

INSOMNIA

TREATMENT OPTIONS

Insomnia is usually caused by another mental health problem, stress or lifestyle factors. It's always best to address the underlying cause of the sleep problem and use sleep medication as a last resort.

NORMAL SLEEP CHANGES

As people age, they tend to fall asleep earlier, need less sleep, and awake more often throughout the night. In later life (>65) it may be normal to take brief (1-2hr) regular afternoon naps. For others, napping disrupts the sleep cycle and leads to more insomnia.

The brain's internal clock often runs slow in the late teens and early 20's, leading to oversleeping and late bedtimes. This is a common cause of insomnia and is best addressed by waking at regular times.

LIFESTYLE

REGULAR WAKING, A.M. LIGHT

Regularity is just as important as quantity of sleep. If you start to have insomnia, focus on getting out of bed at regular times and avoid naps. Use bright light to wake up or a dawn-stimulator (which turns the lights on gradually, available at www.cet.org)

BLUE LIGHT

Electronic light in the evening disrupts sleep, particularly blue-wave lengths which come from TV, computers and portable eReaders. Several options can help you filter the blue light (see moodtreatmentcenter.com/bluelight.pdf).

FOOD & DRINK

Avoid caffeine after 2pm (chocolate has lots of caffeine). Avoid alcohol (which fragments sleep).

EXERCISE

Aerobic exercise (which raises your heart rate by 10 beats/minute) for 20-30min in the afternoon can deepen sleep quality when done regularly.

TEMPERATURE

To deepen sleep quality, try a very hot bath 1-2 hours before bed and sleep in a cold (60-65°) room.

SETTLE BRAIN WAVES

Develop an evening routine in the 30-60 minutes before sleep. Relaxation in this time will slow your brain waves and deepen sleep, while stimulating activity or problem-solving will lighten it (e.g. try moodtreatmentcenter.com/mindfulness.htm)

MEDICINES

Z-HYPNOTICS

Benefits: help initiate sleep, non-addictive. Longer-acting versions help maintain sleep.

Risks: it is best to use sparingly as continued use may be harmful to long-term health, although so is continuous insomnia. Other risks: falls, sleep-walking, memory problems.

Examples: Short acting: zaleplon (sonata), SL-zolpidem (intermezzo, edluar). Medium to long-acting: eszopiclone (lunesta), zolpidem (ambien, ambien-CR).

MELATONIN-AGONISTS

Benefits: improve insomnia by stabilizing sleep cycle rather than causing sedation. They need to be taken regularly as the work gradually.

Risks: headache, nightmares, stomach distress.

Examples: ramelton (rozerem).

OREXIN ANTAGONISTS

Suvorexant (belsomra) is the first sleep medicine of this type, due to be released in early 2015.

ANTIDEPRESSANTS

Benefits: low doses of sedating antidepressants can improve insomnia without addiction.

Risks: may worsen mood in bipolar disorder; each has different physical side effects.

Examples: doxepin (silenor), trazodone (desyrl), mirtazapine (remeron), amitriptyline (elavil).

ANTICONVULSANTS

Benefits: help initiate sleep and deepen sleep quality without addiction. Safe in bipolar and may help anxiety.

Risks: fatigue, dizziness. Weight gain for pregabalin.

Examples: gabapentin (neurontin), pregabalin (lyrica).

FOR NIGHTMARES

Prasozin, tiagabine (gabitril), cyproheptadine.

FOR ADHD WITH INSOMNIA

These blood pressure medications treat ADHD and cause fatigue at night: guanfacine (intuniv), clonidine (kapvay).

BENZODIAZEPINES

Benefits: help initiate sleep

Risks: regular use for >1-3 months can cause addiction. These medicines are safer than alcohol but have similar properties to alcohol in the brain. They can impair long-term health and memory and cause falls.

Examples: *FDA-approved for short-term use for insomnia:* temazepam (restoril), estazolam (prosom), quazepam (dural), flurazepam (dalmene).

Non-FDA approved: clonazepam (klonopin and wafers), diazepam (valium), lorazepam (ativan), oxazepam (serax), alprazolam (xanax),

chlordiazepoxide (librium), clorazepate (tranxene), triazolam (halcion).

NATURAL

MELATONIN

Darkness triggers the brain to release melatonin, a hormone which induces sleep. It is safer to use total darkness at night then to take extra melatonin, and ambient night can disrupt melatonin if you do take extra.

Risks: unsafe in pregnancy, breastfeeding and in children. May interfere with diabetes, high blood pressure, and epilepsy. May interfere with ovulation when taken.

Dosage: 0.3-5mg at bedtime as needed. Doses above 2mg cause drowsiness; lower doses help set the sleep cycle.

ALPHA-STIMULATOR

This device attaches to the ear-lobe and calms brain waves in a way similar to biofeedback. It has been found to relieve insomnia, anxiety, depression and chronic pain. Cost: \$500-800.

THERAPY

CBT FOR INSOMNIA

This therapy is more effective than sleep medicine and its benefits last longer. It involves specialized sleep-logs and gradual lifestyle changes.

Workbook: The Insomnia Workbook, S Silberman

NIGHTMARES REHEARSAL THERAPY

A brief therapy which helps people reshape their nightmares through regular mental exercises before sleep:

www.nightmaretreatment.com