Insomnia

What is it?

Insomnia is a general term that refers to difficulty falling or staying asleep. It’s not really a disorder, but a symptom with many causes. We all have occasional sleepless nights, and insomnia that sticks around for just a day or two isn’t much of a problem, but if you have it for longer periods, you’re likely to pay a high price. Research has shown that people who have frequent insomnia are four times more likely to suffer from depression than people who sleep soundly. You’re also more likely to underperform at work and have difficult family relationships. More frightening, you could really hurt yourself (or your loved ones): The US National Highway Traffic Safety Administration reports that insufficient sleep contributes to more than 100,000 car crashes annually.

It’s hard to define insomnia because everyone requires different amounts of sleep. The bottom line, sleep experts say, is how you feel the next day. If you frequently wake up feeling dull and unrefreshed—either because it took you forever to fall asleep or you woke repeatedly at night or got up too early—there’s a good chance that insomnia is taking its toll.

Who is at risk?

Most insomnia is triggered by temporary upsets—emotional stress, for example, or flare-ups of arthritis or other painful conditions. Once your life returns to normal, the quality of your sleep probably will, too, but sometimes it doesn’t work that way. Some people get so frustrated when they can’t sleep that they continue to feel anxious after the original problem is long gone. This can result in long-term, or chronic, insomnia—disturbed sleep at least three times a week for a month or more.

Treatment

Your doctor will most likely take a three-pronged approach to exploring the causes of your insomnia. The first step is to identify—and correct—any underlying physical or emotional problems that may be keeping you awake. After that, you’ll probably be asked to make a few lifestyle changes to promote better sleep. Finally, you may be given over-the-counter or prescription drugs to break the “insomnia cycle” and help you get some much-needed rest.
Medications

Good sleep habits are the best way to overcome insomnia in the long run. But when you need fast relief, your doctor may recommend over-the-counter or prescription drugs. These might include:

**OTC antihistamines.** Two popular ones, diphenhydramine (Benadryl) and chlorpheniramine (Chlor-Trimeton) act as mild sedatives and are very effective for occasional sleepless nights.

**Analgesics.** Aspirin, ibuprofen (Advil), naproxen (Aleve), or acetaminophen (Tylenol) often relieve sleep-disturbing pain.

There are several Prescription sleeping pills. Also called **hypnotics**, those commonly recommended for insomnia usually belong to a chemical family known as benzodiazepines. They’re extremely effective and can be taken for months without losing their potency. They sometimes can be habit-forming, although not addicting. If you have trouble sleeping through the night, your doctor might recommend one.

**Antidepressants.** These medicines are sometimes used to treat insomnia-caused depression. Some can cause drowsiness.

Lifestyle Changes

Whether you’ve battled insomnia for years or are experiencing it for the first time, the best place to start is with what doctors call "**good sleep hygiene,**" habits that naturally promote better sleep. An hour before your usual bedtime, for example, get into a **relaxing routine.** Read or listen to soothing music. Avoid stressful activities, such as paying bills or completing work projects. Consider taking a hot bath. Your core body temperature will rise, then fall. That will help you fall asleep more readily—and stay asleep. Don’t take a bath just before bed, however, because it will temporarily increase blood flow and make you more alert.

**Maintain regular sleep habits.** Go to bed and get up at the same times every day, even on weekends. And go easy on the naps. They’re fine for catching up on occasional missed sleep, but napping regularly makes it harder to maintain a consistent sleep schedule.

A crucial part of sleep hygiene is to **keep stress out of your bedroom.** Limit what you do in bed to sleep or sex. Don’t use the room as a second study. If you do, you’ll start to associate going to bed with stress and anxiety. For the same reason, leave the bedroom when insomnia strikes. If you’re going to be frustrated because you can’t sleep, fret in the living room or kitchen. Go to bed only when you think you’re really ready to fall asleep.

Two additional things: Shut out bright light and noise. Install heavy curtains or blinds if you need to. Earplugs will block external sounds, or you can mask
noises by running a fan, setting the radio to the fuzz between stations, or using a white noise machine.

Your daytime habits are just as important for beating insomnia as what you do at night. **Don’t drink caffeinated beverages** after about noon. **Limit your alcohol consumption** to one or two drinks in the evening. Alcohol can make it easier to fall asleep, but it causes more frequent nighttime awakenings.

**Exercise** is another key strategy for achieving better sleep. It tires you out and lowers levels of sleep-disrupting stress hormones. Just be sure to work out at least three hours before you turn in.

Another traditional remedy for insomnia is drinking **a glass of warm milk**, and there’s good evidence that it works. Milk helps prevent hunger from disturbing your sleep; it also contains an amino acid called tryptophan, which is converted in the brain into a “relaxing” chemical known as serotonin. Once you’re in bed, try progressive muscle relaxation, a technique that involves tensing, then releasing all the muscles in your body. Start at your feet and move toward your head.

Finally, try to get a handle on the stressors in your life. If you’re in the throes of anxiety, it’s harder to fall asleep and sleep soundly. Some of the best stress-beating activities include yoga, meditation, and listening to soothing audiotapes.

**Related Procedures**

Your doctor can probably recognize—and treat—many of the common causes of your insomnia. Some conditions, however, can only be detected if you spend one or more nights in a **sleep laboratory**. Don’t let the name scare you. Sleep labs are like comfortable hotel rooms—except instead of a mini-bar by the bed, you’ll see devices that measure everything from heart rate to brain waves and breathing patterns.

You’ll arrive at the sleep lab about an hour before your usual bedtime. A technician will attach electrodes and other external monitoring devices to your body. Then it’s lights out. The test will show how much (or how little) you sleep and whether you spend enough time in “deep” sleep. It will also pinpoint physical problems that interfere with normal sleep, such as sleep apnea, limb movements, or a curious condition called “sleep state misperception,” which means that you feel you’re getting less sleep than you actually are. Treatment can be tailored to your specific problem.

**Alternative Therapies**

Certain herbs have been used for centuries to ease insomnia. **Valerian**, a natural herbal tranquilizer, works best when rotated with other sleep-inducing herbs. **Chamomile** is a sweet-tasting herb that depresses the central nervous system.
the way antianxiety drugs do. **Lemon balm** (also known as melissa) has a citrusy aroma; its leaves are the plant’s medicinal part.

**Questions for Your Doctor**

Do you think I might have sleep apnea or another sleep disorder?

Could my insomnia be related to the depression I've been experiencing lately?

Is there a way you can tell whether post-traumatic stress syndrome is what's keeping me awake at night?

I seem to have more insomnia now that I'm going through menopause. Would HRT be good for me?

**Living with Insomnia**

If you are suffering with Insomnia, here are a few tips to help you take control:

Start a sleep diary. A 10-day summary of your sleep habits can give you valuable clues about what's happening. Record when you go to bed, how long it takes you to fall asleep, how often you wake at night, how you feel the next day, and so on. Then pass this information along to your doctor.

Avoid kava, a popular sleep-inducing herb. Recent reports suggest that overuse could cause liver damage.

Limit your ZZZZs at first. Some experts advise starting with only four hours of sleep—say 3 am to 7 am. Once you’re sleeping well during these hours, add another 15 to 30 minutes to either end or both—and keep adding time until you’re getting the sleep you need.

Eat tofu or other soy foods daily. They’re rich in estrogen-like compounds called phytoestrogens. Women who regularly eat them are less likely to experience menopausal hot flashes or other sleep-disrupting symptoms.

Take care with sleeping pills. The short-term use of sleeping pills—often up to a month—is very safe for most people. But there are some exceptions. Watch out if you drink: Combining the pills with alcohol intensifies the effects of each. If you’re elderly or get up a lot at night, sleeping pills may increase your risk of falls or other accidents. The drugs may increase sleep-related breathing problems by depressing the vital “breathing center” in your brain.

Courtesy: [http://www.besthealthmag.ca/get-healthy/azindex/insomnia](http://www.besthealthmag.ca/get-healthy/azindex/insomnia)

Posted by Shobha Mathur