

## What are the symptoms?

- Difficulty falling asleep
- Poor concentration
- Difficulty staying asleep
- Decreased energy
- Daytime fatigue
- Irritability

## What causes insomnia?

- **Short term insomnia** lasts less than 3 months and is usually associated with an identifiable stressor, such as:
  - Changes in the sleeping environment (temperature, light, noise)
  - Loss of a loved one, divorce, or job loss
  - Recent illness, surgery, or sources of pain
  - Use or withdrawal from stimulants (caffeine), certain medications (beta blockers, steroids, thyroid replacement, and asthma inhalers), illegal drugs (cocaine and methamphetamine), or alcohol
- Short-term insomnia often resolves when the stressor resolves.
- Situations that disrupt your normal sleep cycle can also cause insomnia, such as jet lag or shift work.
- **Long-term insomnia** lasts more than 1 month and occurs more than three nights per week.
- Insomnia often occurs with other conditions, including:
  - Mental health problems, such as depression, anxiety disorders (including panic attacks), and post traumatic stress disorder.
  - Medical illnesses, especially those that cause pain, stress, or difficulty breathing
  - Neurological disorders, such as Parkinson disease and Alzheimer disease
  - Other sleep disorders, such as sleep apnea, restless legs syndrome, periodic limb movements, and circadian rhythm disorders.
  - Medications, alcohol, or illegal drug use
  - Irregular sleep habits
- Insomnia can also occur on its own. In some cases, it can begin in childhood or be passed along in families.
- **Short duration sleep and sleep deprivation** — Insomnia is frequently confused with short sleep requirement and sleep restriction. People who sleep less but have no residual daytime sleepiness or other symptoms are called short sleepers and do not have a sleep problem. People who are sleep restricted will fall asleep quickly and sleep normally if given the opportunity. Patients with insomnia are unable to sleep normally when they are given the chance to sleep.



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# How do I feel better?

**KEEP A SLEEP DIARY:** Recording your sleep habits for 1-2 weeks can help determine what type of lifestyle changes will improve sleep and if an underlying cause exists.

**IMPROVE SLEEP HYGIENE:** Sleep hygiene teaches good sleeping habits. This includes:

- Sleep only as much as necessary to feel rested and then get out of bed.
- Do not force sleep.
- Avoid daytime naps.
- Avoid caffeinated beverages after lunch.
- Avoid alcohol near bedtime.
- Do not smoke (particularly during the evening).
- Do not go to bed hungry, but do not consume large meals prior to bedtime either.
- Adjust the bedroom environment (light, noise, temperature) so that you are comfortable before you lie down.
- Deal with concerns or worries before bedtime. Make a list of things to work on for the next day so anxiety is reduced at night.
- Exercise regularly, preferably four or more hours before bedtime.
- Avoid prolonged use of phones or reading devices ("e-books") that give off light before bed. This can make it harder to fall asleep.

**RELAXATION:** Relaxation therapy involves progressively relaxing your muscles from your head down to your feet.

Beginning with the muscles in your face, squeeze (contract) your muscles gently for one to two seconds and then relax. Repeat several times. Use the same technique for other muscle groups, usually in the following sequence: jaw and neck, shoulders, upper arms, lower arms, fingers, chest, abdomen, buttocks, thighs, calves, and feet. Repeat this cycle for 45 minutes, if necessary. This relaxation program can promote restfulness and sleep.

**MEDICATIONS:** If the above fails, there are medicines that can be used for insomnia for short periods of time. Sleeping pills are not a cure for insomnia. They're only a temporary form of relief, and use should be limited to no more than a few weeks.

**Antihistamines.** Most over-the-counter sleeping pills contain an antihistamine that causes drowsiness (eg. diphenhydramine, doxylamine). Examples include Zzzquil, Sleepinal, and Unisom. Occasional use is safe. However, antihistamines may reduce the quality of your sleep and can cause residual morning drowsiness.

**Melatonin.** Melatonin is a hormone naturally produced by your body to regulate sleep and wake cycles. It is the only herbal medication shown to have some efficacy in scientific studies. It is most likely to help with circadian rhythm issues, like jet lag or shift work. Melatonin is believed to be safe with short-term use (3 months or less); however, little information is known about long-term safety.

**Prescription Medications.** If over the counter treatments and behavioral modifications are not effective, your provider may discuss other options with you.

## For More Information

American Academy of Family Physicians patient information web site ([familydoctor.org](http://familydoctor.org)), at <https://familydoctor.org/condition/insomnia/>



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