

Sleep Disorders

Robin Winkler
CLINIC
Department of Psychology



THE UNIVERSITY OF
WESTERN AUSTRALIA

What is a Sleep Disorder?

Sleep plays a vital role in everyday life and without it people may feel tired and irritable. When sleeping difficulties start to affect your work, home life or your health, you may have a sleep disorder.

What are the different sleep disorders?

First of all, there are problems in the processes the body uses to determine the daily cycle and timing between sleep and wakefulness.

Dysomnias

This category includes five sleep problems that involve difficulties in the amount, quality or timing of sleep.

Insomnia: There is no fixed amount of sleep that everyone requires but when someone wakes up feeling as though they have not slept at all or perhaps not had enough sleep during the night, they may have Insomnia. There are three forms of Insomnia:

1. Difficulty getting off to sleep when you first go to bed
2. Difficulty staying asleep during the night
3. Early morning awakening and not being able to get back to sleep

People with insomnia often have more than one of these and describe their sleep as light, restless, and not refreshing, as well as causing a lack of motivation, energy, and problems with attention.

Insomnia may last from a few days, in which case it may be the result of a stressful problem at work or at home, or it may last for a longer period of time such as a few months and in some cases years.

Insomnia can be related to a variety of medical and psychological problems, for example if you are worried about something or if you are feeling sad and depressed. It is experienced by 30 - 40% of adults and usually begins at a time of psychological, social, or medical stress and it often continues long after the stressful event.

Hypersomnia: The main feature is a feeling of extreme sleepiness, associated with prolonged sleep periods almost every day. A sufferer may sleep for 8 - 12 hours and then still have difficulty awaking. Approximately 5 - 10% of people experience this disorder.

Narcolepsy: People with narcolepsy also experience repeated, unintended periods of sleep in inappropriate situations (e.g., while driving a car or talking to someone). Narcolepsy is also associated with cataplexy, which is a sudden loss in muscle tone usually in response to an intense emotion and the repeating occurrence of rapid eye movement (REM) sleep between being asleep and awake. Narcolepsy is found in approximately 0.02 - 0.16% of people.

Breathing-Related Sleep Disorder: This includes a number of problems with breathing during sleep (e.g., Sleep Apnea, which is when the individual stops breathing briefly during sleep). Apnea is often associated with short periods of wakefulness that may occur hundreds of times per night, causing the sufferer to feel sleepy during the day. Breathing-related sleep disorders are experienced by approximately 1-10% of people.

Circadian Rhythm Sleep Disorder: This is usually associated with insomnia at times and extreme sleepiness at others. The disturbance to the circadian rhythm (the sleep-wake cycle) may be caused by factors like jet lag or shift work. The number of people with this problem is yet to be determined.

Parasomnias

This includes sleep disorders that involve unusual behaviour and physiological events during sleep. Individuals with these disorders do not usually complain of insomnia or sleepiness.

Nightmare Disorder: The main feature is the presence and repetition of frightening dreams that lead to a disruption in sleep. The nightmare usually involves immediate danger to the individual and the person can usually describe the events of the dream in detail. On waking from the nightmare, individuals often still feel fear and anxiety.

Sleep Terror Disorder: This involves sudden awakenings from sleep with a scream or a cry. It is usually difficult to awaken or comfort the individual during a sleep terror and usually the individual will not remember a dream (unlike the case with nightmares). Less than 1% of adults are thought to experience Sleep Terror Disorder.

Sleepwalking Disorder: While sleepwalking, the person usually has a blank, staring face and does not respond to the attempts at communication made by others. The person generally will not remember the event and may be briefly confused and disoriented if woken. Sleepwalking is more common in children, with 10 - 30% of children experiencing at least one episode. It is less common in adults and affects between 1 - 7% of people.

Other Sleep Disorders

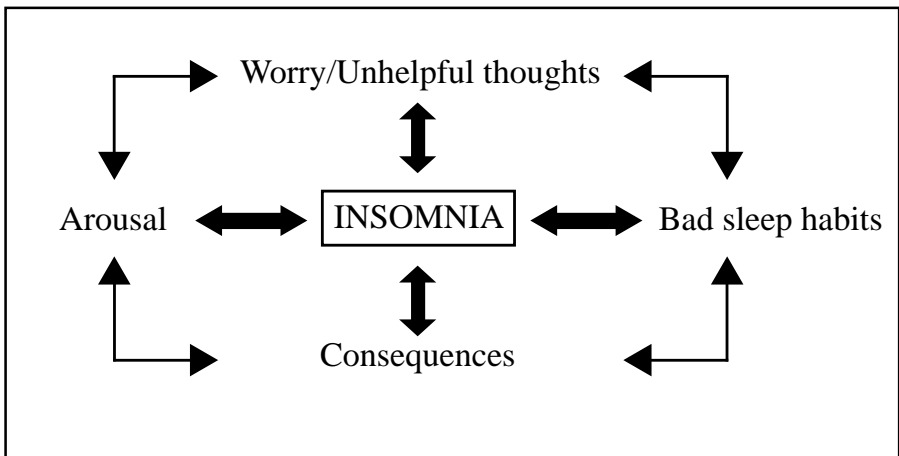
Other forms of sleep disorder may be due to a general medical condition or may be the result of particular substances (e.g. prescribed medication or drugs of abuse).

Medication tends to be the most common treatment for sleep disorders, with the exception of insomnia. Due to the large number of people with insomnia and the efficacy of psychological treatments, the rest of this brochure will concentrate on insomnia.

Our Understanding of Insomnia

Sleep can be disturbed by unhelpful thoughts or worry, bad bedtime habits and increased arousal such as physical tension.

Sleep is vital for healthy functioning and so any disorder associated with sleep can be a considerable source of worry for the individual. Worry is associated the increased arousal and since sleep is a state of diminished arousal, worry can prevent sleep. As a result worry can be both a cause and a consequence of sleep problems – leading to a vicious cycle as can be seen from the diagram below:



What are the direct causes of insomnia?

Possible causes for insomnia include:

1. Muscle tension
2. An elevated level of physiological activity
3. Anxiety about performing a particular task or low self esteem
4. Worry or persistent thoughts
5. Poor sleep habits before going to bed

When trying to identify the sleep problem and its causes we look for:

- Factors that might make you more likely to develop a sleep disorder
- Factors that might have directly brought about the problem
- Factors that maintain the problem. These may include spending too much time in bed, irregular bedtimes and waking times, naps during the day or perhaps use of particular drugs or alcohol.

Treatment for Insomnia

The treatment for insomnia involves three key goals:

1. Ensuring the best environment for sleep to occur
2. Reducing worry generally
3. Reducing worry about sleep problems

Several techniques may be used to reach these three goals:

Sleep Education

Many people are unsure how much sleep they need and the possible causes of disrupted sleep. As a result, an important part of treatment is sleep education, which will involve the Clinical Psychologist providing basic information about sleep.

Sleep Hygiene Education

This education concerns diet, exercise, substance use and environmental factors, such as light, noise and temperature. All these can cause sleep problems, but they are more likely to be the factors that maintain sleeping difficulties once they have begun. Examples of recommendations a Clinical Psychologist may provide include not going to bed until drowsy, getting up at approximately the same time every morning, and not snacking during the night.

Stimulus Control

Many people with insomnia have poor control over sleep habits. They may go to bed early with the aim of resting even if they are unable to

sleep at that earlier time. This may lead to lengthy periods lying awake in bed, which may lead to further worry about not being able to sleep. Some suggestions from a Clinical Psychologist using stimulus control therapy may include use of the bed and bedroom for only sleep and sex, maintaining a regular rising time regardless of how long you slept and avoiding daytime napping.

Sleep Restriction

Poor sleepers often spend more time in bed hoping to increase the overall time asleep. The aim of the sleep restriction is to create a mild state of sleep deprivation by restricting the time spent in bed to time the individual is asleep and then slowly increasing the allowable time in bed until an optimal sleeping pattern is achieved.

Relaxation

Relaxation can be beneficial, particularly with problems associated with drifting off to sleep. One commonly used technique is progressive muscle relaxation, which involves step by step tensing and relaxing of individual muscle groups throughout the body to relieve physical tension, thereby promoting sleep.

Cognitive Therapy

This therapy addresses thoughts, attitudes and misconceptions about sleep. For example, it may involve discussion about what is considered “normal sleep”, in an attempt to ensure realistic expectations about sleep patterns. The worries are examined, evaluated, and replaced with more helpful thoughts.

Medication

In addition to psychological treatments, insomnia may also be treated with medication and the most common class of medications prescribed are the benzodiazepines (such as Temazepam). These are effective in the short-term, generally producing faster results than psychological therapies. The improvements associated with medication may not be sustained. The benefits are not as long lasting as the benefits of psychological treatments and they do not generally alter the underlying

causes of the sleep disorder. The main side effects of the benzodiazepines include dependence and reliance on the medication as a long-term solution.

Useful Books

- Cooper, R. (1994). *Sleep*. London: Chapman & Hall Medical.
- Medelson, W. (1987). *Human Sleep*. New York: Plenum Medical Book Company.

Robin Winkler
CLINIC
Department of Psychology

**Robin Winkler Clinic, Department of Psychology
The University of Western Australia
10-12 Parkway, NEDLANDS WA 6907
Telephone: (08) 9380 2644 Fax (08) 9380 2655**

This information pamphlet is not medical advice and should not be relied on without taking professional advice.