

Patient information from BMJ

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Insomnia

Many people get insomnia, especially as they get older. But there are things you can do to help you get the sleep you need. Sleeping pills aren't usually advised. But a short course can help if your insomnia is severe and making life difficult.

You can use our information to talk to your doctor and decide which treatments are best for you.

Why can't I sleep?

Insomnia is poor-quality sleep. It can last for just a few days or weeks: for example, if you're jet-lagged or worried about something. Or you could have chronic (long-lasting) insomnia.

Doctors say you have chronic insomnia if you've had problems sleeping on at least three nights a week for at least three months.

Some people don't sleep well because of a medical or mental health condition, such as depression or anxiety. Others sleep poorly because of conditions that cause them pain.

If you think you might be depressed, or that you may have another condition that is disrupting your sleep, you should see your doctor. Treating the condition that is causing your sleep problems should also help with your insomnia.

Sleep problems are more common in people aged over 65. This may be because of changes in your body clock (your circadian rhythm) that can happen as you get older.

How long people sleep, and what they think is a normal amount to sleep, varies a lot. Most people sleep for between six hours and eight hours a night. But you will probably need less sleep as you get older.

What are the symptoms?

There are three main types of sleep problem:

- Difficulty falling asleep. This is the most common problem.
- Difficulty staying asleep. Older people are more likely to have this problem.

Insomnia

- Early morning awakening. You may wake up early and be unable to get back to sleep. This problem is less common.

What treatments work?

Sleeping pills can help. But if your insomnia has a specific cause they will not treat that problem. And they have side effects.

Nondrug treatments for sleep problems may work better than medicines in the long term, with few (if any) side effects.

Things you can do for yourself

Certain habits can stop you sleeping well, whereas good habits can help you sleep better. You may hear your doctor refer to the good habits as **good sleep hygiene**. This involves:

- taking some exercise during the day, but not just before you go to sleep
- avoiding eating a large meal before bed
- avoiding tobacco and drinks that contain caffeine or alcohol for a few hours before bedtime
- thinking about how going to the toilet during the night affects your sleep. If you can't get back to sleep after getting up to use the toilet, try to avoid drinking any fluids for a couple of hours before bedtime
- going to bed only when you feel sleepy
- using the bedroom only for sleeping and for having sex
- keeping your bedroom as cool and as quiet as possible
- not trying to force yourself to sleep. If you can't sleep after about 15 or 20 minutes, go to another room. Try reading with a fairly dim light. But don't watch television as this gives off bright light that can keep you awake. Go back to bed only when you feel sleepy
- avoiding using a computer or electronic tablet just before bed. The bright light from these can keep you awake in the way a TV can
- trying to get up at the same time every morning
- trying not to nap during the day.

Cognitive behavior therapy

Having some sessions of a talking treatment called cognitive behavior therapy (CBT) is likely to help you sleep better. You can have this treatment with a therapist. You might also be able to use a booklet or have therapy over the internet.

CBT helps address negative thoughts and encourage positive thoughts for many different conditions. For insomnia, CBT helps you change the way you feel, think, and behave about your sleep habits.

Medicines from your doctor

If your insomnia is severe, your doctor might prescribe sleeping pills to help you sleep better. You may find that they help you get to sleep quicker, and stay asleep a little longer.

Doctors used to prescribe sleeping pills called benzodiazepines. But newer drugs seem to cause fewer side effects. The newer drugs also seem to be safer to take for longer periods than benzodiazepines.

Newer drugs can still cause side effects in some people, including drowsiness the day after you take them. For example, some of the newer drugs can affect your ability to drive the next day.

For some of them, men and women may react differently. You should always be taking the lowest drug dose possible that helps you sleep.

Other side effects include dizziness, headaches, and a blocked nose. If you get any side effects from taking sleeping pills, stop taking them and see your doctor.

Sleeping pills are not suitable for pregnant women. They should also not usually be taken by people with a history of alcohol or drug problems.

Other treatments

Relaxation techniques and meditation work well for some people.

Some people also try complementary, herbal, or alternative treatments, such as acupuncture or homeopathy, to help them sleep. But research suggests that they probably don't help.

You may be able to buy some sleep treatments from pharmacies without a prescription. Most of these contain antihistamines, which are medicines usually used to treat allergies. There is not much evidence to suggest that they help to relieve insomnia.

What will happen to me?

Being unable to fall or stay asleep can be distressing. You may also find that you are tired and irritable during the day and struggle to concentrate. So practising good sleep hygiene or getting help from your doctor is important.

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