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Sleep Maintenance Insomnia

Many people experience a lot of awakenings during the night or one long wakeful period. If the awakenings are prolonged and associated with daytime tiredness, this is called sleep maintenance insomnia.

One common cause of night-time awakenings is conditioned insomnia described in chapter 5. An awakening triggers an alerting response. Worrisome thoughts of not being able to fall back to sleep as well as thinking about how you will cope the next day tend to increase your alertness.

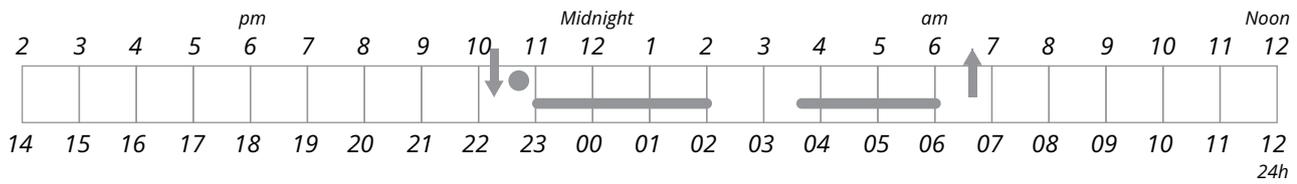
Roger is a 63 year-old man who is semi-retired. He likes to go into the office once or twice a week.

Roger has had insomnia for many years. He remembers experiencing long awakening in the night when he first started his job. He would lie awake and worry about things that happened at work and things he needed to remember for the next day.

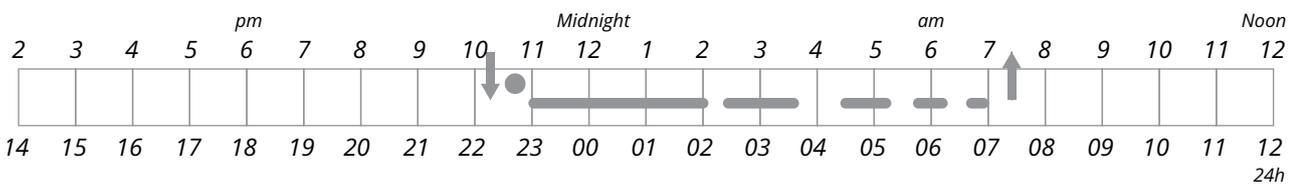
Roger usually has no trouble falling asleep. He goes to bed at 10:30, reads for about 15 minutes until drowsy and turns out his light about 10:45 p.m. He is usually asleep within 5 minutes. However, after about three hours, Roger wakes. He goes to the toilet and then goes back to bed. He then feels he is awake for hours. He eventually falls back to sleep about 4 a.m. but wakes just after 6 a.m. and although he stays in bed until 7 a.m., he is unable to fall back to sleep. During the day he feels tired and has difficulty concentrating.

When he wakes in the morning he starts to worry about how he will cope at work. Sometimes he decides not to go to work following a poor sleep.

Below is a typical night sleep for Roger. Although Roger is in bed for 8.5 hours, he is only getting about 5 hours sleep. Therefore, Roger is asleep for only about 60% of the time he is in bed. A 'good sleeper' is asleep for about 90% of the time spent in bed. For a 'good sleeper' bed is associated with sleeping, however for Roger, bed is associated with worrying and thinking.



Another type of Sleep Maintenance Insomnia involves many shorter awakenings as shown in the sleep graph below. In this example, the person is again in bed for 9 hours but is only getting about 6 hours sleep.



Suggested Therapy

To improve his sleep pattern, Roger followed a regime of Bedtime Restriction described in chapter 11 and tried to change his thoughts about sleep (Chapter 13).

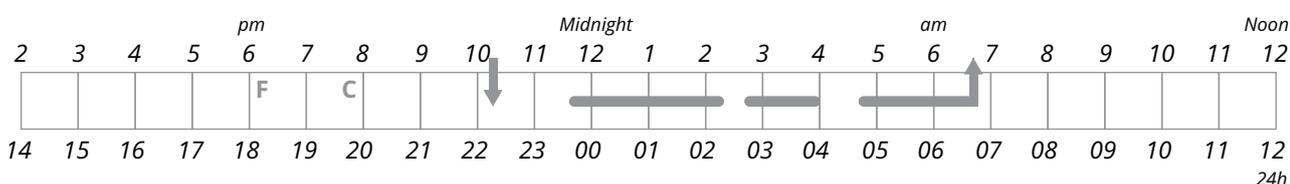
Sleep Maintenance and Sleep Onset insomnia

A very common sleep problem is not only night-time awakenings but also difficulty falling asleep at the beginning of the night.

Nicole is a 47-year-old woman with two adult children (18 & 20 years old) who still live at home with her. She works full-time as an Administrative Officer. Nicole used to be a good sleeper but felt her sleeping difficulties started after the birth of her first child. Each night she felt she was ‘on alert’. Most nights Nicole has difficulty falling asleep. Although she feels sleepy when she is watching TV in the evening, as soon as she goes to bed and turns out her light (around 10:30 p.m.) she becomes alert. Her mind is active – she can’t seem to ‘switch off’. She thinks about her work, what happened during the day and what she has to do the next day. When her children go out she worries about them until they come home.

She sometimes gets up if she is not asleep within an hour, goes to the toilet and then may make herself a cup of tea before going back to bed. She eventually falls asleep by about midnight. However usually she is awake again at 2 a.m. and takes about 30 minutes to fall back to sleep. She often wakes a couple of times during the night. Nicole sets her alarm for 6:30 a.m. to get ready for work. She only gets about 5.5 to 6 hours sleep most nights. She feels exhausted during the day and finds she gets quite irritable at little things. She feels cheated by the loss of sleep and hopeless that there seems to be nothing she can do to improve her sleep.

Nicole's sleep pattern



Suggested Therapy

Nicole also spends a lot of time in bed compared to the time she is asleep. Bedtime Restriction (Chapter 11) will help her to fall asleep quickly and consolidate her sleep. Nicole should also learn a relaxation technique (see Chapter 14) and replace her night time cups of tea with a non caffeine drink (see Chapter 10).

Other causes of Sleep Maintenance Insomnia

Night-time awakenings can also be associated with Sleep Apnoea and Periodic Limb Movements in Sleep (see Chapter 16). If you have clinical symptoms of these disorders, it would be advisable to get these checked by referral to a Sleep Disorders Centre (see information link in Chapter 16). In the meantime the suggested therapies above will still be helpful.

Symptoms, Diagnosis, Therapies

On the next page is a complete diagnosis and treatment plan for all the types of insomnia. We have indicated the symptoms that Roger has with arrows pointing to the most likely diagnosis and therapies or actions that are appropriate for his type of insomnia. In the later examples only the relevant boxes will be shown.

Symptoms

- Difficulty falling asleep at any time
- Difficulty falling asleep at conventional times but much less difficult at later times
- Able to sleep late in the morning
- Long / many night-time awakenings**
- Daytime fatigue & exhaustion**
- Waking too early before intended wake-up time
- Falling asleep before conventional bedtime
- Heavy snoring and lapses of breathing in sleep
- Overweight especially around the neck and chest
- Unable to keep still for long, strong urge to move legs
- Frequent (every 20-30 sec) twitching of legs during sleep
- Excessive daytime sleepiness

Diagnosis

- Sleep Onset Insomnia
- Delayed Sleep Phase Disorder
- Sleep Maintenance Insomnia**
- Early Morning Awakening Insomnia
- Advanced Sleep Phase Disorder
- Obstructive Sleep Apnoea
- Restless Leg Syndrome
- Periodic Limb Movements in Sleepes
- Narcolepsy, sleep attacks, cataplexy
- Inadequate Sleep opportunity

Therapies or Actions

- Sleep Education & Good Sleep Practices Chapter 10**
- Stimulus Control Therapy
- Morning Bright Light Therapy
- Bedtime Restriction Therapy Chapter 11**
- Relaxation Training
- Cognitive Therapy Chapter 13**
- Evening Bright Light Therapy
- Referral for sleep recording at sleep clinic
- Extended time in bed consistently