

Insomnia



Do you feel like you're not sleeping well or enough? You may have insomnia. This fact sheet explains what insomnia is, how to recognize the signs, and how to treat it.

What is insomnia?

Insomnia can take several forms.

- Having trouble falling asleep: initial insomnia.
- Waking up often during the night and having trouble going back to sleep (staying awake for more than 30 minutes, for example): maintenance insomnia.
- Waking up early in the morning and not being able to go back to sleep: terminal insomnia.

People who suffer from these disorders are called "insomniacs". In general, they sleep more than they think they do.

What are the signs of insomnia?

- Having trouble falling asleep and staying asleep.
- Having poor quality of sleep or sleeping too little (even when you have the opportunity of getting a normal night's sleep).

Lack of sleep can affect quality of life, even during the day. Insomnia can cause:


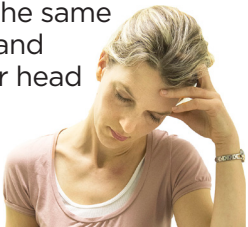
- Fatigue
- Irritability
- General malaise
- Difficulty concentrating
- Memory problems
- Muscle tension
- Palpitations (feeling your own heartbeat in short bursts)
- Headache



Why do I have this problem?

Insomnia can have several causes.

Insomnia according to Spielman's 3P model

Factors related to your person (predisposing)	Factors that cause the onset of insomnia for the first time (precipitating)	Factors that make insomnia persist and recur (perpetuating or maintaining)
Being a woman	Events that cause stress	Poor sleep habits
Having parents or family with this problem	Family situation (young children, for example)	Intense physical effort (sports, weight training) 
Being an anxious person	Menopause	False beliefs (for example, thinking you need 8 hours of sleep to function well the next day)
Replaying the same ideas over and over in your head 	Pain	Bad conditioning: doing things to try to sleep more and the opposite happens. For example, staying in bed 10 hours but only sleeping 5 hours
Having a naturally high cortisol level (a hormone) and body temperature	Noise (snoring, neighbors...)	Medication (some antidepressants, for example) or stimulants such as coffee

Very often, by the time a person consults, the precipitating factors have disappeared. All that remains are the factors that make the insomnia persistent and recurrent.

What tests or exams will I have?

The doctor will mainly try to find out how you sleep, using one or more of the following tests.

Questionnaire

You'll be asked very detailed questions about your sleep, what influences it, etc.

Sleep diary

This is a chart to be filled out for two weeks (see Appendix 2, pages 6 and 7). You write down several pieces of information about your sleep every day: the time you spend in bed, the time it takes to fall asleep, the time you think you slept, etc. This is used to "calculate" the efficiency of your sleep.

Measurement of movements during sleep (actigraphy)

For this test, you wear a watch-like device on your wrist while sleeping for two weeks. This is used to find out whether you move during sleep. When you're not moving, you're assumed to be sleeping.

Complete sleep laboratory test (polysomnography)

This test is sometimes used. It's done to see whether there are other problems that can affect your sleep.



How is insomnia treated?

There are different possible treatments.

- > **Good sleep hygiene for good sleep** quality. This means **reducing activities** that interfere with sleep. For example, you should:
 - not watch TV in bed
 - not read or eat in bed
 - not keep looking at the clock, including your smart devices
 - have a regular sleep/wake cycle
 - not take naps during the day



You'll find more specific tips in Appendix 1 on page 5.

- > **Relaxation methods** are effective in helping you sleep well. See the fact sheet [Relaxation for better stress management](#).
- > **Restricting sleep time.** Based on the information in your sleep diary, you'll be asked to change your sleep schedule. For example, you'll be asked to go to bed later and get up earlier. At first this will deprive you of sleep, but normal schedules will gradually be restored. Eventually, you'll be able to get more and better quality sleep while still getting enough time in bed.

> **Cognitive behavioural therapy.** This technique is the most effective in treating insomnia. It involves about ten one-hour sessions, most often with a psychologist. There are also online platforms that offer the therapy.

It aims to correct the misconceptions you may have about sleep (e.g., “I can’t sleep without medication”, “my life will be ruined if I sleep badly”, “I can’t sleep but I have to stay in bed”).

This therapy also involves behavioural work (sleep hygiene, sleep restriction, relaxation). When used with temporary sleeping pills, it has good results.

Who can I contact for help or to ask questions?

There are several resource persons who can help you, such as a psychotherapist or a family doctor. They can refer you to sleep specialists (with a particular interest in sleep medicine), such as a pulmonologist, psychiatrist, or neurologist.



USEFUL RESOURCES

Reading:
Canadian Sleep Society:
> css-scs.ca
Click on Resources -> Sleep Information

To find a psychologist:
Ordre des psychologues du Québec
Montréal (Québec).
> **514 738-1881 or 1 800 363-264**

For cognitive behavioural therapy:
Jewish General Hospital. Behavioural
Psychotherapy and Research Unit.
> **514 340-8222, ext. 25626**

Tips, discussion forums, tests:
> sleepio.com
> myshuti.com

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them
on our website
chumontreal.qc.ca/fiches-sante

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

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These few steps can help you get better sleep.

Room and bed

- Use the bed only for sleeping and for sexual activities.
- Avoid thinking about your problems and trying to solve them while in bed.
- Keep your bedroom cool, dark, quiet, and comfortable.

Before going to bed

Avoid:

- Stimulants such as coffee, nicotine, and strenuous physical activity.
- Alcohol. It can make you sleepy, but it can also cause you to awaken in the middle of the night.
- Large meals. They take longer to digest and keep your body temperature from dropping. A light snack can prevent feelings of hunger during the night.
- Exposure to light (television, computer), as this impedes the secretion of melatonin, the sleep hormone.

Instead focus on:

- Relaxation: read, listen to music, take a bath, unwind, do yoga.
- Regular sleep routines: putting on pajamas, brushing teeth, going to bed at the same time every night, etc.



Timing

- > Go to bed when you feel the need to sleep. Don't wait until the time you were planning to go to bed.
- > Learn to recognize the signs of sleep so you can go to bed:
 - drop in body temperature (chills)
 - difficulty staying focused (less alertness)
 - blurred vision
 - yawning

If you don't fall asleep after 30 minutes, get up and do something that's not very tiring for the body but that works the brain: crossword puzzles, sudoku, reading, etc. Relax and unwind. As soon as the signs of sleep return, go back to bed (not the couch).
- > A regular bedtime, and especially a regular wake-up time (even on weekends), helps the biological clock function properly. Your biological clock regulates alertness (being awake), temperature, hunger, and hormone production. These factors vary according to time of day and follow a regular rhythm.
- > In the morning, expose yourself to daylight. This helps regulate your biological clock.

Naps

- If you really need to sleep during the day, take a nap of less than 30 minutes, and before 3:00 p.m.
- If you have serious insomnia, don't take naps. Instead, let your need for sleep build up.

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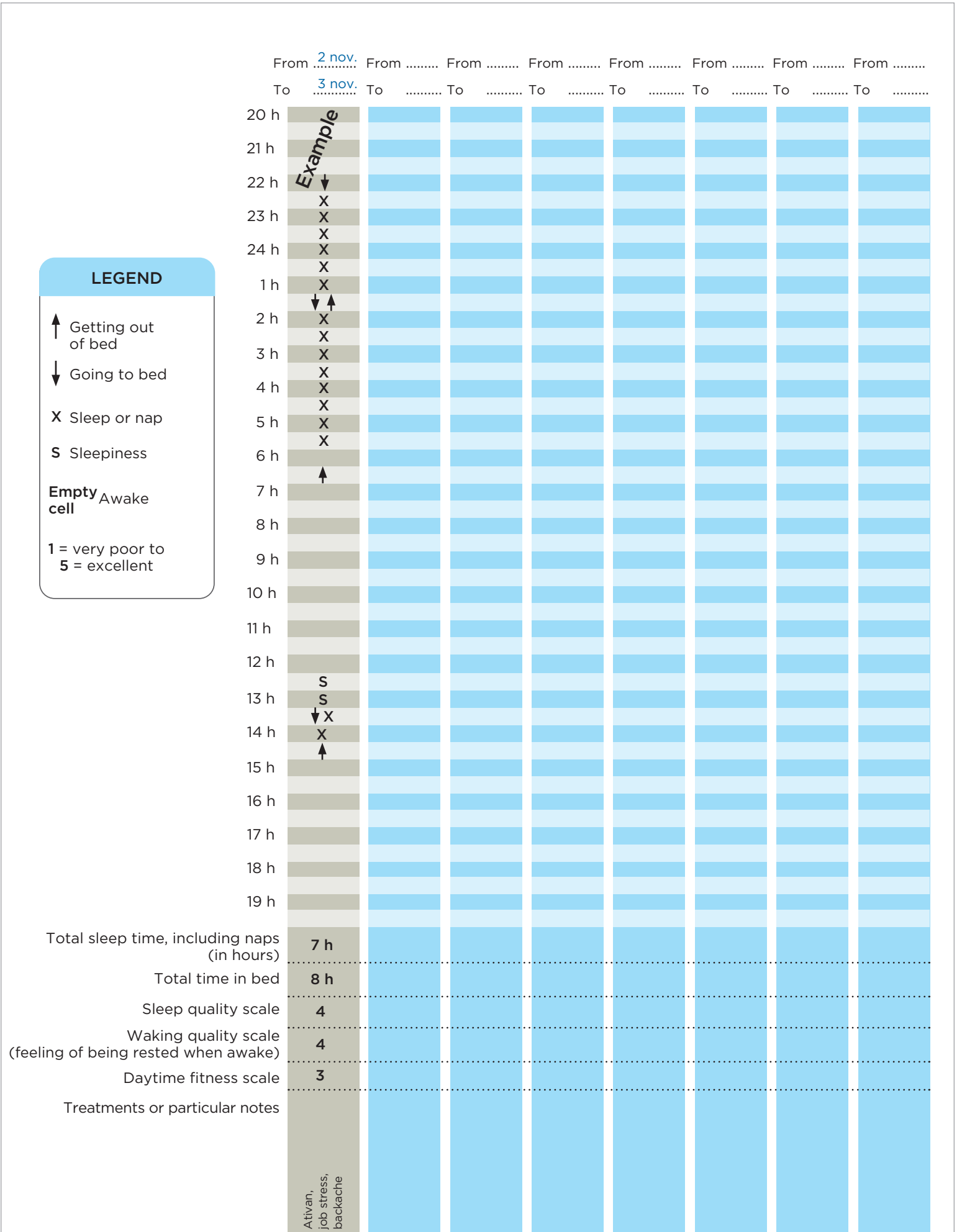
APPENDIX 2: SLEEP DIARY

Fill in this table with as much detail as possible for 2 weeks.

	From <u>2 nov.</u> To <u>3 nov.</u>	From	From	From	From	From	From
20 h							
21 h							
22 h	Example ↓						
23 h	X						
24 h	X						
1 h	X						
2 h	↓ ↑						
3 h	X						
4 h	X						
5 h	X						
6 h	X						
7 h	↑						
8 h							
9 h							
10 h							
11 h							
12 h							
13 h	S						
14 h	↓ X						
15 h	X						
16 h	↑						
17 h							
18 h							
19 h							
Total sleep time, including naps (in hours)	7 h						
Total time in bed	8 h						
Sleep quality scale	4						
Waking quality scale (feeling of being rested when awake)	4						
Daytime fitness scale	3						
Treatments or particular notes	Ativan, job stress, backache						

LEGEND

- ↑ Getting out of bed
- ↓ Going to bed
- X Sleep or nap
- S Sleepiness
- Empty cell Awake
- 1 = very poor to 5 = excellent



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Questions

Write down any questions you want to ask your care team so you don't forget anything.





Observations - Comments

Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.





Resource people and contacts

Write down phone numbers, email addresses and websites that could be useful.



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