Psychophysiological Insomnia

Psychophysiological Insomnia: (si ko fiz ee ol e jee kal) [Greek *psykhe* = life, breath, soul, plus physis = nature, origin] a disorder of learned, sleep-preventing associations.

Psychophysiological or *Learned Insomnia* is a self-taught sleep disorder! People with this insomnia learn to associate sleep with anxiety. A vicious cycle of worrying about insomnia followed by not sleeping because of it pursues until individuals change their perception of sleep, as well as their sleep habits.

Features

Psychophysiological Insomnia may develop over the course of many years, as the result of bad sleep habits. Very often, it begins as innocently as the occasional bout of insomnia following an event. A new home, the death of a loved one, a job loss, or other life stress eventually turns to worrying about not sleeping.

People with this disorder obsess over whether or not they will sleep. As each night passes, their concern about past sleep loss convinces them that they will not sleep that night. Anxiety and agitation builds as evening approaches, making it even harder to sleep. Eventually, they associate bedtime, the bedroom, and related rituals with extreme tension.

Bad sleep behaviors such as ingesting sleeping pills or alcohol, and even spending too much time in bed further undermine the effort to sleep. Those bad behaviors sometimes continue during the day, as tiredness from sleep deprivation sets in. Some individuals then cope by drinking caffeine throughout the day without realizing that it will remain in their system for at least ten hours after consumption.

Diagnosis

If *Healthy Sleep Hygiene* or a visit to your primary doctor to identify additional problems are not enough, then a consultation with a sleep specialist is the next step. The sleep specialist will examine a Sleep Diary of your nighttime and daytime sleep habits. He or she will also ask about medical or psychiatric problems, as well as your use of medications, alcohol or caffeine. Sleep studies are rarely needed to identify Psychophysiological Insomnia, unless another sleep disorder is suspected.

Treatment

Treating Psychophysiological Insomnia involves some combination of the following:

Good Sleep Hygiene: habits that are conducive to good sleep. Avoiding caffeine after noon and alcohol within four hours of bedtime are examples of good sleep hygiene. Other sleep-promoting habits such as taking warm baths and dimming household lights before bedtime must be learned.

Cognitive Behavioral Therapy (CBT): often approached with the aid of a Sleep Specialist or Psychotherapist, aims to redirect actions or thoughts that impair the ability to sleep. Some examples of CBT include *Sleep Restriction*, *Stimulus Control*, *Relaxation Training*, and *Biofeedback*.

Sleeping Medications: prescription and over-the-counter (OTC) drugs called *Hypnotics*, some of which are used to treat depression, but which also promote sleep. Sleep medications are not generally recommended as the first course of treatment.

SleepCaptions

As bedtime approaches, I become agitated, anxious and plagued with worry about whether or not I will sleep.

Even though I am tired during the day, I cannot fall asleep for a nap.

My work performance has diminished.

I cannot sleep despite good sleep habits and enough time for it.

I frequently worry about my inability to sleep, especially at bedtime.

I feel tired during the day.

Do I have A Learned Insomnia?

I have trouble falling asleep.

I have trouble staying asleep.

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Learned Insomnia Mechanics

There is a physical component to "learned" insomnia. The relationship between emotional stress and enough physiological arousal to disturb sleep is called *Somatized Tension*, or stress that is expressed as a bodily dysfunction.

Anxiety or stress of any kind awakens the body. When we feel threatened or extremely worried, our bodies release a hormone called Adrenalin, which among other things arouses us. The greater our stress about not sleeping, the less likely we are to fall asleep, no matter how much we demand it of ourselves. We become too "pumped up" to sleep.

SleepCaptions

Risks for Learned Insomnia

- ✓ Personal history of depression or anxiety
- ✓ Family history of insomnia
- ✓ Stress
- ✓ Female gender
- ✓ Over 60 years of age

Effects of Learned Insomnia

- ✓ Problems with daytime functioning
- ✓ Decreased work performance
- ✓ Memory problems
- ✓ Depression
- ✓ Anxiety

Need more information?

Visit the SleepMedicine Education web site at: sleepmedicineeducation.com for additional publications. See also:
SleepIssues: "Can't Sleep?"
SleepGuides: "Treating Sleep Disorders"

To schedule an appointment at any Sleep Medicine Centers location, visit www.sleepmedicinecenters.com or call:
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Did You Know?

According to the American Academy of Sleep Medicine (AASM), insomnia affects approximately 1-2% of people.

Primary insomnias, including Psychophysiological Insomna is diagnosed in 10% to 15% of patients who are referred to sleep disorders centers for insomnia.

A 1999 American Medical Association (AMA) report cited that approximately 30% of adults in the United States experience occasional insomnia, while 10% experience chronic insomnia.

Up to 40% of adults report at least occasional difficulty sleeping, according to the National Sleep Foundation.

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