



Ear, Nose, and Throat (ENT)

Head and Neck Surgery
Diseases of the Ears, Nose and Throat
Voice Disorders
Audiology and Hearing Aids
- Adult and Pediatric -

Insomnia

Types of Insomnia

- **Adjustment Insomnia:** Problems with falling asleep or staying asleep that last a few nights to several weeks. This is usually brought on by excitement or life stresses. Examples include school exams, sporting events, important meetings, arguments, or travel away from home. Sleep usually returns to normal when the stressful situation improves.
- **Chronic Insomnia:** Insomnia lasting at least one month. Psychological factors, lifestyle, environmental factors, medical problems, and psychiatric illness can all contribute to the problem.

Causes of Insomnia

- **Lifestyle Factors**
 - **Stimulants:** Caffeine, nicotine, cold medications, asthma medications, diet medication, medication for ADHD. These can make it difficult to fall asleep.
 - **Alcohol:** Alcohol induces sleep but disrupts the sleep cycle in the latter part of the night causing frequent disruptions to sleep and poor sleep quality.
 - **Work hours:** Humans are biologically tied to the normal daylight cycle, so working a night shift is always challenging. Adjustment will be easier if the schedule is maintained on weekends. Wear sunglasses when driving home in the morning and avoid bright sun exposure in the morning. Sun exposure after awakening in the afternoon or evening will help to “reset the clock”.
 - **Exercise:** Avoid heavy exercise for at least two hours before bed time.
- **Environmental Factors**
 - **Exercise:** Avoid heavy exercise for at least two hours before bed time.
 - **Noise:** Keep bedrooms as quiet as possible.
 - **Light:** Use shades or curtains if necessary to keep the bedroom dark. Light comes through the eyelids even when your eyes are closed. The light can disrupt your sleep. This is especially important for night shift workers.
- **Psychiatric Illness**
 - Most psychiatric illnesses have the potential to significantly disrupt sleep. Achieving control of the psychiatric illness can significantly improve sleep. Depression classically will cause early morning waking with inability to fall back asleep. Patient suffering from anxiety may have sleep onset insomnia as well as difficulty falling asleep after waking at night.
- **Medical Illness**
 - **Sleep related breathing disorders** such as heavy snoring or obstructive sleep apnea causes patient to have frequent brief awakenings that disrupt sleep. Patients often do not remember waking up. This is more common in males, obese patients, and older patients. A sleep study is necessary to diagnose this problem. Treatment includes positive airway pressure, weight loss, and surgery.
 - **Periodic limb movements** are caused by brief muscle contractions. This can cause sleep disruption for the patient or bed partner. Treatment can include medication, evening exercise, or a warm bath before bed. Low iron levels can cause this, in which case iron supplementation may be helpful.
 - **Gastroesophageal Reflux:** Acid from the stomach can come up to the throat during sleep, which can cause “heartburn” and disrupt sleep. Medication, avoidance of certain foods, avoidance of food and alcohol in the late evening, and elevating the head of the bed can help.

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Treatment of Insomnia

Treatment of insomnia should start by addressing any specific lifestyle or medical factors as described in the preceding section. People with insomnia should also take a close look at the basic of good sleep hygiene. This is reviewed on a separate handout.

Behavioral treatments will improve insomnia for many patients. This includes the following:

1. Sleep restriction: limit amount of time in bed to make sleep more efficient
2. Stimulus control:
 - A. Try to sleep only when drowsy
 - B. Leave bedroom if not asleep after 20 minutes; do not allow yourself to fall asleep outside the bedroom
 - C. Maintain a regular wake time, even on days off and weekends
 - D. Use the bedroom only for sleep or sex; do not read or do work in bed
 - E. Avoid napping during the day. If unavoidable, limit to a single nap less than one hour, and not later than 3 p.m.
3. Relaxation therapy (focusing on calm thoughts; concentration on relaxing the muscles of the body).

Cognitive therapy involves working with a therapist to correct incorrect thoughts and attitudes about sleep.

Sleeping pills may be appropriate in some situations. See handout on this topic.