

Sleep disorders

Whether you have occasional trouble sleeping or you are living with a sleep disorder, you can get quality sleep and learn to better manage your condition.

Insomnia is a sleep disorder that is characterized by difficulty falling and/or staying asleep. People with insomnia have one or more of the following symptoms:

- Difficulty falling asleep
- Waking up often during the night and having trouble going back to sleep
- Waking up too early in the morning
- Feeling tired upon waking

Types of Insomnia:

There are two types of insomnia: primary insomnia and secondary insomnia.

- **Primary insomnia:** Primary insomnia means that a person is having sleep problems that are not directly associated with any other health condition or problem.
- **Secondary insomnia:** Secondary insomnia means that a person is having sleep problems because of something else, such as a health condition (like asthma, depression, arthritis, cancer, or heartburn); pain; medication they are taking; or a substance they are using (like alcohol).

Acute vs. Chronic Insomnia

Insomnia also varies in how long it lasts and how often it occurs. It can be short-term (acute insomnia) or can last a long time (chronic insomnia). It can also come and go, with periods of time when a person has no sleep problems. Acute insomnia can last from one night to a few weeks. Insomnia is called chronic when a person has insomnia at least three nights a week for a month or longer.

Causes of Insomnia

Causes of ***acute insomnia*** can include:

- Significant life stress (job loss or change, death of a loved one, divorce, moving)
- Illness
- Emotional or physical discomfort
- Environmental factors like noise, light, or extreme temperatures (hot or cold) that interfere with sleep
- Some medications (for example those used to treat colds, allergies, depression, high blood pressure, and asthma) may interfere with sleep

- Interferences in normal sleep schedule (jet lag or switching from a day to night shift, for example)

Causes of **chronic insomnia** include:

- Depression and/or anxiety
- Chronic stress
- Pain or discomfort at night

Diagnosing Insomnia

If you think you have insomnia, talk to your health care provider. An evaluation may include a physical exam, a medical history, and a sleep history. You may be asked to keep a sleep diary for a week or two, keeping track of your sleep patterns and how you feel during the day. Your health care provider may want to interview your bed partner about the quantity and quality of your sleep. In some cases, you may be referred to a sleep center for special tests.

Treatment for Insomnia

Acute insomnia may not require treatment. Mild insomnia often can be prevented or cured by practicing good sleep habits (see below). If your insomnia makes it hard for you to function during the day because you are sleepy and tired, your health care provider may prescribe sleeping pills for a limited time. Rapid onset, short-acting drugs can help you avoid effects such as drowsiness the following day. Avoid using over-the-counter sleeping pills for insomnia, because they may have undesired side effects and tend to lose their effectiveness over time.

Treatment for chronic insomnia includes first treating any underlying conditions or health problems that are causing the insomnia. If insomnia continues, your health care provider may suggest behavioral therapy. Behavioral approaches help you to change behaviors that may worsen insomnia and to learn new behaviors to promote sleep. Techniques such as relaxation exercises, sleep restriction therapy, and reconditioning may be useful.

Good Sleep Habits for Beating Insomnia

Good sleep habits, also called sleep hygiene, can help you get a good night's sleep and beat insomnia. Here are some tips:

- Try to go to sleep at the same time each night and get up at the same time each morning. Try not to take naps during the day, because naps may make you less sleepy at night.
- Avoid prolonged use of phones or reading devices ("e-books") that give off light before bed. This can make it harder to fall asleep.
- Avoid caffeine, nicotine, and alcohol late in the day. Caffeine and nicotine are stimulants and can keep you from falling asleep. Alcohol can cause waking in the night and interferes with sleep quality.
- Get regular exercise. Try not to exercise close to bedtime, because it may stimulate you and make it hard to fall asleep. Experts suggest not exercising for at least three to four hours before the time you go to sleep.

- Don't eat a heavy meal late in the day. A light snack before bedtime, however, may help you sleep.
- Make your bedroom comfortable. Be sure that it is dark, quiet, and not too warm or too cold. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan, or a "white noise" machine to cover up the sounds.
- Follow a routine to help you relax before sleep. Read a book, listen to music, or take a bath.
- Avoid using your bed for anything other than sleep.
- If you can't fall asleep and don't feel drowsy, get up and read or do something that is not overly stimulating until you feel sleepy.
- If you find yourself lying awake worrying about things, try making a to-do list before you go to bed. This may help you to not focus on those worries overnight.

What Are Sleep Disorders?

Circadian Rhythm Disorders

Typically, people sleep at night - thanks not only to the conventions of the 9-to-5 workday, but also to the close interaction between our natural sleep and alertness rhythms, which are driven by an internal "clock."

This clock is a small part of the brain called the suprachiasmatic nucleus of the hypothalamus. It sits just above the nerves leaving the back of our eyes. Light and exercise "reset" the clock and can move it forward or backward. Abnormalities related to this clock are called circadian rhythm disorders ("circa" means "about," and "dies" means "day").

Circadian rhythm disorders include jet lag, adjustments to shift work, delayed sleep phase syndrome (you fall asleep and wake up too late), and advanced sleep phase syndrome (you fall asleep and wake up too early).

Snoring

Many adults snore. The noise is produced when the air you inhale rattles over the relaxed tissues of the throat. Snoring can be a problem simply because of the noise it causes. It may also be a marker of a more serious sleep problem called sleep apnea.

Sleep Apnea

Sleep apnea occurs when the upper airway becomes completely or partially blocked, interrupting regular breathing for short periods of time -- which then wakes you up. It can cause severe daytime sleepiness. If left untreated, severe sleep apnea may be associated with high blood pressure and the risk of stroke and heart attack.

Pregnancy and sleep

Women often experience sleepless nights and daytime fatigue in the first and third trimesters of their pregnancy. During the first trimester, frequent trips to the bathroom and morning sickness may disrupt sleep. Later in pregnancy, vivid dreams and physical discomfort may prevent deep sleep. After delivery, the new baby's care or the mother's postpartum depression may interrupt sleep.

Narcolepsy

Narcolepsy is a brain disorder that causes excessive daytime sleepiness. There is sometimes a genetic component, but most patients have no family history of the problem. Though dramatic and uncontrolled "sleep attacks" have been the best-known feature of narcolepsy, in reality many patients do not have sleep attacks. Instead, they experience constant sleepiness during the day.

Restless Legs Syndrome

In people who have restless legs syndrome, discomfort in the legs and feet peaks during the evening and night. They feel an urge to move their legs and feet to get temporary relief, often with excessive, rhythmic, or cyclic leg movements during sleep. This can delay sleep onset and cause brief awakening during sleep. Restless legs syndrome is a common problem among middle-aged and older adults.

Nightmares

Nightmares are frightening dreams that arise during REM sleep. They can be caused by stress, anxiety, and some drugs. Often, there is no clear cause.

Night Terrors and Sleepwalking

Both night terrors and sleepwalking arise during NREM sleep and occur most often in children between the ages of 3 and 5 years old. A night terror can be dramatic: Your child may wake up screaming, but unable to explain the fear. Sometimes children who have night terrors remember a frightening image, but often they remember nothing. Night terrors are often more frightening for parents than for their child. Sleepwalkers can perform a range of activities - some potentially dangerous, like leaving the house -- while they continue to sleep.

Sleep and Hypersomnia

Hypersomnia, which refers to either excessive daytime sleepiness or excessive time spent sleeping, is a condition in which a person has trouble staying awake during the day. People who have hypersomnia can fall asleep at any time - for instance, at work or while they are driving. They may also have other sleep-related problems, including a lack of energy and trouble thinking clearly.

According to the National Sleep Foundation, up to 40% of people have some symptoms of hypersomnia from time to time.

Causes of Hypersomnia

There are several potential causes of hypersomnia, including:

- The sleep disorders narcolepsy (daytime sleepiness) and sleep apnea (interruptions of breathing during sleep)
- Not getting enough sleep at night (sleep deprivation)
- Being overweight

- Drug or alcohol abuse
- A head injury or a neurological disease, such as multiple sclerosis or Parkinson's disease
- Prescription drugs, such as tranquilizers or antihistamines
- Genetics (having a relative with hypersomnia)
- Depression

Diagnosing Hypersomnia

If you consistently feel drowsy during the day, talk to your doctor. In making a diagnosis of hypersomnia, your doctor will ask you about your sleeping habits, how much sleep you get at night, if you wake up at night, and whether you fall asleep during the day. Your doctor will also want to know if you are having any emotional problems or are taking any drugs that may be interfering with your sleep.

Your doctor may also order some tests, including blood tests, computed tomography (CT) scans, and a sleep test called polysomnography. In some cases, an additional electroencephalogram (EEG), which measures the electrical activity of the brain, is needed.

Treatment of Hypersomnia

If you are diagnosed with hypersomnia, your doctor can prescribe various drugs to treat it, including stimulants, antidepressants, as well as several newer medications (for example, Provigil and Xyrem).

If you are diagnosed with sleep apnea, your doctor may prescribe a treatment known as continuous positive airway pressure, or CPAP. With CPAP, you wear a mask over your nose while you are sleeping. A machine that delivers a continuous flow of air into the nostrils is hooked up to the mask. The pressure from air flowing into the nostrils helps keep the airways open.

If you are taking a medication that causes drowsiness, ask your doctor about changing to one that is less likely to make you sleepy. You may also want to go to bed earlier to try to get more sleep at night, and eliminate alcohol and caffeine.

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