insomnia.

Sleep misperception
This is common. It refers to the feeling of unrefreshing sleep even when the patient appears to have had good quality sleep as recorded during the sleep study. There is no clear explanation for it. It is possible that current sleep recording is unable to detect abnormalities in sleep which would explain the way a person feels. Sleep misperception can result in the development of anxiety and mood disturbance. Usually hypnotic medications (medication which help to fall asleep) are not useful.

How long does it usually take to fall asleep?
The time it takes to fall asleep varies from a few minutes up to 30 minutes. By convention we consider more than 30 minutes a prolonged sleep latency (sleep latency = the time it takes to fall asleep once the light is turned off).

How common is insomnia
Insomnia is very common and has been reported by up to 36% of the population (36 in every 100 people). However, in only 5% it is persistent and severe enough for the patient to seek medical attention.

TYPES

Transient Insomnia
This is usually associated with difficulty initiating and maintaining sleep which occurs in association with stressful events. From a practical point of view this should be considered a normal reaction of the body in difficult circumstances. An interpersonal problem such as a marriage break-up, a financial crisis, exams, a death in the family,… are events which raise the level of anxiety and result in difficulty initiating and maintaining sleep. The effect varies from one person to another but it can affect everybody. The difficulty initiating and maintaining sleep is usually transient lasting from a few days to a few weeks. The person is usually aware that this difficulty falling asleep is triggered by transient events. Often no intervention is needed but on a few occasions the use of hypnotic medications (medications which help you fall asleep) for a brief period of time is required.
Persistent (chronic) Insomnia
This is the type of difficulty initiating and maintaining sleep which is seen in sleep disorder centres. It is defined as an insomnia of at least 6 months duration or longer which results in poor sleep quality, daytime fatigue, performance impairment and mood disturbances. There are two main types of chronic persistent insomnia: Psychophysiological insomnia and Idiopathic insomnia.
Psychophysiological Insomnia
This is the most common type of insomnia. Usually the person has been affected for months and usually for many years by the time he/she is seen in a sleep disorder centre. It is not unusual for the problem to go back 10-20 years. Sometimes the person recalls fairly precisely the time when the insomnia started. A period of high stress (for any reason) is recalled which caused a high level of anxiety and resulted in difficulty initiating and maintaining sleep similar to transient insomnia. However, the problem, instead of resolving after a few weeks, persisted reinforcing itself as time passed. The reason why the problem persists and reinforces itself can be explained by two factors.
1. *Personality.* Some people tend to be "light sleepers" to begin with and tend to react to stressful situations with a high level of tension.
2. *The insomnia reinforcing itself*. The insomnia "feeds" on itself. Because sleep quality fails to improve over time, the person becomes progressively more focused on the need to "get a good night's sleep at last". However, the harder they try to get a good night's sleep, the more the level of anxiety rises as the person approaches bedtime. This results in further deterioration in the difficulty i nitiating a nd m aintaining s leep. T he person then tries to help sleep with activity such as relaxation techniques, reading or listening to music in bed, or watching TV. All these measures initially tend to help, however, as time passes by they become less effective. The end result is that the bed and bedroom, instead of being a place where the person rests, becomes an anxiety raising environment. As bedtime approaches, the person becomes progressively more concerned that "I will not sleep again tonight, and I will be feeling so tired tomorrow that I will not be able to carry out my duties". In simple terms, the person feels that they have "lost control over his/her sleep". The end result is that the person feels chronically tired, unable to perform properly during the day and often suffers chronic depressed mood. *Idiopathic Insomnia*
Idiopathic insomnia is less common than psychophysiological insomnia and presents with virtually the same features. However, it starts in childhood (it is also called "childhood onset insomnia") and it tends to run in families. The condition usually starts very early in childhood and tends to persist through life. Similar to psychophysiological insomnia this can result in social disruption due to poor ability to perform during the day, chronic tiredness, inability to concentrate and mood abnormalities.