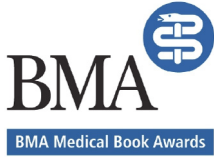


Sleeping Problems

A self help guide



This booklet was Highly Commended at the British Medical Association Patient Information Awards 2011.

	Page
Introduction	4
Understanding sleep and sleeping problems	5
How much sleep do we need?	5-6
Are there different sorts of sleep?	6-7
Are there other changes in sleep patterns?	7
What causes sleep problems?	7-8
What sort of sleep problems do you have?	9
Overcoming your sleep problem	10-13
Good sleep habits	13-16
Useful organisations	17-18
Useful books	18
References	19

"I toss and turn for hours on end. No matter what I do, I just can't seem to get off to sleep".

"I'm very restless through the night, often waking and not able to get back to sleep".

"I wake up two or three hours before I need to get up and just lie there trying to drop back off to sleep".

"I never feel like I've had a proper night's sleep. I sleep very lightly and seem to drift in and out of sleep".

These are all comments made by people who suffer from different kinds of sleep problem.

This booklet aims to help you understand your sleep problem and to learn some simple ways to sleep better.

Understanding sleep and sleeping problems

Sleep problems are very common and are often referred to as insomnia. One study in America found that only 5% of adults reported never having trouble sleeping.

A recent study found that as many as 30% of the adult population are affected by sleep problems. Sleep difficulties are particularly common in women, children and those over 65. In fact, roughly half of the elderly population complains of insomnia. Therefore to have trouble sleeping at some point in your life is quite normal.

How much sleep do we need?

People can become very distressed when they feel they are not getting a good night's sleep, which can make it harder to get off to sleep.

But what is a normal amount of sleep? How much sleep do we need?

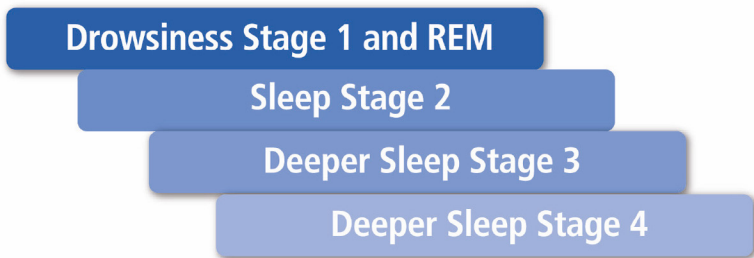
The answer is that people vary greatly in their need for sleep. There is a popular idea that we all need 7 to 8 hours sleep every night. **This is not true.** Many studies have shown that people range between needing 4 hours a night up to needing 10 hours or more. Also the amount of sleep a person needs varies throughout their life. For example, a newborn baby spends 16 to 17 hours sleeping per day (though it might not seem like that to parents). As children grow older they require less sleep, possibly 11 hours around the age of 5 years and maybe 8 to 9 hours as a teenager. By the time someone reaches their thirties they may require less than 8 hours, and as time progresses this becomes less and less. Many people in their seventies require less than 6 hours sleep.

Not only does the need for sleep vary from person to person, and with age, it also varies depending on level of activity. If someone has retired from work, they may be less active and therefore require less sleep. On the other hand, if they have a

young family and are constantly on the go, then they may require quite a bit of sleep.

Are there different sorts of sleep?

Sleep is not like a light bulb which is either on or off, but has different stages, varying from light to deep sleep. At least five different types or stages of sleep have been identified. Broadly, sleep is divided into what is called REM (Rapid Eye Movement) and non-REM sleep. REM sleep occurs several times during the night and is where most dreaming is thought to take place. Non-REM sleep is divided into four stages, each stage being a bit deeper, almost like a staircase of sleep.



During the night whilst asleep, people go up and down this staircase many times and in fact wake up several times.

On a typical night a young adult who sleeps well will spend about 5% in Stage 1, 50% in Stage 2, 28% in deep sleep (3 or 4) and about 25% in REM sleep.

As with the amount of sleep we need, the sort of sleep we have changes as we get older. Sleep in older people tends to be lighter and more broken, with more stage 1 and 2 sleep and more frequent waking.

For a typical person aged 70, deep sleep takes up less than 10% of the night's sleep. Therefore, an older person may report waking more times throughout the night.

In summary sleep in older people does tend to be shorter, more restless and more easily disturbed, but it should still be refreshing.

Are there other changes in sleep patterns?

Not only do we need less sleep and sleep becomes lighter and more broken as we get older, but our pattern of when we sleep often changes too. It becomes more likely that we drop off to sleep during the day, so our natural rhythm of sleep can be disturbed.

What causes sleep problems?

There are a number of reasons why sleep problems can develop.

1. Normal effects of ageing – as mentioned, when people get older they tend to sleep less deeply and need less sleep. Not only this, but sometimes people develop a habit of dropping off to sleep during the day which again reduces the need for sleep at night. This in itself is not a problem, but often not sleeping becomes a greater cause for worry, frustration and concern, which in turn leads to sleeping less well.
2. Medical reasons for disrupted sleep – medical reasons for poor sleep may or may not be related to getting older. Some examples are:
 - The need to go to the toilet during the night occurs more in later life. About 60% of women and about 70% of men, aged over 65 get out of bed at least once a night to go to the toilet. This can also happen for other reasons of course, such as pregnancy. Getting out of bed at night isn't always a great problem, but can be frustrating if it is difficult to get back to sleep.
 - Another medical reason is pain. This again can be common in older age with joint pains such as arthritis.

Other health problems can also affect sleep, for example diabetes, high blood pressure and breathing difficulties.

- The emotional upset of loss or bereavement can affect sleep and again this may be more common in older people.
 - Some medicines can interfere with sleep, so it is worth checking with your doctor if you are on any tablets.
3. Stress, anxiety and worry – sleep is easily affected by how someone is feeling. If someone is worrying about something or suffering from stress, very often they will find it hard to get off to sleep.
 4. Depression and low mood – when someone is feeling depressed, disturbed sleep is common. It is quite usual for a depressed person to wake up early in the morning and find it hard to get back to sleep, or alternatively to have difficulty getting off to sleep.
 5. Surroundings – can make a big difference to sleep. For example, a bedroom that is over hot or over cold, a bed that is too hard or too soft, a room that is too noisy or too light can all make a difference to how well someone sleeps. Sleeping in a strange place can also affect someone's sleep.
 6. Disrupted sleep routine – people who work shifts which change frequently often have difficulty sleeping.

What sort of sleep problem do you have? Tick the boxes that apply to you

Getting to sleep

The most common sleep problem is trouble getting to sleep. For some people it can take several hours to drop off to sleep, but once they are asleep the quality of sleep is good.

Staying asleep

The next most common problem is a disturbed sleep pattern, with frequent waking in the middle of the night and difficulty getting back to sleep.

Waking too early

A third problem is waking earlier than is desired, again with difficulty getting back to sleep.

Poor quality sleep

In addition, some people report sleeping lightly, with restless, disturbed and inconsistent sleep.

Knowing exactly what sort of sleep problem you have can help when it comes to trying to deal with it.

Summary

Sleep problems are very common and affect people in different ways. There is no “right” amount of sleep as this varies between people and across the life-span. Sleep problems can occur for a number of reasons: as a result of age; medical reasons; emotional reasons; unhelpful surroundings; disrupted sleep routines. There are different sorts of sleep problems. It is also possible to think you have a sleep problem when in fact you are still getting enough sleep but it is different from what you expect.

Overcoming your sleep problem

One of the first steps in overcoming sleep difficulties is finding out any possible causes and trying to look for solutions.

Is sleeping your main problem, or is there another problem which may be causing you to have difficulty sleeping?

If there is another problem, is there anything you can do about that problem?

Review these common reasons for insomnia and try to work out which if any apply (please tick). There may be different solutions for different problems.

Problem:

Worrying about not getting enough sleep – are you expecting too much sleep and worrying about not getting enough? Sometimes people lie in bed and worry about not sleeping. As we have already mentioned, worrying about not getting enough sleep makes matters worse. Thoughts such as “I’ll be exhausted tomorrow”, “I’ll never get to sleep”, “I must sleep, it’s ruining my health”, may run through your mind. The effect of this is that you feel tense and anxious and less likely to drop off to sleep, which in turn leads to more worrying thoughts.

Solution:

Try to remind yourself that loss of sleep will not hurt you. No-one ever died through lack of sleep! You know you will always fall asleep eventually. Lying calm and relaxed in bed can be as refreshing as sleep (and even more enjoyable because you’re awake to experience it!). Don’t keep looking to see what the time is. Try to put sleep out of your mind. Tell yourself you don’t really care whether you get to sleep or not. Have a daydream instead about something pleasant (for example a holiday, what you’d do if you won some money). Sometimes people find it helpful to

lie and force themselves to stay awake. This may sound odd but often if someone tries to force their eyes open the urge to close them and to go to sleep becomes very strong.

Relaxation may be helpful. There are many tapes available to buy, also there may be booklets and tapes to pick up free of charge at your local surgery.

❑ **Problem:**

Medical reasons – are there any of the reasons already mentioned that apply to you?

Solution:

Check whether you can receive help for that problem. There may be alternative forms of pain relief you could try for example.

❑ **Problem:**

Loss and bereavement – have you experienced a loss or bereavement recently?

Solution:

It is very common to have disturbed sleep following bereavement. Try not to add to your difficulties by worrying about not sleeping. Your sleep pattern should return to normal in time. Talking about your feelings may help, either to a friend or to your GP. A leaflet may be available in your local surgery about coping with bereavement.

❑ **Problem:**

Emotional state (for example, anxiety, depression, stress) – are you suffering from stress at the moment? Or are you depressed or anxious?

Solution:

Self help booklets are available at your local surgery for stress, depression and anxiety. It may be that you need your depression or anxiety treated.

❑ **Problem:**

Worry about other problems – is your mind working overtime thinking about problems such as work, relationships, money worries?

Solution:

The following might help. Get out of bed and sit somewhere quiet and comfortable with a pen and paper.

1. Write down the problems you are thinking about.
2. Taking each problem, write down everything you can possibly think you might do to solve the problem.
3. Choose the most helpful solution and write down all the steps you are going to need to take to do it. Write as much as you can.
4. Write down any obstacles and how you might tackle them.
5. When you are finished say to yourself firmly “OK. That is it for now. I can’t do any more about it at this time of night. I am **not** going to let myself worry about it till the morning”.
6. Spend at least half an hour winding down, reading a paper or listening to some music. When you start to feel sleepy go back to bed.
7. If you still find yourself worrying, keep saying to yourself “I’ve dealt with my worry for now. Worrying about it now will not help. I’ll deal with it tomorrow”.
8. If you don’t drop off to sleep within 15-30 minutes, don’t stay in bed – the importance of this is discussed later on in the booklet.

You may find that getting help in another area has a knock-on effect on your sleeping. Your sleeping may well right itself if you can solve some of your other problems. Even so, you may have got into some “bad habits” which are not helping you get off to sleep. Many people have bad sleep habits and may get away with it for most of their life. Having a cigarette last thing at night may not be a problem (although never to be recommended in bed and bad for your health in other respects). Lying in bed reading for hours, drinking coffee may be fine for some people some of the time. However when a sleep problem starts, it is most helpful to try and get rid of any bad sleep habits we have built up over the years. The following simple checklist of good sleep habits may help.

Good sleep habits

- **Don't worry** – Try not to worry about not getting enough sleep – it may be that you are getting enough, but it's just less than you expect. Don't take naps during the day to catch up, this will affect your natural rhythm and only add to your problem.

Remember that our need for sleep is an individual thing and gets less as we get older. You may be trying to get too much. Try going to bed later or getting up earlier.

- **Surroundings** – Go through this basic check list and see whether there are any simple changes you can make:
 - Noise (too noisy, too quiet?)
 - Light (too light, too dark?)
 - Comfort of mattress (too hard, too soft?)
 - Temperature of room (too hot, too cold?)
 - Is your partner (or lack of one) keeping you awake?
(Sleeping with someone who is snoring may be adding to your sleep problem.)
- **Food and drink** – anything that contains caffeine, taken near to bedtime, will reduce the quality of sleep. Examples include coffee, tea, hot chocolate, cola and chocolate also contains

caffeine. It is best not to have any of these things within four hours of bedtime. If you are having a bedtime drink try to make sure it is decaffeinated.

- **Cigarettes** – smoking last thing at night can keep you awake as nicotine is a stimulant. If you do smoke, try to have your last cigarette at least four hours before bedtime. Nicotine patches or chewing gum could also affect sleep.
- **Medicines and other drugs** – Some drugs can affect sleep because they are stimulants. If you are taking medicine it is worth checking with your pharmacist or doctor. Examples are certain drugs for asthma and for migraine. Sleeping tablets, whilst they can help in the short term often cause sleep problems as they interfere with the quality of sleep and can alter sleep patterns. They should only be taken for very short periods. You can discuss this with your GP.
- **Alcohol** – whilst people often feel sleepy after drinking a lot of alcohol, again the quality of sleep is affected. It is best to avoid drinking large amounts of alcohol close to bedtime if you are having sleep problems.
- **Consistency** – try to get a consistent timetable so that your body knows where it is. Going to bed and getting up at roughly the same time is much better during insomnia than trying to catch up on lost sleep or going to bed early or napping at odd times during the day. If you feel the need to sleep in at weekends try to make it not more than an hour later than usual.
- **Pre-sleep routine** – try to use the hour before going to bed to unwind and prepare for sleep. In the same way that you would not expect a child to go straight from an exciting game to bed, most adults need to wind down. For a child, a bedtime routine helps with the winding down process, for example, bathtime, pyjamas, teeth brushed, story, then bed. The same is true for adults. Try to get into a pattern.

- **Tiredness** – This may seem obvious but do not go to bed until you feel sleepy.
- **Activity** – Gradually increase your daytime activity and exercise, but don't exercise too near to bedtime.
- **Get up** – If you have not fallen asleep within 30 minutes – get up and have a malty drink. Listen to relaxing music, read a relaxing book or watch something boring on TV until you feel sleepy.
- **Bed for sleep** – Make sure your bed is associated with sleep. For example, don't watch TV, eat, and talk on the telephone in bed. The only exception to this is making love which can in fact help (and certainly seems to induce sleep in men!)

These simple guidelines really can improve your sleep but they take time. Please be patient, your hard work will pay off although it can take many weeks to develop new sleep habits.

Summary

There are a few simple rules, which can help improve your sleep. In summary, these are:

Do

- ☑ **Do** go to bed and get up at a regular time.
- ☑ **Do** have a bedtime routine and wind down before bedtime.
- ☑ **Do** get up if you are worrying, or are not asleep after 30 minutes, and do something relaxing.
- ☑ **Do** exercise regularly, but not in the late evening.
- ☑ **Do** remember that sleep changes throughout the life cycle and that lack of sleep won't harm us.
- ☑ **Do** make sure your bed and bedroom are comfortable, for example, noise, temperature, light, etc.
- ☑ **Do** check whether any medicines you are taking may be affecting your sleep.

Don't

- ☒ **Don't** worry about not getting enough sleep.
- ☒ **Don't** lie in bed worrying about other problems.
- ☒ **Don't** use your bed for things other than sleep.
- ☒ **Don't** eat or drink caffeine close to bedtime, and cut down during the day.
- ☒ **Don't** smoke close to bedtime.
- ☒ **Don't** drink alcohol close to bedtime.
- ☒ **Don't** go to bed until you feel sleepy.
- ☒ **Don't** take naps during the day.
- ☒ **Don't** stay in bed longer to catch up on lost sleep.

These techniques have been proven to help many people but take time and hard work. If you feel you are making little progress or the problem is getting worse then speak to your GP.

Good luck and sleep well.

Useful organisations

Local Support:

* Speak to your GP who will refer you (if appropriate) into specialist services.

- Lifeline

Tel: 0808 808 8000

Textphone for hard of hearing: 18001 0808 808 8000

Website: www.lifelinehelpline.info

Lifeline counsellors are available 24hrs a day to offer support for those in distress.

- Samaritans

Tel: 0845 7909090

Website: www.samaritans.org

Email: jo@samaritans.org

Confidential support for anyone in despair and distress.

National Support:

- British Association for Counselling and Psychotherapy

Tel: 01455 883 316

Website: www.bacp.co.uk

Offers an information service providing contacts for counselling in Northern Ireland, England and Wales.

- Mental Health Matters

Tel: 0191 516 3500

Website: www.mentalhealthmatters.com

A national organisation which provides support and information on employment, housing, community support and psychological services.

- Mind Infoline

Tel: 0300 123 3393

Website: www.mind.org.uk

Provides information on a range of topics including types of mental distress, where to get help, drug and alternative treatments and advocacy. Also provides details of help and support for people in their own area.

Helpline available Mon - Fri, 9am - 6pm.

- NHS Choices – Your health, your choices

www.nhs.uk

Information about conditions, treatments, services and healthy lives.

- Sleep Matters

Tel: 020 8994 9874 (each evening 6pm - 8pm)

Useful books

- **Insomnia: doctor I can't sleep**

Adrian Williams

Amberwood Publishing 1996

Unlocks the mysteries of sleep with suggested self-help techniques.

- **The insomnia kit: practical advice for a good night's sleep**

Chris Idzikowski

NewLeaf 1999

Contains illustrated book, 28-day sleep assessment diary and 60 minute audio tape with relaxation exercises.

- **Overcoming Insomnia and Sleep Problems**

Colin A. Espie

Robinson London 2006

A self help guide using cognitive behavioural techniques.

References

- Joshi S. Non-pharmacological therapy for insomnia in the elderly. *Clinics Geriatr Med*. 2008;24:107–119.
- Klink ME, Quan SF, Kaltenborn WT, et al. Risk factors associated with complaints of insomnia in a general adult population. Influence of previous complaints of insomnia. *Arch Intern Med*. 1992;152:1634–1637
- Morin CM. 2005. Psychological and behavioral treatments for primary insomnia. In: KrygerMH, Roth T, Dement WC, eds. *Principles and Practice of Sleep Medicine*. 4th ed. Philadelphia:Elsevier/Saunders. Pp. 726–737.
- Morin CM, Hauri PJ, Espie CA, et al. Nonpharmacologic treatment of chronic insomnia. An American Academy of Sleep Medicine review. *Sleep*. 1999;22:1134–1156.
- National Institutes of Health State of the Science Conference Statement on Manifestations and Management of Chronic Insomnia in Adults. *Sleep*. 2005;28:1049–1057.
- NICE:Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia NICE 2004
- Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Institute of Medicine of the National Academy of Sciences. National Academies Press; Washington, DC: 2006.

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