

Insomnia

Insomnia – having trouble falling asleep or staying asleep – is a common problem that can be brief or long-lasting. People suffering from insomnia may fall asleep easily but wake too soon, or they may have trouble falling asleep to begin with. In either case, insomnia results in poor-quality sleep and in a feeling of tiredness even after a full night in bed.

A person struggling with insomnia usually experiences one or more of the following:

- A hard time falling asleep (defined as requiring more than thirty minutes).
- A hard time staying asleep.
- Waking up many times each night.
- Waking up early and having a hard time getting back to sleep.
- Feeling tired and not well rested.
- Having a hard time focusing on tasks.
- Not doing a good job or not able to complete tasks due to feeling tired and drowsy.
- Feeling anxious, depressed, or irritable.

Insomnia may go away on its own during periods when life is less stressful. But for some people, insomnia continues even after stressful life events have been resolved. This is called **chronic insomnia**. Here are some other ways to understand insomnia:

Short-Term Insomnia occurs fewer than three nights per week for less than a month.

Chronic or Long-term Insomnia occurs at least three nights per week for more than a month.

Insomnia and Anxiety and Depression

Anxiety's a normal reaction to stress. Sometimes anxiety is useful: if a person feels anxious before taking a test or making a speech, chances are they're going to be alert and careful and do a good job. This type of anxiety usually goes away soon after the stressful situation is over. But anxiety that doesn't go away – anxiety that persists day after day and gets worse over time – is a problem. This type of chronic anxiety can contribute to poor sleep, which in turn contributes to anxiety, which in turn contributes to poor sleep. This can lead to insomnia.

Depression is also linked to insomnia (and unhealthy sleep patterns – sleeping too little or too much – can be a sign of depression). People who are depressed tend to be light sleepers and tend to spend more time in REM (rapid eye movement) sleep than people who aren't depressed.

Here are some ways to cope with anxiety and depression:

- Talk to a **health care** or **mental health** professional.
- Practice **relaxation techniques** such as deep breathing and muscle relaxation.
- Use **visualization** to distract your mind from worries and become more relaxed and ready for sleep. Visualization means imagining a place such as a dream home or a dream vacation or some other enjoyable location.
- Practice **healthy sleep habits**.
- Use the **thought reframing** technique (replacing negative sleep thoughts with positive sleep thoughts).

Getting help for anxiety and depression will likely help with sleep problems. In turn, sleeping better will help lessen mood problems and support a healthier lifestyle.

Nightmares and Sleep Terrors

It's normal to have occasional nightmares or sleep terrors when people have been in danger or have seen something terrible. In fact, many Service Members find that they have more nightmares after a stressful or traumatic deployment experience involving a life threatening or terrifying event which produces intense fear, helplessness, or horror. Usually, nightmares tend to be about the stressful or traumatic event or some aspect of it.

Nightmares and sleep terrors are not the same thing.

Nightmares:

- Happen mostly during REM sleep.
- Are dreams that stir up unpleasant feelings of strong, inescapable fear, terror, distress, or helplessness.
- Are usually remembered in detail.
- Can wake the person from sleep.
- During a nightmare, you feel like you're living through the traumatic event all over again and you may feel the same fear, rage, or helplessness you felt during the actual event.



Sleep terrors (also known as night terrors):

- Are not the same as nightmares.
- Happen in deep sleep (not during REM sleep) usually in the first half of the night.
- May last 10 to 20 minutes before returning to normal sleep.
- Commonly happen during periods of high tension, stress, or conflict.
- Usually don't wake the person from sleep.

Generally, people don't remember sleep terrors when they wake up. If they do remember anything, it's usually a single, intense image that lacks the story-like quality of a nightmare. When living through a sleep terror, people often scream, shake uncontrollably, sweat, have rapid heartbeats and are very hard to comfort. Once the sleep terror passes, the person usually calms down and continues to sleep.

People in the midst of either a nightmare or sleep terror may thrash about violently, kicking and swinging their fists. They may act out the nightmare, punching, kicking or even choking a bed partner. Sometimes these violent movements wake them up, sometimes not. People experiencing nightmares or sleep terrors sometimes think they're "going crazy," but they're not.

People suffering from nightmares or sleep terrors sometimes resort to alcohol or drugs to try to dull the pain, and in extreme cases try to avoid sleep altogether. These ways of coping invariably only make things worse. Nightmares and sleep terrors can often be reduced by decreasing one's stress and using healthy coping tools during the day, and sometimes a bit of comfort and reassurance from a loved one is all that's needed. If you're suffering from nightmares or sleep terrors that persist in spite of your healthy attempts to defeat them, ask a health care professional whether consulting with an expert in trauma and sleep problems is warranted.

Other Sleep Disorders

Sleep disorders make it much harder to fall asleep or stay asleep. In addition to insomnia, the most common sleep disorders include:

- Sleep Apnea.
- Restless Legs Syndrome.
- Narcolepsy.

Sleep Apnea is a condition in which a person stops breathing for several seconds to minutes, caused by the throat collapsing briefly and preventing air from getting into the lungs. A person with sleep apnea may awaken often during the night, sometimes gasping for breath. Waking up frequently can cause exhaustion and irritability during the day. In the most severe cases, sleep apnea can result in death.

A person may be at risk for sleep apnea if she or he:

- Snores loudly.
- Is overweight.
- Has high blood pressure.
- Has a small airway (nose, throat, or mouth).
- Has a family history of sleep apnea.

If these risk factors exist, here are some suggestions:

- Don't use alcohol, tobacco, and medicines that cause sleepiness because it will be harder for the throat to stay open and clear.
- If overweight, lose weight; even a few pounds can make a difference.
- Sleeping on your side rather than on your back may help keep your throat open.



If you think that you or someone you know may have sleep apnea, consult with a health care professional.

People with **Restless Legs Syndrome (RLS)** experience odd sensations in their legs that create an overwhelming urge to move them. People with RLS describe these sensations as crawling, tingling, or burning feelings that only get better when they move their legs (these sensations can also occur in peoples' arms). The movement of legs or arms in response to these sensations can disrupt a person's sleep.

People with RLS may also have periodic limb movement disorder, which is a jerky movement of the legs and arms. These movements happen about every 20 to 40 seconds, causing the person to awaken each time.

In the case of RLS, here are some suggested lifestyle changes:

- Don't use tobacco, alcohol, or caffeine. If you're taking any prescription medicines, check with your doctor; certain medications can make RLS worse.
- Practice good sleep habits, such as making the bedroom a comfortable place to sleep, and going to bed and waking up at the same time every day.
- Exercise regularly.
- Massage your legs or arms.
- Use heat or ice packs on your legs or arms.

JUST THE FACTS: Sleep

Sleep Problems

If you think that you or someone you know may have RLS, consult with a health care professional.

Narcolepsy is a serious condition that makes it very difficult for a person to stay awake. People suffering from narcolepsy can fall asleep any time, without warning, even when working, eating, or driving. The chance of having narcolepsy is increased if the person:

- Has a sibling or parent with narcolepsy.
- Has certain thyroid disorders.
- Has diabetes.
- Has an autoimmune disorder (a disease that makes the body attack its own organs and tissue).

Currently, there is no cure for narcolepsy, but there are some lifestyle changes that can help control it, many of which involve getting a good night's sleep and:

- Taking medications as prescribed.
- Taking naps when feeling the sleepiest.
- Practicing good sleep habits, like those taught in this program.

A doctor can prescribe medications to help with narcolepsy. If you think that you or someone you know may have narcolepsy, consult with a health care professional.

