About Sleep Problems

Sleep problems are common and can be serious. One to two persons in ten have some chronic sleep problem; almost everyone has occasional episodes of transient insomnia. There are several different types of sleep problems:

Insomnia-Trouble falling asleep, staying asleep or awakening too early

People with insomnia experience daytime tiredness, fatigue or lack of energy. Most insomnia has a psychological basis—though physical conditions that cause pain or are associated with reclining can cause sleep problems. Insomnia occurs most frequently as a chronic (long-term) problem among those who have tendencies toward tension, physical complaints and worry. While most people quickly recover from transient (short-term) stress-related insomnia once the stress lets up, some people begin to worry about their insomnia. These worry-prone people begin to expect sleeplessness, and their anxiety about missing sleep can become a self-fulfilling prophecy. Lack of moderate physical exercise, excessive consumption of alcohol, caffeine (in coffee or cola), other drugs and medications or food can all cause sleep problems even ten or twelve hours later. Fortunately, lack of sleep is not dangerous.

It can be hard to break the insomnia-worry cycle, but there are a few proven methods: Move your bedtime very late past the time when you eventually fall asleep. For example, if you go to bed at 11 but toss and turn until 1 when you finally sleep, begin by going to bed at 1:30. Most people who try this method are able to fall asleep quickly at the late hour and can then begin shifting their bedtime earlier by 20 minutes each night after a few nights. Keep to a regular sleep-wake schedule. Go to bed and rise at the same time each day. Avoid sleeping late when you stay up the night before—instead maintain your usual wake-up routine to keep on schedule. Make sure that noise, light and temperature are right for sleep (wear ear-plugs, a sleep mask, or get an air conditioner, if needed). Write down your worries instead of thinking about them obsessively. If you do not fall asleep in a short while, get up and read or watch TV until you feel sleepy again—don’t stay in bed while sleepless. Sleep-inducing medications (even over-the-counter ones) should be avoided (except under professional supervision) because they can make matters worse by disturbing the sleep pattern. If these methods do not work, consider consulting with a professional, since sleep problems can be symptomatic of depression (especially early-morning awakening) or anxiety problems that go deeper.

Hypersomnia-Excessive sleepiness and inability to stay awake in daytime

Unlike insomnia (which usually has psychological causes), hypersomnia often has a physical basis. Insufficient sleep, sleep apnea (a pause in normal breathing during sleep which occurs mainly but not only among older, overweight individuals), circadian rhythm problems (associated with shift changes and travel) or disorders of the brain sleep center are common causes of hypersomnia. Some of these causes can be dangerous. Consult a specialist for help.
Disturbance of sleep-wake schedule—circadian rhythm problems like jet lag or adjustment to different work shifts

There is a biological pattern of sleeping and waking that is disrupted by changes of work shift schedule or by long-distance travel between time zones. If your schedule changes, your biological pattern does not adjust for up to several weeks during which you may have sleep trouble. This is why it is so important for those prone to sleep problems to maintain a regular sleep-wake schedule.

Parasomnias—nightmares, sleepwalking, and tooth grinding

Many of these sleep-related problems have an emotional or psychological basis. A consultation with a professional can be helpful in coping with the tensions that produce some of these problems.

If you or a someone you care about suffers any of the above symptoms and you would like more information, come in and speak with a professional counselor in 0203 James Hall. All services are free and confidential.

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