

WHAT YOU SHOULD KNOW ABOUT INSOMNIA

In the Clinic
Annals of Internal Medicine

What Is Insomnia?

Insomnia involves trouble falling asleep, staying asleep, or both. It can come and go or be long-lasting.

Insomnia disorder is when poor sleep causes tiredness, moodiness, or trouble functioning during the day and is not caused by another sleep disorder.

What Causes It?

Insomnia can happen to anyone but is more common in women and older adults. Common causes include:

- Stress
- Depression or anxiety
- Drinking alcohol or caffeine
- Loud or distracting sleep environment
- Changes in schedule
- Taking certain medicines
- Underlying sleep disorders
- Symptoms from underlying health conditions

What Are the Symptoms?

- Trouble falling asleep or staying asleep
- Difficulty falling asleep after waking at night
- Waking up too early
- Not feeling rested after sleep
- Feeling sleepy during the day
- Trouble concentrating or paying attention

How Is It Diagnosed?

Your doctor will ask about your sleep and medical history, including your sleep environment, sleep quality and timing, stressors, medicine or substance use, and habits that affect sleep. Input from a sleep partner may be helpful.

You may be asked to keep a sleep diary for 1 to 2 weeks to keep track of your sleep and factors that could be causing insomnia. You may also be asked to complete sleep surveys.

Blood tests or sleep studies are usually not required. If your doctor suspects an underlying sleep disorder or another medical condition is causing your insomnia, you may need other tests.

How Is It Treated?

The main goal is to improve your sleep and quality of life as safely as possible. Nondrug treatment is preferred because it is more effective and safer.

Try to create a bedtime routine that helps you relax, such as taking a bath or reading a book, and keep a stable sleep schedule. Exercise, ideally early in the day, can improve your sleep. Some habits make insomnia worse, such as drinking alcohol or caffeine before bedtime or looking at electronic screens in bed or before bedtime.



Cognitive behavioral therapy for insomnia (CBTI) can teach you how to improve your sleep habits and can help you cope with stress or anxiety, which can affect sleep. CBTI can be done in one-on-one sessions; in a group setting; or via telephone, the internet, apps, or books. The duration ranges from 4 to 8 weeks, and it can be used with medicines. CBTI is preferred because it works best, lasts longest, and is safe.

Medicines for insomnia are available but are not always effective. They also have risks (especially in older people), which may include falls, confusion, daytime sleepiness, and dependence. They should not be mixed with one another or with alcohol. Talk with your doctor about whether medicines are right for you and how to use them safely.

Melatonin is an over-the-counter therapy that can help older adults, “night owls,” and residents of long-term care facilities. It should generally be taken 1 to 2 hours before bedtime. Product quality may vary substantially. Other over-the-counter medications have not been shown to help and carry risks, such as falling.

Your doctor should ensure that underlying sleep and medical disorders that contribute to insomnia are treated.

Questions for My Doctor

- What treatment is best for my insomnia?
- Is an underlying medical condition or medication making my insomnia worse?
- How can I create a positive sleep environment?
- What is the best way for me to access CBTI?
- What if CBTI doesn't work for me?
- How can I safely use medicines for sleep?
- Will melatonin or other over-the-counter medicine help?
- Should I see a sleep specialist? Do I need a sleep study?

For More Information



American College of Physicians
Leading Internal Medicine, Improving Lives

National Heart, Lung, and Blood Institute

www.nhlbi.nih.gov/health-topics/insomnia

MedlinePlus

<https://medlineplus.gov/insomnia.html>