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**American Academy of Sleep Medicine**

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## **Insomnia**

Insomnia is a common sleep complaint that occurs when you have one or more of these problems:

- You have a hard time initiating sleep.
- You struggle to maintain sleep, waking up frequently during the night.
- You tend to wake up too early and are unable to go back to sleep.
- Your sleep is nonrestorative or of poor quality.

These symptoms of insomnia can be caused by a variety of biological, psychological and social factors. They most often result in an inadequate amount of sleep, even though the sufferer has the opportunity to get a full night of sleep. Insomnia is different from *sleep deprivation*, which occurs when an individual does not have the opportunity to get a full night of sleep. A small percentage of people who have trouble sleeping are actually *short sleepers* who can function normally on only five hours of sleep or less.

There are two types of insomnia – primary and secondary. Primary insomnia is sleeplessness that cannot be attributed to an existing medical, psychiatric or environmental cause (such as drug abuse or medications). Secondary insomnia is when symptoms of insomnia arise from a primary medical illness, mental disorders or other sleep disorders. It may also arise from the use, abuse or exposure to certain substances.

## **Prevalence**

- About 30 percent of adults have symptoms of insomnia
- About 10 percent of adults have insomnia that is severe enough to cause daytime consequences
- Less than 10 percent of adults are likely to have chronic insomnia

## Types

Insomnia is considered a disorder only when it causes a significant amount of distress or anxiety, or when it results in daytime impairment. The *International Classification of Sleep Disorders, 2<sup>nd</sup> Edition*, documents the following types of insomnia:

- **Adjustment insomnia:**  
This is also called acute insomnia or short-term insomnia. It is usually caused by a source of stress and tends to last for only a few days or weeks. Epidemiologic studies indicate that the one-year prevalence of adjustment insomnia among adults is likely to be in the range of 15-20%. Adjustment insomnia can occur at any age, although establishing a relationship between a particular stress and sleep disturbance may be difficult in infants. Adjustment insomnia is more common in women than men and in older adults than younger adults and children
- **Behavioral insomnia of childhood:**  
Two primary types of insomnia affect children. *Sleep-onset association type* occurs when a child associates falling asleep with an action (being held or rocked), object (bottle) or setting (parents' bed), and is unable to fall asleep if separated from that association. *Limit-setting type* occurs when a child stalls and refuses to go to sleep in the absence of strictly enforced bedtime limits. Approximately 10-30% of children are affected by this condition
- **Idiopathic insomnia:**  
An insomnia that begins in childhood and is lifelong, it cannot be explained by other causes. Information suggests that this condition is present in approximately .7% of adolescents and 1.0% of very young adults
- **Inadequate sleep hygiene:**  
This form of insomnia is caused by bad sleep habits that keep you awake or bring disorder to your sleep schedule. This condition is present in 1-2% of adolescents and young adults. This condition affected 5-10% of sleep-clinic populations.
- **Insomnia due to drug or substance, medical condition, or mental disorder:**  
Symptoms of insomnia often result from one of these causes. Insomnia is associated more often with a psychiatric disorder, such as depression, than with any other medical condition. Surveys suggest approximately 3% of the population has insomnia symptoms that are caused by a medical or psychiatric condition. Among adolescents and young adults, the prevalence of this form of insomnia is slightly lower. 2% of the general population is affected by this type of insomnia. Approximately 3.5% of all sleep-center patients are affected by this condition.

- **Paradoxical insomnia:**  
A complaint of severe insomnia occurs even though there is no objective evidence of a sleep disturbance. The prevalence in the general population is not known. Among clinical populations, this condition is typically found in less than 5% of patients with insomnia. It is thought to be most common in young and middle-aged adults.
- **Psychophysiological insomnia:**  
A complaint of insomnia occurs along with an excessive amount of anxiety and worry regarding sleep and sleeplessness. This condition is found in 1-2% of the general population and 12-15% of all patients seen at sleep centers. It is more frequent in women than in men. It rarely occurs in young children but is more common in adolescents and all adult age groups

### Risk Groups

- A high rate of insomnia is seen in *middle-aged and older adults*. Although your individual sleep need does not change as you age, physical problems can make it more difficult to sleep well.
- **Women** are more likely than men to develop insomnia.
- People who have a *medical or psychiatric illness*, including *depression*, are at risk for insomnia.
- People who use *medications* may experience insomnia as a side-effect.

### Effects

- Fatigue
- Moodiness
- Irritability or anger
- Daytime sleepiness
- Anxiety about sleep
- Lack of concentration
- Poor Memory
- Poor quality performance at school or work
- Lack of motivation or energy
- Headaches or tension
- Upset stomach
- Mistakes/accidents at work or while driving

Severe daytime sleepiness typically is an effect of *sleep deprivation* and is less common with insomnia. People with insomnia often underestimate the amount of sleep they get each night. They worry that their inability to sleep will affect their health and keep them from functioning well during the day. Often, however, they are able to perform well during the day despite feeling tired.

## Treatments

- **Cognitive behavioral therapy (CBT):** CBT can have beneficial effects that last well beyond the end of treatment. It involves combinations of the following therapies:
  - **Cognitive therapy:** Changing attitudes and beliefs that hinder your sleep
  - **Relaxation training:** Relaxing your mind and body
  - **Sleep hygiene training:** Correcting bad habits that contribute to poor sleep
  - **Sleep restriction:** Severely limiting and then gradually increasing your time in bed
  - **Stimulus control:** Going to bed only when sleepy, waking at the same time daily, leaving the bed when unable to sleep, avoiding naps, using the bed only for sleep and sex
- **Over-the-counter products:**

Most of these sleep aids contain *antihistamine*. They can help you sleep better, but they also may cause severe daytime sleepiness. Other products, including herbal supplements, have little evidence to support their effectiveness.
- **Prescription sleeping pills:**

Prescription hypnotics can improve sleep when supervised by a physician. The traditional sleeping pills are *benzodiazepine receptor agonists*, which are typically prescribed for only short-term use. Newer sleeping pills are *nonbenzodiazepines*, which may pose fewer risks and may be effective for longer-term use.
- **Unapproved prescription drugs:**

Drugs from a variety of classes have been used to treat insomnia without FDA approval. Antidepressants such as trazodone are commonly prescribed for insomnia. Others include anticonvulsants, antipsychotics, barbiturates and nonhypnotic benzodiazepines. Many of these medications involve a significant level of risk.

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