



# *Sleepless In...*

## *Keys to Solving*

### *Secondary Insomnia*

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Presented at Psychiatry Series for Family Physicians, McMaster University, 2003

#### David's Case



David, 57, is an executive who presents with fatigue. He attributes it to long work hours and work stress, but wonders about a medical problem.

Finding nothing wrong, you ask about his sleep habits. He sleeps from about 1:00 a.m. to 6.30 a.m. and his sleep is frequently disrupted by worries about his job. He has joined a gym and works out at night. He drinks "at least eight" cups of coffee/day and likes a couple of drinks with dinner.

For more on David, go to page 82.

Approximately one third of all adults have problems with insomnia. This increases to 60% of individuals over the age of 65.<sup>1</sup>

Secondary insomnia occurs with insufficient sleep or frequent disruptions to sleep. Disruptions to any of the sleep cycles can contribute to insomnia.

#### *How do you break the sleeplessness pattern?*

Get a clear picture as to what happens from the time your patient starts to feel tired at night until they get up.<sup>2</sup> One way to gather this information is to ask the individual to complete a sleep log every day for a week and review it with you.

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### More on David

Recognising his fatigue could stem from insufficient sleep, David changed his gym time to the morning, eliminated alcohol at night, and switched to decaffeinated coffee. He aimed to be in bed by 11:30 each night. Within four weeks he felt re-energized.

### What should you ask to uncover sleep problems?

1. How long does it take between going to bed and falling asleep?
2. How often do you wake during the night?
3. What do you do if you can't sleep? Does it work?
4. What time do you get up in the morning?
5. Do you feel refreshed upon waking?
6. Do you sleep during the day? If so, for how long?

### *Could there be an underlying psychiatric disorder?*

With any sleep problem or excessive day-time tiredness, always assess for the presence of depression or an anxiety disorder, especially generalized anxiety. Treating the underlying disorder, in conjunction with the techniques identified above, usually improves sleep. Short-term use of a hypnotic can be beneficial in promoting recovery.

*Roughly 20% of shift workers have sleep issues. On average, they sleep 30% less than non-shift workers.*

### *What factors contribute to sleeplessness?*

Several factors contribute to sleeplessness, including:

- noise or light,
- mattress comfort,
- restless sleeping partner,
- medications,
- stress or worry,
- physical pain or discomfort,
- medical problems (*i.e.*, reflux, chronic obstructive pulmonary disease, prostatic hypertrophy, arthritis, congestive heart failure),
- menopause, and
- shift work (20% of shift workers have significant difficulties with sleep. On average, they sleep 30% less and their sleep is of poorer quality).

### *What are your pharmacologic options?*

If indicated, use hypnotics for < one month and in conjunction with other strategies listed above. Use drugs with shorter half-lives (*i.e.*, zaleplon, zopiclone, oxazepam) for problems with sleep onset and those with intermediate half-lives (lorazepam, clonazepam) for disrupted sleep or if anxiety is a prominent symptom. Reduce tolerance by taking on alternate days and avoiding gradual increases in dose.

*If you can't fall asleep in 20 minutes, get up and do something relaxing outside of the bedroom.*

### *Practice Tip*

Ninety-six per cent of American primary care physicians who responded to a recent phone survey usually waited for their patient to raise a sleep issue, rather than initiating the discussion themselves.<sup>3</sup> Always ask about sleep patterns when a patient presents with unexplained fatigue or daytime sleepiness.

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### How do you improve sleep habits?

- Keep the room temperature lower. It is easier to sleep in a cooler room
- Eliminate/muffle surrounding noise or light (or sleep with ear plugs and eye shades)
- Avoid smoking and drinking tea, coffee, or alcohol within four hours of going to sleep
- Avoid heavy meals or energetic exercise late at night; exercise regularly during the day
- Reduce caffeine consumption
- Avoid activities that are too intellectually stimulating just before bedtime
- Bring regularity to sleep habits
- Don't use the bedroom for anything other than sleep (and intercourse), so it is associated with sleep and relaxation rather than less restful activities



## What advice should you offer?

1. Identify your desired waking time in the morning and your preferred time to go to sleep.
2. Avoid “fighting” sleep. Go to bed when you are tired, rather than at a fixed time. If you can’t get to sleep within 20 minutes, get up and do something relaxing, outside the bedroom, (*i.e.*, reading, listening to music or having a bath). Turn your alarm clock around, so the time can’t be seen during the night.
3. Start to shift your waking time. Identify your current waking time (an average over three days) and aim to get up 15 minutes earlier for three days, then 30 minutes earlier for three days. Continue to shift the waking time forward by 15 minutes every three days until the desired target waking time is reached.
4. Try not to nap during the day, so you are more tired at bedtime. [CME](#)

## Take-home message



- Advise your patients to keep a sleep log, documenting everything that happens from the time they go to bed to the time they wake up in the morning.
- Always assess for underlying psychiatric disorders (*e.g.*, depression, anxiety, *etc.*).
- When indicated, use hypnotics in conjunction with other non-pharmacologic strategies to help improve sleep patterns.

### References

1. Bencza RM, Ancoli-Israel S, Moldofsky H: Special considerations in insomnia diagnosis and management: depressed, elderly, and chronic pain populations. *J Clin Psychiatry* 2004; 65(Suppl8):26-35.
2. Godwin M, Delva D, Miller K, et al: Investigating fatigues of less than six months' duration: Guidelines for family physicians. *Can Fam Phys* 1999; 45:373-9.
3. National Sleep Foundation Survey of Primary Care Physicians. [www.sleepfoundation.org/whatsnew/pcpsurvey.cfm](http://www.sleepfoundation.org/whatsnew/pcpsurvey.cfm).