Acute Insomnia

This leaflet offers more information about acute insomnia. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is acute insomnia and why have I got it?

Insomnia is disturbed sleep, despite having the opportunity to remain asleep, that impacts on how someone functions during the day. It can be short-term (acute) if it lasts less than three months, or chronic if it occurs three or more nights a week for over three months.

Problems with sleep are very common: a third of adults experience them at least once a week and up to 1 in 10 adults may have insomnia. Most people can often link poor sleep to certain triggers, for example the environment, physical or psychological factors, or a significant life event. Insomnia can occur at any age but is more common in older adults, females, and people with some long-term health conditions.

What are the signs and symptoms of acute insomnia?

These can include difficulties falling or remaining asleep, waking up too early, or feeling unrefreshed in the morning. Daytime symptoms can cause people to feel fatigued, sleepy, or irritable, or affect a person's mood, concentration, or thinking skills. Some might notice that after sleeping poorly it impacts on pain levels or mood, which in turn leads to more disturbed sleep. It is important that if you do feel sleepy during the day that you do not drive, as specified by the Driving Vehicle Licensing Agency (DVLA).

Do I need any tests to confirm the diagnosis?

Often a discussion about your symptoms with your doctor or a member of the multidisciplinary team is enough to make the diagnosis. Sometimes people might be advised to complete a sleep diary to give more information on the timing, quantity, and quality of your sleep for one to two weeks. It might also be useful to complete a questionnaire to screen for other sleep disorders that might mimic or be present together with insomnia.

What treatments are available?

Address the triggers: Discuss any triggers or factors worsening sleep with your doctor and multidisciplinary team so you can explore how these might be helped. These can include factors in the environment or your physical or psychological

symptoms. If you are an inpatient, ask the ward reception for a free 'sleep pack' that contains an eye mask and ear plugs.

Sleep hygiene: This is a term used to describe a number of good behaviours around sleep that are helpful when used with other approaches. Some of the most useful are shown below.

- Go to bed only when sleepy
- Wake up at the same time every day
- Keep the bedroom cool, dark, and safe
- Use the bedroom for sleep and intimacy only
- Keep clocks out of view
- Limit evening light (or use blue light filters on mobiles/tablets)
- Avoid napping, or keep short (i.e. 20-30 minutes)
- Limit evening caffeine, smoking, and alcohol
- Increase level of exercise (but avoid in the late evening)

Cognitive behavioural therapy for insomnia (CBTi): This has been proven to be the best treatment for chronic insomnia. It involves a number of different approaches to help improve thoughts and behaviours around sleep and can be found in self-help books, free online courses, or formal 1:1 or group sessions through an insomnia service. Some of these approaches can be very helpful for acute insomnia and are described later.

Medications: When there is a short-term stressor leading to poor sleep together with severe daytime symptoms or distress, a prescribed medication (hypnotic) could be considered by your doctor. If taken, it should only be for short-term use and where other treatments have been unsuccessful. They should be used with caution or avoided in people taking certain medications, with some medical conditions, and in the elderly. People should discuss the risks with their doctor as these can include sedation, dependence, falls, and can impact on driving. Over-the-counter medications for sleep are not recommended due to the potential for side effects and lack of evidence.

What happens if I do not get treatment?

When the original trigger is removed a person's sleep usually improves over several days or weeks. In others, poor sleep and daytime symptoms could continue or get worse as unintentional thoughts or behaviours disturb sleep further. If these continue for over three months, it might be considered chronic insomnia.

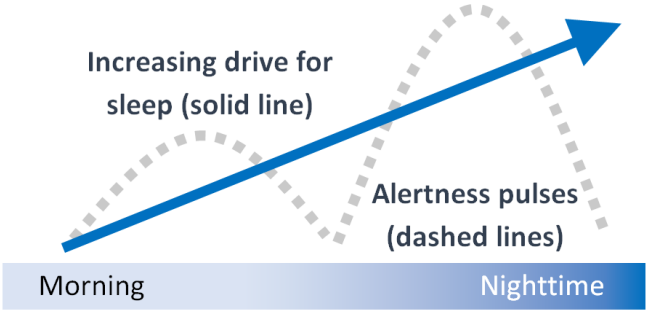
Is there anything I can do to help myself?

In addition to addressing the factors worsening sleep and maintaining good sleep hygiene, certain approaches from CBTi can be very useful for acute insomnia.
At this point it would be important to give some further background on normal sleep.

What should I know about sleep?

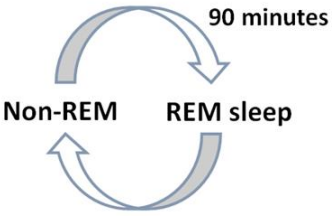
How much sleep do you need? This depends on the individual but on average most adults need seven to nine hours per night and this will reduce as we get older.

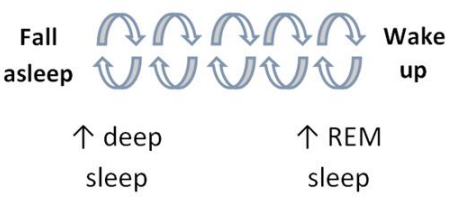
What makes us sleep? Our 'drive for sleep', which increases the longer we spend awake and decreases as we sleep (including if we nap), works with our body's natural 'alertness rhythm' that has a pulse in the morning and a second in the evening:



This is why we often feel sleepy after lunch, more alert in the evening, and may find it difficult to fall asleep if we go to bed early. At night our body releases a hormone (melatonin) to help us sleep more deeply but bright lights or screens in the late evening can reduce it. When all these systems are aligned with a regular routine it is much easier to fall asleep and wake feeling refreshed.

Sleep is made up of different stages: rapid-eye-movement (REM) sleep, where we dream, and non-REM sleep, which ranges from light to deep. These form several cycles a night, each about 90 minutes. Within a cycle we normally move from lighter to deeper sleep before entering REM sleep at the end. Cycles in the first half of the night tend to have more non-REM sleep (especially deep sleep), and those in the morning, more REM sleep:





When we have poor sleep the drive for sleep increases. Some people may find they fall asleep almost instantly and most of us will sleep more deeply with less REM

sleep initially. Our bodies still need to catch up on this lost sleep and at times we might find that concentrated REM sleep returns as vivid dreams or nightmares.

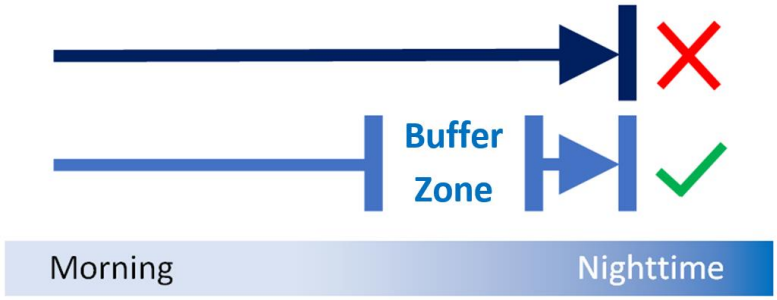
If we sleep poorly it can start to affect how we function during the day. We then might end up thinking more about sleep and put pressure on ourselves at night. Some may keep their minds busy with work or other stressors, forget to wind down in the evening, or spend longer in bed trying to sleep without success. Strategies to correct these unhelpful thoughts and behaviours are taught in CBTi courses and some of these are outlined below.

What else can I try to help sleep?

1. Buffer Zone

When the lights are switched off our minds can go into overdrive with thoughts or worries from the day. The reason for this is that we often don't give ourselves a chance to process these before we close our eyes.

Choose a fixed duration (e.g. one hour) during the late evening or before bed – this is your 'buffer zone'. Start with an event that clearly signals to your body that this is time to wind down, such as making a hot (non-caffeinated) drink or having a shower or bath. Perform your usual evening tasks, e.g. preparations for next day or things to do before bed, and spend the rest of the time doing something relaxing and limit exposure to the news, social media, and your mobile. Combine with a daily log (see below) to get any worries off your mind.

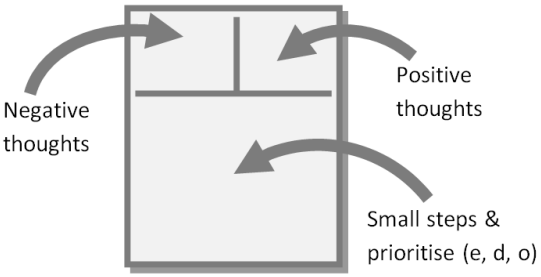


2. Daily log

In a notebook, write down any thoughts or concerns on your mind that are likely to disturb your sleep in the top left of the page (see picture). Also write one or two good things that happened that day in the top right.

Below these, make a short list of small steps you can do the following day to help address them (e.g. if money worries, tomorrow your simple step will be to find all outstanding bills only). Don't forget to do this for the good things too (e.g. I met a friend today for coffee, I'll message them tomorrow to book this in again). A long list can often be overwhelming so prioritise steps by adding one of the letters below.

For this to work best you should look at the list every morning. In addition, if you have an important thought when trying to sleep and are worried you might forget it – write it in your log.



- **e = essential (for max 1-2 items)**
- **d = desirable (important, not essential)**
- **o = optional (nice, but not important)**

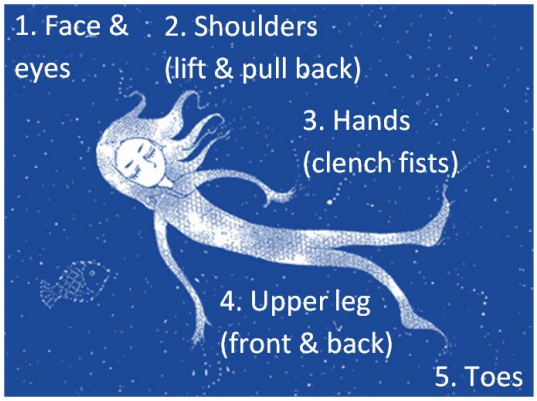
3. Stopping intrusive thoughts

These are very simple but surprisingly effective techniques. If you have continuous thoughts at night that you can't shift, block them by repeating the word 'the' in your mind. Try combining this every time you breathe out until you are asleep. Alternatively, if thoughts become too overwhelming, just open your eyes and keep them open as long as you can.

4. Progressive muscular relaxation (PMR)

Muscles often hold tension but can be reset to a lower level if they are contracted for a short period. You can find PMR routines on YouTube or Soundcloud, but a shortened routine is below. Use this technique to help relax when you get into bed before going to sleep, but on your first occasion try in the day:

Lying or sitting comfortably, close your eyes. For five to ten seconds focus on the first group of muscles and how they feel (see picture below). Then contract the muscles as hard and as tightly as you can for 10 seconds, feeling the warmth and tension it generates. Immediately relax the muscles and notice how they feel for five to ten seconds – they should be lighter and as if some of the tension has disappeared. Repeat for each muscle group, but only clench your toes for five seconds to avoid cramp.



Useful sources of information

- Mental Health Foundation, How to Sleep Better. https://www.mentalhealth.org.uk/publications/how-sleep-better/
- Mental Health Foundation, Mindfulness. https://www.mentalhealth.org.uk/a-to-z/m/mindfulness/
- National Health Service, Insomnia. 2018. https://www.nhs.uk/conditions/insomnia/
- National Institute for Health and Care Excellence, Clinical Knowledge Summary: Insomnia. 2020. https://cks.nice.org.uk/insomnia/
- Royal College of General Practitioners, Top Tips: Insomnia in Adults. 2019. https://www.rcgp.org.uk/clinical-and-research/about/clinical-news/2019/may/top-tips-insomnia-in-adults.aspx/

Acknowledgements

Dr Hugh Selsick, Consultant Psychiatrist, Insomnia Service, University College London Hospitals.

Professor Jason Ellis, Professor in Psychology and Director of the Northumbria Centre for Sleep Research, Northumbria University.

References

National Institute for Health and Care Excellence, Clinical Knowledge Summary: Insomnia. 2020. https://cks.nice.org.uk/insomnia/

Contact us

If you have any questions or concerns about acute insomnia, please discuss with your general practitioner or a member of the amputee and prosthetics multidisciplinary team.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).
Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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