

Insomnia (Poor sleep)

The following is a summary of what you can do to help yourself if you have poor sleep (insomnia).

General tips for sleeping better (often called 'sleep hygiene')

- **Reduce caffeine**—do not have any food, drugs or drinks that contain caffeine or other stimulants for six hours before bed time. Some people have found that cutting out caffeine completely through the entire day has helped.
- **Do not smoke** within six hours before bed time.
- **Do not drink alcohol** for a few hours before bed time.
- **Do not have a heavy meal** just before bed time (although a light snack may be helpful).
- **Do not exercise within a few hours of bed time.** However, regular exercise during the daytime is good as it can help you to feel more relaxed and tired at bed time.
- **Body rhythms**—try to get into a routine of wakefulness during the day and sleepiness at night. The body becomes used to rhythms or routines. If you keep to a pattern, you are more likely to sleep well. Therefore -
 - No matter how tired you are, do not sleep or nap during the day.
 - It is best to go to bed only when sleepy-tired in the late evening.
 - Switch the light out as soon as you get into bed.
 - Always get up at the same time each day, seven days a week, however short the time asleep. Use an alarm to help with this. Resist the temptation to 'lie in'. Do not use weekends to 'catch up' on sleep as this may upset the natural body rhythm that you have got used to in the week.
- **The bedroom** should be a quiet, relaxing place to sleep.
 - It should not be too hot, cold or noisy.
 - Earplugs and eye shades may be useful if you are sleeping with a snoring or wakeful partner.
 - Make sure the bedroom is dark with good curtains to stop early morning sunlight.
 - Don't use the bedroom for activities such as work, eating or television.
 - Consider changing your bed if it is old, or not comfortable.
 - Hide your alarm clock under your bed. Many people will 'clock watch' and this does not help you to get off to sleep.
- **Mood and atmosphere.** Try to relax and 'wind down' before going to bed. For example -
 - A stroll followed by a bath, some reading and a warm drink (without caffeine) may be relaxing in the late evening.
 - Do not do anything that is mentally demanding within 90 minutes of going to bed—such as studying.
 - Go to bed when sleepy-tired.

- Some people find playing soft music is helpful at bedtime. Try a player with a time switch that turns the music off after about 30 minutes.
- **If you cannot get off to sleep after 20-30 minutes**—then get up. Go into another room and do something else such as reading or watching tv rather than brooding in bed. Go back to bed when sleepy. You can repeat this as often as necessary until you are asleep.

A final note — see a doctor if you feel that illness or medication is causing poor sleep. Depression is a common cause of poor sleep and can usually be treated. Some prescribed drugs can sometimes affect sleep. A change in medication may be possible. Sleeping tablets are not usually the answer for poor sleep. However, a short course may be prescribed if poor sleep is severe.

Sleeping tablets

Sleeping tablets are usually considered a 'last resort' if you have poor sleep (insomnia). They are sometimes prescribed for a short period to get over a particularly bad spell of insomnia.

Why are doctors reluctant to prescribe sleeping tablets?

A perfect sleeping tablet would cause sleep, but have no possible problems. Unfortunately, there is no perfect sleeping tablet. Possible problems when taking sleeping tablets include the following -

- **Drowsiness the next day.** You may not be safe to drive or to operate machinery.
- **Clumsiness, drowsiness and confusion in the night** if you have to get up. For example, you may fall over and injure yourself if you get up in the night to go to the toilet. Some people have fallen down stairs due to the drowsy effect of sleeping tablets. (Older people who take sleeping tablets have an increased risk of breaking their hip).
- **Tolerance.** With benzodiazepines and Z drug sleeping tablets (see below), if you take them each night, your body becomes used to them. This means that, in time, the usual dose has no effect. You then need a higher dose and so on. It only takes between 3-14 days of continued use to become 'tolerant' to a benzodiazepine or Z drug sleeping tablet.
- **Dependence.** Some people become dependent (addicted) to benzodiazepine or Z drug sleeping tablets. This means that withdrawal symptoms occur if the tablets are stopped suddenly. Typical withdrawal symptoms include anxiety, shaking or just feeling awful.

Are there different types of sleeping tablet?

Benzodiazepines and Z drugs—are commonly used as sleeping tablets. They are only available on prescription. They include temazepam, flunitrazepam, alprazolam and nitrazepam.

Other related drugs are called zolpidem and zopiclone are also sleeping tablets but strictly

speaking are not benzodiazepines. They are known as Z drugs. However, they act in a similar way (they have a similar effect on the brain cells as benzodiazepines).

Antihistamines—these drugs are commonly used to treat allergies such as hay fever. However, drowsiness is a side effect of some antihistamines, for example promethazine. This 'side effect' is useful in some people who have difficulty sleeping with their allergy. An antihistamine is the active ingredient of some sleeping tablets that you can buy from pharmacies without a prescription.

However, antihistamines are not as powerful as benzodiazepines or Z drugs at causing sleep. Also, they may cause a 'hang-over' effect and some drowsiness in the morning. They may also cause rebound insomnia if you take them for a long time. For these reasons, current UK guidelines do not advise the use of antihistamines to be used solely as a sleeping tablet.

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What is the alternative to sleeping tablets?

Your doctor or nurse may give you advice on how to tackle poor sleep naturally.

If a sleeping tablet is prescribed

If your doctor prescribes you a benzodiazepine or Z drug as a sleeping tablet, it will usually be only for a short time. This is to help you get over a particularly bad patch. Sometimes a doctor will advise sleeping tablets to be taken on only two or three nights per week, rather than on every night. This prevents tolerance or dependence on the tablet from developing.

What if I want to stop tablets regularly?

If you want to reduce or stop benzodiazepine or Z drug sleeping tablets, it is best to consult a doctor or nurse for advice. The sort of advice may include the following -

- Do it gradually and cut the dose down a little at a time. A switch to a different benzodiazepine (diazepam) may be advised. This is because it is easier to gradually reduce the dose of diazepam than with other benzodiazepines or Z drugs.
- It is best to wait until any life crisis has past and your level of stress is as low as can be
- Consider stopping the tablets whilst on holiday, when you have less pressure from work, family, etc.
- You are likely to have a period of worse sleep when you stop the tablets. Try to anticipate and accept this.
- Advice on coping strategies and tips on how to naturally improve your sleep pattern.

Stopping benzodiazepines or Z drug sleeping tablets is not practical in every case, especially in Hospice patients who need to sleep well in order to cope with each day.