

INSOMNIA

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Insomnia is a common sleep disorder. Almost everyone suffers from occasional insomnia. In addition, an estimated 60 million Americans each year have insomnia frequently or for extended periods of time. It is more common in the elderly, women, and people with depression.

Insomnia is the perception of inadequate or poor-quality sleep. Individuals with insomnia complain of difficulty falling asleep, waking up frequently during the night with difficulty falling back to sleep, waking up too early in the morning, or waking up not refreshed.

The amount of sleep that an individual needs varies. Infants usually need 16 hours of sleep each day, whereas adolescents generally require 9 hours a day. The daily amount of sleep required by adults varies from 5 to 10 hours. Older adults generally need the same amount of sleep as they did when they were younger but tend to sleep lightly and for shorter time spans. If awakened during the night, it may also be more difficult for the older adult to fall back asleep.

Insomnia can be classified as transient, intermittent, or chronic. Transient insomnia lasts only a few nights and can often be traced to a specific cause, such as sleeping in a different bed. Intermittent insomnia is transient insomnia that recurs from time to time. Insomnia is considered to be chronic if it occurs on most nights and lasts more than 1 month.

Transient and intermittent insomnia can be caused by several factors, including stress, noise, temperature extremes, and a change in the environment. Certain medications, such as decongestants, may cause transient or intermittent insomnia. It can also be caused by disturbances in one's usual sleep-wake cycle that occur with shift work or travel.

Chronic insomnia is a more complex problem. It usually results from a combination of many factors, including underlying psychological and medical disorders. One of the most common causes of chronic insomnia is depression. Medical problems that may lead to chronic insomnia include chronic pain, arthritis, asthma, sleep apnea, thyroid disorders, kidney disease, and heart failure. Insomnia is also common in individuals with Alzheimer's disease and cancer. Women frequently experience poor quality of sleep during menopause because of fluctuations in hormone levels and symptoms such as hot flashes.

Certain behaviors can also lead to chronic insomnia. These include stress, excessive caffeine intake, smoking, and alcohol and drug abuse. Smokers tend

to sleep lightly and wake up frequently because of nicotine withdrawal. Alcohol may interfere with deeper stages of sleep. Poor sleep habits, such as frequent daytime napping, can also lead to chronic insomnia. Some people perpetuate their insomnia by expecting difficulty falling asleep and then staying awake worrying about it. To avoid this cycle, experts recommend 10 minutes as the maximum amount of time a person should lie in bed trying to sleep.

Sleep is an essential part of our well-being. It is just as essential as food and water. Chronic insomnia leads to sleep deprivation, which can cause physical and emotional problems. Lack of sleep can interfere with work, leading to work-related errors or poor performance. It can also interfere with driving and cause accidents. In fact, in driving simulation tests, the individual who was deprived of sleep performed worse and had slower reaction times than the individual who was intoxicated. It is estimated that driving while drowsy accounts for 100,000 accidents each year. The effects of alcohol are magnified in the sleep-deprived individual. Sleep deprivation can also cause a lack of energy, irritability, difficulty concentrating, and daytime sleepiness. Sleep and lack of sleep affect our overall sense of happiness.

If you have chronic insomnia, you should investigate the cause and discuss possible treatments with your doctor. The first step is to determine the pattern and severity of the problem. Your physician will evaluate your medical history and sleep habits to determine if these are affecting the quality of your sleep. Your physician may ask you to complete a 2-week sleep diary before ordering any tests. You should record in the diary the time you went to bed, the approximate time you fell asleep, the time you woke up, and the time you got out of bed. The doctor will determine your sleep efficiency by comparing the amount of time you slept with the amount of time you were in bed.

In some instances, your physician may refer you to a neurologist who specializes in the study of sleep and sleep disorders. You may be asked to use a home apnea monitor to determine if sleep apnea is contributing to your problem. (Sleep apnea is a common problem in which breathing stops for 10 seconds or more repeatedly during sleep. The individual with sleep apnea often has daytime drowsiness and fatigue because of being aroused frequently at night.) On the basis of the results of home monitoring, a sleep study, called a polysomnogram, may be performed. This test