



• Goodnight, Insomnia

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NORTHSTAR COMPASS

*Navigating
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TRUBLE SLEEPING?

It is not unusual to have sleep troubles from time to time, but if you feel you do not get enough sleep or enough satisfying sleep, you may have insomnia, a sleep disorder. People suffer from insomnia for a variety of reasons, including medical issues, menopause, emotional distress such as depression, anxiety, stressful situations, exams, deadlines, and job problems. Changes in environment, daily routine, distressing experiences, changing shifts at work, and jet lag can all contribute to sleep trouble.

People with insomnia have one or more of the following:

- difficulty falling asleep
- waking up during the night and having trouble going back to sleep
- waking up too early in the morning
- unrefreshing sleep

Insomnia can cause problems during the day, such as sleepiness, fatigue, difficulty concentrating, and irritability. Not sleeping well can cause depression and decrease the body's natural immune response. About 60-70 million Americans each year suffer from insomnia. Insomnia affects about 40% of women and 30% of men, and increases with age.

SLEEP-RELATED DISORDERS

- Insomnia is a persistent inability to fall asleep or stay asleep.
- Sleep Apnea is a life-threatening disorder which causes you to stop breathing repeatedly, often several hundred times per night, during your sleep.
- Narcolepsy is a lifelong disorder characterized by uncontrollable sleep attacks during the day.
- Nocturnal Myoclonus or Restless Leg Syndrome is a disorder characterized by pain or “crawling” sensations in the legs.

ALCOHOL AND SLEEP

Alcohol is commonly thought of as a sedative or calming drug, and while it may induce sleep, it keeps one in the lighter stages of sleep, decreasing the quality. This happens the second half of the night as the alcohol’s effects wear off.

DRUGS AND SLEEP

Medications, both prescription and non-prescription, can cause sleep problems and affect people differently. What complicates sleep for one person may not affect another.

PRESCRIPTION MEDICATIONS	NON-PRESCRIPTION MEDICATIONS
<ul style="list-style-type: none">• Diet medications• High blood pressure medications• Hormones such as oral contraceptives• Steroids, including Prednisone• Respiratory inhaled medications• Attention deficit/hyperactivity disorder medications• Some antidepressants	<ul style="list-style-type: none">• Medications with caffeine, including Anacin, Excederin, and No-doz. Some cough medications also contain caffeine• Nicotine can disrupt sleep and reduce sleep time• Pseudoephedrine, including Sudafed• Illegal drugs such as cocaine, amphetamines, and methamphetamine



HOW CAN I GET A GOOD NIGHT'S SLEEP?

1. Try go to sleep at the same time every night and wake up at the same time each morning. Avoid naps during the day as they may make you less sleepy at night.
2. Develop rituals to signal the end of the day and cue you to fall asleep. Some activities to cue sleep can include evening prayers, reading, tucking children into bed, having quiet conversation in low light, turning off extra lights in the house, or having a cup of tea. Sleep cues are designed to move you from daily activity to calm and sleepiness.
3. Save your bed for sleep. Don't work, read, watch television, write email, eat snacks, or listen to music. If you use your bedroom for a study or an office, your mind will associate the space with stimulating activities, rather than sleep.
4. If you tend to worry about things as you are falling asleep, write a to do list before going to bed. This may eliminate some of the mental energy common in worry. Keep a small notebook by your bed to record nagging concerns preventing sleep.
5. Avoid caffeine, nicotine, and alcohol late in the day. Caffeine and nicotine are stimulants and can keep you from falling asleep. Alcohol can interfere with the quality of your sleep and result in waking up during the night.
6. Reduce screen time. The blue light from televisions, tablets, and smart phones can stimulate your brain. Turning technology off an hour before bed can give a needed break and give an excellent sleep cue.
7. Exercise regularly. Activity can stimulate, rather than relax you, so try not to exercise two or three hours of bedtime.
8. Eat a bedtime snack. Don't eat a heavy meal late in the day. However, a light snack before bed may help you sleep.
9. Avoid physical and mental stimulation just before bedtime. Exercising, house cleaning, stimulating movies, or tragic and sad news can have an energizing and invigorating effect, rather than a relaxing one.
10. Take a warm bath an or two hours before bedtime. Soaking in a warm bath can raise your body temperature, making you relaxed and drowsy.
11. Make your bedroom as comfortable as possible. Be sure it is dark, quiet, and not too warm or cold. If noise is a problem, try earplugs, a fan, or a white noise generator to mask the sounds.
12. If you have trouble falling asleep after fifteen minutes, get up. Do something mildly boring or relaxing, such as reading or listening to soft music. Once you are drowsy, try going back to bed. Repeat this process, if necessary. This routine can help change the habit of lying in bed for long periods of time without sleeping.



ADDITIONAL CONSIDERATIONS

If a person is experiencing sleep difficulties without other medical problems or health conditions, it is considered primary insomnia. Secondary insomnia defines a person having sleep problems due to another issue, such as a health condition.

Insomnia also varies in how long it lasts and how often it occurs. Acute insomnia can last from one night to a few weeks. Insomnia is considered chronic when it occurs three or more times per week, for one month or longer.

WHAT CAN I DO?

If you are concerned about the quality of your sleep or are chronically tired, talk to your doctor. An evaluation may include a physical exam with specific questions about your sleep patterns, and in some cases, you may be referred to a sleep center for a more thorough sleep study.



ABOUT THE AUTHOR

Hal Baumchen, PsyD, LP, LADC is the President and Clinical Director of NorthStar Regional. He is a Licensed Clinical Psychologist (LP) and a Licensed Alcohol and Drug Counselor (LADC) with over 30 years of counseling experience.

He received his Master's Degree from Wheaton Graduate School, his Doctorate of Psychology (PsyD) from the Illinois School of Professional Psychology, and his Certificate in Co-Occurring Disorders from Adler Graduate School. He serves frequently as a seminar leader, and has taught workshops in the USA, Canada, Malaysia, Sri Lanka, South Africa, and India.

He is the author of *Journeys* and *Destinations*, two books on co-occurring disorders treatment, and the co-author of *Finding Hope Again: Overcoming Depression* with Dr. Neil T. Anderson.

This information in this publication is not intended as a substitute for professional help or to be used as a diagnostic tool. If you have serious difficulties with anxiety, depression, or other mental health issues, please seek professional help.