Managing Insomnia and Sleep Problems
How to use this Booklet

This booklet is separated into 6 chapters. Chapter 1 introduces the self help programme, while each of the following chapters introduces a new topic relevant to you and your sleep. In order to get the best out of this information, we suggest the following approach.

First, read Chapter 1, and learn about your sleep. At the end of this Chapter we suggest a way of assessing your sleep from night to night (it involves a simple calculation called ‘sleep efficiency’). Don’t worry if you find this a bit technical; it isn’t absolutely essential – but some people find it helpful.

Once you have completed Chapter 1, and you feel it makes sense, move on to Chapter 2. This chapter covers the ‘sleep hygiene’ advice you have already been given (but in greater detail).

Try to practise the sleep hygiene advice for at least a week before reading Chapter 3. Again, after reading Chapter 3, try to follow the advice for at least a week before moving on to the next chapter, and so on. With each chapter the aim is to SLOWLY improve your sleep quality, and to give you some control over your sleep problem.
Chapter 1

An introduction to the Self-Management of Insomnia

This is the first of 6 chapters designed to help you improve your sleep. The chapter will cover what is called the ‘structure’ of sleep (how normal sleep is made up), and then consider how insomnia can both develop and persist. The chapter also describes the background to the whole self-management programme. Altogether, there are 10 ‘mini-lessons’ in this chapter (numbered 1-10). Try to make sure that you have grasped each ‘mini-lesson’ before you read the next.

1. The structure of sleep

Your sleep is made up of five distinct phases or ‘stages’ which change throughout the night. The five stages of sleep follow each other in sequence, so most of them have numbers.

Stage 1 is the first stage of sleep and is really a transition between being awake and being asleep. It feels a bit like drowsiness when you’re not quite fully awake.

Stage 2 comes next. This is ‘true’ sleep, but it isn’t particularly deep. Consequently it is fairly easy to wake someone up from this stage.

Stages 3 and 4, on the other hand, are known as ‘deep sleep’. After falling asleep it might take up to half an hour to reach this deepest part of your sleep, but in these stages it takes far more effort to wake someone up.

The fifth stage of sleep is rather special; it’s called Rapid Eye Movement Sleep because during this stage the eyes dart to and fro beneath closed lids. This stage is often abbreviated to REM (to rhyme with gem). What makes REM Sleep so special is that during this stage we have most of our dreams (we know this because if you wake someone up during REM Sleep and ask them, they nearly always say that they were dreaming).

Each stage follows the next in sequence from Stage 1 to Stage 4 and then REM. The sequence takes about 90 minutes to complete, and then starts all over again. This means that our sleep gets deeper, then lighter, then deeper again as the night wears on. It also means that, because REM sleep is followed by very light sleep, we may momentarily wake up and remember a dream, before slipping back into sleep.

All stages of sleep are important, but we do need a balance of deep, light and REM sleep to feel at our best in the morning. However, as we shall see in the following section, the structure of sleep is strongly influenced by age.
2. How age influences sleep

Age is the most important factor affecting the amount and quality of our sleep. As we get older (from early adulthood onward) there is a decrease in deep sleep (Stages 3 and 4) and a corresponding increase in lighter sleep (Stages 1 and 2). This is perfectly normal, but it does mean that sleep becomes lighter with age. As a result older adults are more likely to wake up spontaneously during the night, and are also more likely to be disturbed by noise, the movements of a bed partner, or even by discomfort or pain. Our sleep also tends to get shorter as we get older. But again, this is perfectly normal. Despite these changes MOST older adults continue to enjoy their sleep.

3. What is insomnia?

Broadly, there are four main insomnia symptoms:

- Problems getting to sleep
- Problems staying asleep
- Waking up too early in the morning (and being unable to get back to sleep)
- Feeling unrefreshed in the morning

It is important to note that the same person may experience one or more insomnia symptoms at any age. However, as we get older, problems of staying asleep tend to be most common.

Most of us have experienced difficulty getting to sleep or staying asleep at some point in our lives, particularly during times of stress or change. This is normal. However, insomnia means that the sleep problem is chronic (persisting for at least a month), and interferes with your day-to-day activities, perhaps through fatigue, irritability, or just a persistent feeling of being ‘fed-up’.

4. How can we measure the severity of insomnia?

One of the simplest ways of assessing the quality of someone’s sleep is to calculate their ‘Sleep Efficiency’. This simply means working out the percentage of time spent in bed asleep each night. If you spend 8 hours in bed, but only 4 of those hours are spent asleep, then your sleep efficiency is very low. If, on the other hand, you spend 8 hours in bed, and more than 7 of those hours are spent asleep, then your sleep efficiency is high. Sleep efficiency is based on the simple assumption that we go to bed in order to sleep.

Calculating sleep efficiency is easy, but you will need a calculator: simply divide the time spent asleep by the time spent in bed, and then multiply by 100 (to make it a percent).

People with insomnia generally have an average sleep efficiency of less than 85%.

At the end of this chapter we will ‘talk you through’ a calculation of your own sleep efficiency.
5. Who suffers from insomnia?

Severe sleep problems and insomnia are probably more common than you would think. The scientific research tells us that about 30% of the population experiences occasional sleep difficulties, and about 10% of the population suffers from insomnia. Complaints of poor sleep increase with age, with insomnia being most common over the age of 50. Nevertheless, many people recognise that they have ‘fragile’ sleep in young adulthood and live with it for most of their lives.

6. How do sleep problems become chronic?

While people with insomnia are all individuals, research shows that there is a common ‘pattern’ in the way insomnia develops and becomes persistent or chronic. This pattern is created by three different factors.

First, some people are more prone to sleep problems than others (technically, these people are described as ‘predisposed’ to insomnia). For example, being an anxious person could predispose someone to insomnia. These ‘predisposing’ factors are very difficult to control since they are often unchangeable characteristics of the individual.

Next, there are events which can ‘trigger’ or precipitate episodes of insomnia. These ‘triggers’ can be episodes of emotional stress (for example, a new job, retirement, or bereavement), environmental interference (for example, a new bypass near your home), or periods of ill health. While these events would make most people lose some sleep, they tend to have the greatest impact on people who are already predisposed to insomnia.

And finally, once a sleep problem has developed, there are common habits and behaviours which people adopt in order to cope with insomnia which just make matters worse. Because these habits and behaviours have the effect of prolonging sleep problems, they are called ‘perpetuating’ factors. Examples of perpetuating factors include things like; taking naps during the day; drinking tea and coffee to stay alert during the day; spending too much time in bed; and blaming insomnia for all your problems. Even if the precipitating factors (the things which triggered the insomnia in the first place) are kept under control, these perpetuating factors can still make the sleep problem worse and prevent recovery.

The longer you have had your sleep problem, the more likely it is that perpetuating factors are helping to maintain or worsen your insomnia symptoms. The objective of this self help programme, therefore, is to help you minimise the influence perpetuating factors have on your sleep.
7. The vicious circle of insomnia

Because the goal of this self-management programme is to reduce or eliminate the factors which perpetuate or maintain insomnia, it is also important to understand how insomnia actually ‘works’. Insomnia is frequently described as a ‘vicious circle’, a ‘loop’ of unhelpful events which end where they start and consequently go round and round. This is how it works.

In the vicious circle of insomnia, **arousal** is often the starting point of a poor night’s sleep. Arousal means we are ‘wide-awake’. Many things can create a state of arousal at bedtime, but the main sources are our **feelings** (like feeling sad, unhappy or anxious), our **thoughts** (for example, repetitive thoughts and concerns going round and round in your mind), and our **health** (particularly conditions which cause pain, discomfort, muscular tensions, digestive problems, etc). All of these factors can cause arousal, which prevent you from falling asleep.

People who experience sleep problems can also become anxious about the consequences of not sleeping (for example, being concerned about feeling sleepy, or irritable, or ‘below par’ the next day).

All of this encourages the person with insomnia to **try harder** to fall asleep. This is the point where, for many people, insomnia becomes chronic, **because trying to fall asleep helps to keep you awake**. That’s because **trying** to fall asleep creates a special type of arousal that occurs only when we attempt to control something that should be automatic.

For example, most people who don’t have mobility problems walk down stairs without thinking too hard about what they are doing. Over time, such activities have become automatic. However, if they start thinking about taking each step, then they can get a bit confused or anxious – making stumbling more likely. Things that we do automatically work best when they are left on ‘automatic’. It is for this reason that the anxiety created by trying to go to sleep will most likely keep you awake.

So the vicious circle of insomnia begins with arousal, and ends with arousal:
Habits and Sleep
If people are tired enough they will eventually fall asleep. Unfortunately people with insomnia often develop habits (like lying in later during the morning or napping during the day) which reduce sleepiness at bedtime. These strategies do help to compensate for lack of sleep, but they also help to maintain the insomnia since, at bedtime, the same level of unhelpful arousal will be present. For this reason, it is important to recognise that some of the habits we acquire when trying to cope with insomnia may, in the long run, contribute to the same vicious circle.

8. The self-management approach: take control of your sleep
People who develop sleep problems often say things like “There is nothing that can be done for my sleep problems” or “I have tried everything and nothing has helped”. This self-management programme will help you to break the vicious circle by teaching you skills and methods which control insomnia. The emphasis of the approach is not on ‘curing’ insomnia. Rather, the self-management approach will help you to decrease your sleep problems, increasing your satisfaction with sleep, and deal effectively with sleep difficulties when they occur.

9. The key principles of the self-management approach to insomnia
Motivation and effort
Even if the procedures seem simple, following all the advice is the key to success. Completing the programme will take approximately 6 weeks, depending on the severity of your sleep problem, your health, and your level of motivation. Do not expect improvements in the first few weeks. Your sleep difficulties have probably been present for some time, so it’s well worth the effort and patience to follow the advice offered and wait for change to happen gradually.

Support
The changes in lifestyle and sleep habits suggested in this self-management programme will not only affect you, but may also affect other members of your family. It is important, therefore, to let them know what you plan to do, and to encourage them to support you. If you share your house or your bedroom with another person, your sleep problem can become their sleep problem, so getting their support to improve your sleep makes good sense.
Recognising change

We have already emphasised that the aim of this self-management programme is to improve the quality of your sleep by reducing the frequency and severity of your sleep difficulties. Change will happen gradually, but it is important that you notice these changes as they happen. To help you to do this, complete the questions at the end of this chapter and calculate your own sleep efficiency. Over the course of this self-management programme you should find that your sleep efficiency improves. In subsequent chapters, therefore, you will have the opportunity to re-calculate your sleep efficiency.

10. Is this programme effective?

This self-management programme has been developed in scientific studies and is known to be effective when all the procedures are applied consistently. The scientific evidence shows that 70-80% of people who apply these procedures find that their sleep has improved after 6 weeks. And almost everyone finds that the programme helps them to understand their sleep better.

Do I need to stop taking my sleeping tablets for the self-help programme to work?

The scientific evidence also shows that people taking sleeping tablets (even if they have been taking tablets for months or years) can benefit from the self-management advice offered in this booklet. If you are taking sleeping tablets, then it is important that you continue taking them as usual while you follow the self-management advice. Many people find that, once they learn to take control of their sleep, they feel much more able to do without their sleeping tablets. However, if you have been taking sleeping tablets for some time (say, more than a month), then it’s best if you see your doctor before you stop taking them. Sleeping tablets are fully discussed in chapter 5 of this self-management programme.

That’s the end of the first chapter. All you need to do now is complete the sleep questions below, and calculate your sleep efficiency. In the next chapter we will consider how the ‘bad habits’ of sleep are learned, and how they can be changed.
My sleep before the self-management programme (you will need a calculator for this)

First, select a night from the past week that was neither your best, nor your worst night’s sleep.

<table>
<thead>
<tr>
<th>Question A</th>
<th>For your selected night, how long did you spend asleep? (add up all the periods of sleep if you had more than one).</th>
<th>Answer in hours</th>
<th>Answer in minutes (hours x 60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question B</td>
<td>For your selected night, how much time did you spend in bed (from first getting in, to finally getting up)?</td>
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</tbody>
</table>

My typical sleep efficiency before the self-management programme

Answer to Question A_______ Divided by (÷) Answer to Question B ______ = _______

Now multiply this answer by 100 = ________% ←This is your sleep efficiency

- The sleep efficiency of good sleepers is generally above 85%
- A sleep efficiency of 75% - 85% indicates a sleeping problem
- A sleep efficiency of less than 75% indicates a severe sleeping problem
Chapter 2

Sleep Hygiene

In the last chapter we described the vicious circle of insomnia. In this chapter we explain how you can recognise and tackle habits which may be detrimental to your sleep.

In everyday life there are simple things we can do which promote sleep, and equally simple things we can do which disrupt sleep. Controlling these things is called “Sleep Hygiene”. It may be that only a few of the habits and behaviours described in this chapter apply to you. Nevertheless, thinking about and, if necessary, improving sleep hygiene is the first sensible step towards taking control of your sleep.

The Basics of Good Sleep Hygiene

Introduction

The first step in managing a sleep problem is to identify and avoid those everyday habits which can disrupt sleep, and to identify and practise those behaviours which can promote sleep. In this chapter, you will learn the basics of sleep hygiene.

We understand, however, that some habits are easier to change than others. Remember motivation and effort are the keys to success.

10 Rules for Improved Sleep Hygiene

Listed below are 10 rules of sleep hygiene, together with an explanation of why each is important. Following these rules will help to get the most out of your sleep now, and will also help other parts of this self-help programme to work better.

1. Discontinue caffeine use 4 hours before bedtime

Caffeine is the most widely used ‘social’ drug in our society, and can be found in tea, coffee, chocolate, cocoa and many soft drinks. Caffeine is a stimulant, which means it can make us feel more awake. These stimulating effects of caffeine can persist for about 3-4 hours after consumption. If it is taken too close to bedtime, therefore, caffeine can increase the time it takes us to get to sleep and make our sleep lighter and more restless.
Sensitivity to caffeine varies among individuals. However, two things are important to keep in mind. First, sensitivity to the stimulating effects of caffeine increases with age – so just because caffeine has not affected your sleep in the past doesn’t mean it isn’t contributing to your sleep problem now. And second, some people with insomnia appear to be particularly sensitive to caffeine.

In general, caffeine used near bedtime will disrupt the quality of sleep in everyone, even in those who claim it has no effect on their sleep.

2. If you smoke, avoid smoking around bedtime and when you wake up during the night

Nicotine is also a stimulant. Although smokers may experience a sense of relaxation, the overall effect of nicotine is similar to that of caffeine. The result is that smoking leads to arousal, which is detrimental to sleep (and if combined with caffeine the effects of nicotine are particularly detrimental to sleep).

Scientific research shows that smokers, particularly those who smoke 20-a-day, take longer to fall asleep and wake up more frequently than non-smokers. On the other hand, the research shows that smoking cessation improves sleep patterns, despite some initial withdrawal symptoms during the day. If you are a smoker, the best advice is to stop smoking altogether. If you are not prepared to stop altogether, it is important to reduce your smoking in the hours before bedtime.

It is also important to avoid smoking when you wake at night, otherwise you may inadvertently ‘train’ your body to wake up during the night for a cigarette.

3. Be careful with alcohol at bedtime; it may help you get to sleep, but it can also wake you up later in the night

Alcohol is also a drug which can affect sleep. Alcohol is a central nervous system ‘depressant’, which means it has a sedative effect on the mind and body. However, as the body eliminates the drug, these effects wear off, leading to periods of ‘withdrawal’ (when we experience the opposite effects of the drug). Alcohol taken at night, therefore, can help us to get to sleep (the sedative effect). BUT the process of drug elimination can lead to restlessness and night-time awakenings (the withdrawal effect).

As with all drugs which cause withdrawal effects, the timing of these effects will depend upon the speed at which the body eliminates the drug. Compared with, say, most sleeping tablets, alcohol is rapidly eliminated from the body, so withdrawal effects nearly always occur during sleep. Even a moderate amount of alcohol consumed in the evening can disrupt night-time sleep. If you have a sleep problem, then the best advice is to avoid alcohol for 4–6 hours before bedtime.
4. **A light snack at bedtime may promote sleep - but avoid heavy meals**

Moderate food intake (snacks or milky drinks) can promote sleep in some people. On the other hand, a heavy meal at bedtime makes the digestive system work overtime, and can keep you awake. Avoid eating snacks when you wake at night, as your body might start expecting food at the ‘wrong’ times, causing you to wake up in the night feeling hungry. And to minimise trips to the toilet during the night, be careful how much you drink before bedtime. Waking up for the toilet is, for most people, not a problem, but once awake, people with insomnia may experience problems returning to sleep.

5. **Avoid vigorous exercise within two hours of bedtime**

Exercise alone is unlikely to solve insomnia problems. However, regular physical exercise can be a useful addition to the methods you will learn in this self-help programme. For example, exercise is an excellent method for reducing stress. Regular physical activity (even mild physical activity) can enhance your physical and emotional well being, and this in turn can help promote sleep. But the time you choose to exercise is very important. Exercising just before bedtime has a stimulating effect and therefore interferes with getting to sleep. To get the best out of your exercise routine, avoid vigorous exercise within 2 hours of your usual bedtime.

6. **Keep your bedroom calm and comfortable**

The ideal bedroom is calm and comfortable. It follows from this that, if you have a sleep problem, it is best if your bedroom looks relaxing rather than stimulating. If you are decorating, choose colours that are calm and soothing; avoid those that are stimulating or depressing. Keep furniture to a minimum, include only those items necessary to support the room’s basic function (that is, helping you to sleep). Keep your room tidy and make the bed in the morning rather than at bedtime; this will provide you with a sense of order and control in your life. You may need an alarm clock, but avoid watching it at night, as this will only keep you awake longer. Choose a quiet (electronic) clock, and preferably one which doesn’t give off too much illumination at night.

There is a great deal of variation in people’s preferences for personal items such as mattresses, pillows, and sheets. What matters most is that you are comfortable. Does your mattress provide the right kind of support? Is your bedding warm enough, or too heavy? Do you have enough pillows (or do you have too many)? When you get up in the morning do you feel that you would have slept better in a different bed? Again, it is all a matter of personal preference, but try to be as comfortable as you can.
7. Keep your bedroom temperature comfortable

Avoid an excessively hot or cold temperature in the bedroom. Although there is no ideal room temperature for everyone, high room temperatures (24°C and above) interfere with normal sleep, increasing night-time awakenings, reducing deep sleep and causing restlessness. Sleep difficulties are less frequently associated with cold temperatures, although a room temperature below 12°C is sometimes associated with unpleasant and emotional dreams. On balance, then, it is preferable to keep your bedroom comfortably cool (16°C - 18°C if possible).

8. Minimise noise and light in the bedroom – but take advantage of light during the day

Noise can be both annoying and disruptive to your sleep. People with insomnia tend to be more sensitive to noise than those who generally sleep well. In addition, the ‘amount’ of noise necessary to wake someone up decreases with age, which helps to explain why older adults have more trouble staying asleep than younger people. To minimise external noise, you can close your windows, purchase ear plugs, or perhaps move into a quieter room. If you are disturbed by a partner’s snoring, then you might need to discuss the advantages of sometimes sleeping separately.

Lighting conditions can affect sleep in almost anyone. It is particularly important to have a well-darkened bedroom with curtains or blinds that keep out street lights or daylight. The use of eye masks can help.

Remember, both light and noise can disturb sleep. We can’t all change the environment in which we find ourselves, but there is usually something that can be done which allows you to feel some sense of control. Aim for the best sleeping environment under your present circumstances.

Through a special hormone, darkness ‘tells’ our bodies to prepare for sleep, and light ‘tells’ our bodies to stay awake. So, while light can be detrimental to sleep at night, it actually helps our bodies to stay awake during the day. If possible, take the opportunity to spend some time in daylight (or bright light like a shopping centre) during the day. If you can’t get out, make sure there is plenty of light in your home during the daytime (electric light can help), and if you have to sit or stand for long periods indoors, try to do so near a window.
9. **Keep your bedroom mainly for sleeping; try to avoid watching television, listening to the radio, or eating in your bedroom**

Bedrooms work best when they are associated with calmness and sleep. Don’t make your bedroom into an office or a recreation area (or a dining room). We strongly advise you to avoid having entertainment media (television, DVD, stereo, radio, etc.) in your bedroom. Similarly, don’t take snacks into the bedroom (either to eat before bed, or to eat if you wake up). As we shall emphasise in the next chapter, among people with insomnia, bedrooms should be reserved for sleep and sexual activity only. In this way you will come to associate your bedroom only with activities which lead to sleep.

10. **Try to keep regular bedtimes and personal schedules**

Regularity is the guardian of better sleep. This regularity extends not only to bedtimes and getting-up times, but also to mealtimes, exercise time, and many of the other things we do on a regular basis. In the next chapter we will consider how to judge your best bedtime. Meanwhile, consider your own habits and judge how regular they are.

**In conclusion**

This chapter has considered how some lifestyle and environmental factors can be influential in disturbing your sleep, and how knowledge of these factors can help you to improve your sleep. Science also tells us that poor sleep hygiene by itself is rarely the main cause of insomnia. However, failure to maintain the rules of sleep hygiene can complicate an existing problem and hinder your efforts to improve your sleep quality. The principles of sleep hygiene are printed out for you on a separate sheet; perhaps you could pin it up in order to remind yourself of the rules of sleep hygiene.

That’s the end of the second chapter. In the next chapter, we will consider how the habits which are responsible for insomnia can be changed.
### 10 Rules for Improved Sleep Hygiene

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Products containing caffeine (tea, coffee, cocoa, chocolate, soft drinks, etc.) should be discontinued at least 4 hours before bedtime. Caffeine is a stimulant and can keep you awake.</td>
</tr>
<tr>
<td>2</td>
<td>Avoid nicotine (including nicotine patches or chewing gum, etc) an hour before bedtime and when waking at night. Nicotine is also a stimulant.</td>
</tr>
<tr>
<td>3</td>
<td>Avoid alcohol around bedtime because although it can promote sleep at first, it can disrupt sleep later in the night.</td>
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<tr>
<td>4</td>
<td>Avoid eating a large meal immediately before bedtime, although a light snack may be beneficial.</td>
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<tr>
<td>5</td>
<td>Try to do regular (even mild) physical exercise if you are able, but avoid doing this in the 2 hours before bedtime.</td>
</tr>
<tr>
<td>6</td>
<td>Keep the bedroom calm and tidy. Select a mattress, sheets, and pillows that are comfortable.</td>
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<tr>
<td>7</td>
<td>Avoid extreme room temperature in the bedroom.</td>
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<tr>
<td>8</td>
<td>Keep the bedroom quiet and darkened during the night, but try to spend some time in daylight (or bright artificial light) during the day.</td>
</tr>
<tr>
<td>9</td>
<td>Keep your bedroom mainly for sleeping; try to avoid watching television, listening to the radio, or eating in your bedroom.</td>
</tr>
<tr>
<td>10</td>
<td>Try to keep regular times of going to bed and getting up.</td>
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Chapter 3

Developing Good Sleep Habits

In the last chapter we explained how sleep hygiene provides the first practical steps toward improving your sleep. We also explained that poor sleep hygiene can make insomnia worse, but it is rarely the main cause of insomnia. In this chapter we focus on those sleep habits which often are responsible for insomnia, and explain how you can change your behaviour in order to improve your sleep.

Seven Steps to Overcome Insomnia

Introduction

In this chapter we focus on those bad sleep habits which play a very important role in insomnia, and explain how these habits can be changed in order to improve your sleep. This part of the self-help programme has three specific objectives:

- To help you sleep when you want to. You cannot force yourself to sleep. But you can create circumstances which will promote sleep at desired times.

- To strengthen the association between your sleep and your bedroom. People suffering from insomnia often come to associate their bedroom with anxiety or frustration (after all, the bedroom has become the place where you frequently find yourself unable to sleep). This chapter will take you through the steps necessary to remove these unhelpful associations, and re-establish an association between your bedroom and your sleep.

- To improve your sleep efficiency. To deal with insomnia, many people spend more time in bed than is necessary. The goal of this self help programme is to spend as much time as possible asleep in bed, not to spend the most possible time in bed.

To achieve these objectives, follow the 7 steps outlined in this chapter. Some of the advice might, at first sight, appear odd.

1. Decrease the time you spend in bed

This step, called sleep restriction, consists of keeping the number of hours spent in bed as close as possible to the actual number of hours you spend asleep. Spending longer in bed is one of the most common strategies used by people to manage their insomnia. However, while it may bring short-term relief, this strategy is not effective in the long run, as sleep will only become more fragmented and restless and insomnia will be perpetuated. Even if the amount of time you spend in bed does not seem excessive, there is no reason to stay in bed if you are not asleep.
The main aim of sleep restriction is to create a state of mild sleep deprivation. This promotes a feeling of sleepiness in the evening, which in turn can improve the continuity and the depth of your sleep.

**How to decrease the time you spend in bed.**

i. Calculate the average number of hours that you slept in the previous week using your sleep diary (add up the total number of hours you slept, and then divide that total by 7).

Your task now is to match the amount of time you spend in bed with the average amount of time you spend asleep. So if, on average, you spend 6 hours asleep each night, then you will aim to spend only 6 hours in bed each night. This period is called your sleep window.

To avoid excessive sleepiness the next day, do not decrease your sleep window to less than 5 hours per night.

ii. Now that you have calculated the duration of your sleep window, you must choose a preferred regular bedtime and getting-up time. Remember, you can only be in bed for the duration of your sleep window – no longer.

iii. Keep to the same sleep window for a complete week (7 nights). At the end of the week, it will be time to evaluate your sleep by calculating your Sleep Efficiency (we did this in Chapter 1):

**My sleep efficiency for the first week of sleep restriction is (write in the boxes below):**

<table>
<thead>
<tr>
<th>The average time I spent asleep</th>
<th>divided by</th>
<th>The average amount of time I spent in bed</th>
<th>Answer</th>
<th>multiplied by x 100</th>
<th>Answer</th>
</tr>
</thead>
</table>

iv. If your Sleep Efficiency is lower than 80% (this means you are spending 20% of your sleep window awake), decrease your sleep window by 15 minutes. You can decide whether you want to go to bed later or wake up earlier, but it is important that you reduce your time in bed.

If your Sleep Efficiency is higher than 85%, increase your sleep window by 15 minutes. You can decide whether you want to go to bed earlier or wake up later.

If your Sleep Efficiency is between 80% and 85%, leave your sleep window as it is.
In the beginning, it is possible that you may experience some sleepiness during the day. This is normal and temporary. After a couple of weeks you may realise that in spite of your reduced time in bed, you function just as well during the day. Your duration of sleep may not necessarily be increased, but your Sleep Efficiency, and the quality of your sleep will be much improved.

Maintaining a sleep window can be difficult, especially at weekends and on days when you are exceptionally sleepy. However, doing your best to maintain this procedure is very important to the success of the self-help programme. Remember – your sleep window only represents the maximum amount of time you spend in bed. Some of the advice offered below may result in your spending less time in bed than this total amount.

Special circumstances
If you have mobility problems, and you spend some time in or on your bed in the morning preparing to get up, do not include this time in your sleep window.

2. Leave at least 1 hour to unwind before you go to bed

Use this time for reading, watching television, listening to music or even chatting with someone, but do this somewhere other than your bedroom. As you get closer to your bedtime, it is best not to think too much about the events of the day or your plans for tomorrow. Planning can create mental stimulation, which is just another sort of arousal which can keep you awake. If you have worries or concerns, set aside time during the day or early evening to focus on these issues. There isn’t anything wrong with worrying and trying to solve problems, but, there is a time and place for everything, and focusing on your worries before you go to bed is certainly the wrong time.

Here’s a tip: if you cannot get rid of worries or concerns, set time aside during the day to write them down and then plan how you will deal with them at another time.

3. Go to bed only when you are sleepy

Waiting to be sleepy helps people to fall asleep faster. Going to bed too early means you have time to worry about problems (or just worry about your inability to fall asleep). This serves only to keep you awake. It is best, then, if you delay going to bed until you feel sleepy (but of course, you must still only go to bed inside your sleep window). It is important to realise that tiredness and sleepiness are different. Tiredness is a feeling of exhaustion which does not necessarily involve the desire to sleep. Sleepiness, however, means a tendency to fall asleep. Sleepiness is recognisable by signs such as yawning, heavy eyelids, sore eyes, or even unsteadiness.
4. If you are unable to fall asleep within **20 minutes**, get out of bed and find something else to do in another room

We mentioned earlier that people who have problems with insomnia frequently spend longer in bed than people who don’t have sleep problems. As a person with symptoms of insomnia you may think “If I get up now, I’ll be awake for the rest of the night, but if I just stay in bed I’ll eventually fall asleep”, or perhaps you think “At least if I stay in bed I’m getting some rest”. In fact, lying in bed trying to get to sleep only increases anxiety, frustration and arousal, which disturbs your sleep even further. If you really want to break out of this vicious circle, you should just get up.

There is no need to watch the clock, as this alone will keep you awake. When about 20 minutes have passed and you’re still awake, leave the bed, go to another room, and engage in some quiet activity. Return to bed only when you feel sleepy again. Do not leave your bedroom only to fall asleep in a chair or on a settee, since this will not help to rebuild the association between your bed and sleep. **Initially, you may have to repeat these steps several times during the night.** It is important that the steps are followed when you are unable to fall asleep at bedtime and when you wake during the night and are unable to get back to sleep.

We really do understand that it will be difficult at first. However, if you try hard and keep to the instructions you will soon learn to associate your bed and bedroom with getting to sleep quickly.

One problem when implementing these instructions is the tendency for people to return to bed too soon after getting up. Some people have the feeling that, if they stay up too long, they will never get back to sleep. In fact, the reverse is true; **the longer you stay up, the more quickly you will fall asleep when you return to bed.**

You may be reluctant to leave the comfort of your bed, particularly if you think you may be cold or bored while waiting for sleepiness to come. To overcome these difficulties, be prepared: keep a warm blanket or dressing gown near the bed, or reserve a comfortable place in the house, and plan the activities that can be done there. These activities should not be so interesting that your mind becomes too active, nor should they be so boring that you have no motivation to get up. Ideally, the activities should not require too much preparation, and should also not be so enjoyable that they decrease your motivation to return to bed. Here’s a list of activities we would recommend, together with some activities we think are best avoided. Choose an activity (it may not be in the list) which suits you.
What kind of things can I do if I get up in my sleep window?

<table>
<thead>
<tr>
<th>Things you could do</th>
<th>Things you should avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>Doing housework or cleaning</td>
</tr>
<tr>
<td>Watching television</td>
<td>Taking a walk or exercising</td>
</tr>
<tr>
<td>Doing crossword puzzles</td>
<td>Working on a computer</td>
</tr>
<tr>
<td>Knitting</td>
<td>Worrying</td>
</tr>
<tr>
<td>Writing</td>
<td>Relaxing on the bed or in a chair</td>
</tr>
<tr>
<td>Drawing</td>
<td></td>
</tr>
<tr>
<td>Listening to the radio</td>
<td></td>
</tr>
</tbody>
</table>

5. **Use an alarm clock to maintain a regular getting-up time in the morning**

Set an alarm clock and get out of bed at approximately the same time every morning based on your sleep window, **whether it is a weekday or weekend, and regardless of your bedtime or the amount of sleep you had the previous night**. This will help regulate your internal clock (your ‘body clock’) and synchronise your sleep-wake rhythm. If you have a tendency to turn off your alarm without waking up, place it out of reach so you are forced to get up to turn it off.

‘Lying in’ is a very common practice to make up for lost sleep. This can be beneficial in the short-term, but people suffering from insomnia are particularly vulnerable to its negative effects. So, maintain a strict and regular getting-up time every morning, even at weekends.

6. **Reserve your bed and bedroom for sleep and sex only**

This is a golden rule. Do not read, eat, watch television, listen to the radio, work, or worry in your bed or bedroom either during the day or at night. **These activities make a sleep problem worse.** Sexual activity is the only exception, since it can have a relaxing effect. When you engage in other activities in your bedroom, the environment becomes associated with **wakefulness** rather than **sleepiness and sleep**. You could argue that some people fall asleep reading in bed or take pleasure watching television in their bedroom before bedtime. However, these people probably don’t have sleep problem. If you suffer from insomnia and you engage in such activities, it really is best if you stop them completely. The aim is to restore a strong association between your bedroom and sleep.
7. Do not nap during the day

For people who do not suffer from insomnia, there is nothing wrong with napping, and short naps during the day can have a powerful revitalising effect for some people. But for many people, napping diminishes the quality of sleep, and decreases the amount of deep sleep the following night. For people who have problems getting to sleep (or staying asleep) at night, sleepiness is an important resource. Don’t squander your sleepiness on naps; save it until your bed time.

In conclusion

While the 7 steps to good sleep habits are fairly straightforward, putting them into practice will require patience and determination on your part. At first it will seem difficult, and the occasional set-back is to be expected. But, in order to get the most out of the programme, it is important to apply all of the steps (not just those which seem easiest). All of the steps work together.

You may find that sleep gets worse for the first few nights, or that you wake up in the morning feeling more exhausted than usual. Do not get discouraged, this is normal early on in the treatment. The benefits will become more evident with time and practise. The single most important factor in determining whether your sleep will improve is the consistency with which you follow the instructions. In general, people who follow these steps notice marked improvement in their sleep after 3 or 4 weeks. It really is worth the effort.

The treatment programme may sound more painful than the sleep problem you are trying to overcome. Remember though, this is a small price to pay if you have suffered with insomnia symptoms for months or years. Also keep in mind that it takes time to learn new habits, and that the secret to success lies in repetition. At first, it may feel unnatural to get out of bed in the middle of the night. However, once you have beaten insomnia, you may no longer have to perform this step. Changing ingrained habits is not an easy thing to do, but it is essential if you want to succeed in overcoming insomnia.

That’s the end of the third chapter. In the next chapter we will examine how beliefs about sleep can affect insomnia and how they can be modified to improve sleep.

Remember

For the first few nights, you may get up several times before finally falling asleep. You may also feel sleepy and your ability to function the next day can be diminished. You may be discouraged and even consider giving up on the programme. You may try to find excuses to avoid following the steps. But remember that an increase in sleepiness is an indication that the programme is working. Improving your sleep is well worth this temporary discomfort.
### Seven Steps to Overcome Insomnia

<table>
<thead>
<tr>
<th></th>
<th>Step Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Decrease the number of hours you spend in bed.</td>
</tr>
<tr>
<td>2</td>
<td>Leave at least 1 hour to unwind before going to bed (somewhere other than your bedroom).</td>
</tr>
<tr>
<td>3</td>
<td>Go to bed only when you are sleepy.</td>
</tr>
<tr>
<td>4</td>
<td>If you are unable to fall asleep within 20 minutes, get out of bed and find something else to do in another room.</td>
</tr>
<tr>
<td>5</td>
<td>Use an alarm clock to maintain a regular getting-up time in the morning (even at weekends).</td>
</tr>
<tr>
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<td>Reserve your bed and bedroom for sleep and sex only.</td>
</tr>
<tr>
<td>7</td>
<td>Do not nap during the day.</td>
</tr>
</tbody>
</table>
Chapter 4

Thinking about Sleep

So far we have focussed mainly on changing your sleep habits. In addition to our habits, our thoughts and beliefs can also affect our sleep. Certain ways of thinking can increase mental arousal, making it harder for us to switch off and go to sleep. And certain beliefs about sleep can be mistaken, leading to unnecessary feelings of anxiety or disappointment.

The aim of this chapter is to help you to recognise how some ways of thinking can feed into the vicious circle of insomnia, while alternative ways of thinking can contribute to good sleep.

Thinking about Sleep

How thoughts and beliefs can feed the vicious circle of insomnia

Thinking in bed When people cannot get to sleep they often find themselves lying in bed thinking. At first it doesn’t really matter whether these thoughts are happy, sad or neutral, what makes them unhelpful is that they are difficult to stop. The problem here is that thinking is a type of arousal, and can keep us awake. Even worse, sooner or later these thoughts can lead to worry or anxiety - feelings which can make it even more difficult to get to sleep. Sometimes when people cannot get to sleep they worry about general things like their health, their work, or their family. However, it is also common for people to worry about how lack of sleep will affect them the next day. Either way, thinking and worrying will keep you awake.

Beliefs about sleep How we feel about events is closely related to what we know and believe about them. If, for example, we believe that we must get at least 7 hours sleep every night in order to function properly, then not being able to get to sleep might make us feel anxious. Or if we believe that we can’t do anything properly after a poor night’s sleep, then periods of sleeplessness will make us feel annoyed or even angry. In both cases, the resulting feelings will make things worse by keeping us awake. If, on the other hand, we can change our beliefs, then we can take these unhelpful feelings away.

Trying harder to get to sleep When people have a persistent problem with insomnia, they often try harder to sleep. Unfortunately, ‘trying’ to get to sleep just makes things worse. Sleep, for most people, is automatic, it does not require effort. People who don’t have sleep problems don’t try to sleep, it just comes naturally. So ‘trying harder’ to sleep is nearly always unsuccessful and, since it doesn’t work, it can make us feel frustrated or even angry.
Getting to sleep requires a tranquil state of mind. Worry, anger and effort are among the worst enemies of sleep, since they always result in arousal. Mostly, these feelings arise from the way we think, and the things we believe. It follows, then, that getting some control over thoughts and beliefs can play an important part in the self management of insomnia. This chapter provides information and advice which should influence the way you think about your sleep. The aim is to help you to put your sleep problem into perspective and, as a result, to avoid unnecessary worry.

**Thinking about Sleep: Advice**

1. **Keep your expectations realistic**

Many people believe that 8 hours sleep is essential if they are to feel refreshed and function well during the day. There is also a tendency to compare our sleep now to how it used to be, and to wish it had stayed the same. And most people wish they could wake up in the morning feeling completely refreshed and full of energy. Unfortunately these expectations are, for the most part, unrealistic.

In reality, sleep varies widely among individuals. Some adults may naturally sleep around 8 hours per night – but most don’t. In addition, we tend to sleep less as we get older, so how much sleep we need will also depend upon our age. In general, ‘normal’ adult sleep durations can be anywhere between 5 and 10 hours per night. There is no ‘set’ amount of sleep that people need. Similarly, some people take longer to get to sleep than others, and some people wake up in the night more often than others. These variations are completely normal.

If you have a different sleep pattern from your bed partner, it does not mean that you have abnormal sleep. Keep in mind that sleep patterns vary from person to person, and can vary for the same person on different nights. After all, not everyone eats the same amount of food, wears the same shoe size, or weighs the same. Avoid comparing your sleep pattern with that of others; there will always be someone who eats more, or sleeps better than you.

_Keep your expectations realistic; sleep patterns vary from person to person._
2. Try not to blame sleeplessness for all your problems

It is quite natural for people to be concerned about the effects of poor sleep on their day to day activities. For example, people with insomnia may say:

“When I sleep poorly, I can hardly function the next day.”

or

“When I feel irritable or tense during the day, it’s because I haven’t slept well the night before.”

or

“I’m just not myself after a really poor night.”

In each case, the underlying assumption is that poor sleep always affects our efficiency, our mood, and our health the next day. However, while poor sleep clearly can affect how we feel the next day, its effects are a bit more complex than many people think. Mood is commonly affected after a poor night’s sleep, making us more irritable, worried, or sad. These feelings can then alter our perception of how efficiently we are performing the next day.

For example, while many people with insomnia report feeling tired and non-productive after a night of poor sleep, most are found to perform just as well as good sleepers. In fact, the majority of people with insomnia find they actually function better than they think.

One of the reasons for this is that your expectations can play tricks on you. If, after a poor night’s sleep you are convinced that you won’t be able to concentrate or accomplish much that day, it is quite likely that you will be less productive. If on the other hand, you avoid thinking about your night’s sleep, you may find yourself functioning surprisingly well.

It is easy to blame insomnia for all the things that go wrong during the day. However, it may not be the only culprit. It is possible that other factors can explain these difficulties. For example, stress in other areas of your life (your health, for example) can also interfere with your ability to concentrate and affect your overall daytime functioning. Of course, you should not deny the presence of unpleasant effects related to insomnia. But if you blame insomnia for all the difficulties experienced during the day, you just increase the pressure on yourself to get a better night’s sleep.

All sorts of things can result in a low mood, less energy, and poor daytime performance. Be careful: don’t blame it all on insomnia.
3. Understand the causes of insomnia

Trying to understand the ‘cause’ of a problem is often a useful first step towards solving it. However, where sleep problems are concerned, finding the original ‘cause’ of your insomnia may not help. As we explained in Chapter 1, once insomnia gets established, it’s the ‘perpetuating factors’ which keep it going. The original cause may now be absent, or its impact on your sleep may be reduced. (A period of acute ill health, for example, may leave you with chronically disturbed sleep, even though your health has since improved). For this reason, it doesn’t make much sense to focus too much on original ‘causes’, since these may be unchangeable. But that doesn’t mean that your sleep problem is unchangeable. Most people with sleep difficulties have ideas about what caused their problem. But dwelling on unchangeable causes can lead to a sense of helplessness and feelings of being a victim of insomnia. Instead, it is far more realistic to focus on the things you CAN change, like the factors which keep your insomnia going. In chapter 1 we described the 3 P’s. You now need to distinguish the cause of your sleep problem from the perpetuating factors – the factors which keep insomnia going. **Those things which keep insomnia going CAN be changed – even if the original cause of your insomnia can’t.**

4. Avoid ‘trying’ to sleep

It is an interesting fact that people with insomnia tend to spend longer in bed than people who sleep well. Generally, this is because people with insomnia are trying to ‘make up’ for lost sleep – they are TRYING to sleep.

It is not unusual to hear comments like:

“When I have trouble sleeping, I should just stay in bed and try harder.”

or

“If I try hard enough, sleep will eventually come.”

But trying to get to sleep is one of the worst mistakes people with insomnia can make. This is because sleep cannot be achieved ‘on command’. While it is possible to control factors and attitudes that encourage good sleep, it is not possible to control sleep itself. Whenever you try too hard to control something that should be automatic (remember, we used the example of walking down stairs in chapter 1), the attempt can often ‘backfire’, making things worse. Trying can only get in the way of falling asleep.

**Sleep should be automatic so don’t get in the way; never try to fall asleep.**
5. **Try not to exaggerate the effects of poor sleep**

Sometimes, worrying can make everything worse. Like a chain reaction, worrying about sleep during the day can lead to concern in the evening, then anxiety at bedtime, and finally a disturbed night's sleep. One way to avoid this 'chain reaction' is to place your sleep problem in a proper perspective. By all means, accept that disturbed sleep can make life difficult (and sometimes, very difficult), but don’t let your worry exaggerate the effects of each poor night. Take control.

Even if you have been awake for hours, don’t make matters worse by imagining disastrous consequences. Instead, ask yourself: “What’s the worst thing that can happen if I never get to sleep tonight?” A sensible answer to this question would be: “I’ll be sleepy, but I'll deal with it tomorrow.” Remember, then, the worst thing that can happen after a bad night’s sleep is that you will feel sleepy. This you can deal with the following day.

Again, we do understand that this advice may appear difficult. After all, it’s quite natural, when lying awake, to worry about things. But a change in the way you think during periods of sleeplessness can deliver benefits both to you and your sleep.

**Insomnia is bad enough; don’t make it worse by exaggerating the effects of poor sleep**

6. **Develop some tolerance to the effects of sleep loss**

If you are following this self help programme, then you will already have made some changes to your daily routines. You can also help by changing the way you respond to poor sleep. Instead of dwelling on insomnia and its effects on your life, try to develop a more positive attitude to sleep loss. After a poor night, try to stick to your routines and usual activities. This may not be easy, but if you try, at least it will shift your attention away from sleeplessness. If completing all your daily routines is ‘too much’, set yourself a goal of always completing some. Doing this can show you that daytime functioning is not entirely dependent on the previous night’s sleep. Another strategy is to change your routine to make the day easier to handle. This does not mean cancelling activities, but rather reorganising things in order to make them easier for you. For example, if you must carry out more demanding tasks, do them at a time of day when your ability to perform is at its best.

**Try to keep to your routines, even after a poor night.**

**In conclusion**

We all have beliefs and expectations concerning sleep. Some of these are unhelpful and feed the vicious circle of insomnia. With time and effort, you can change your beliefs and attitudes and, by doing so, improve your sleep. The goal here is to encourage you to develop different ways of seeing things and new ways of thinking.
Keep your expectations realistic; sleep patterns vary from person to person.

All sorts of things can result in a low mood, less energy, and poor daytime performance. Be careful: don’t blame it all on insomnia.

Those things which keep insomnia going CAN be changed – even if the original cause of your insomnia can’t.

Sleep should be automatic so don’t get in the way; never try to fall asleep.

Insomnia is bad enough; don’t make it worse by exaggerating the effects of poor sleep.

Develop some tolerance to the effects of disturbed sleep. Try to keep to your routines, even after a poor night.
Chapter 5

Sleep Medications

If you have long-term difficulties with your sleep, then it is quite likely that you are either taking, or have thought about taking, some form of sleep medication (‘sleeping tablet’). The aim of this chapter is to provide important and useful information about the different types of medication available for insomnia, and the effects these medications can have on your sleep and your behaviour during the daytime.

The chapter also offers advice to those who have been taking sleep medication for a long period (say, 3 months or more), and would like to stop.

Types of sleep medication

Before we start, it would be helpful to clarify some of the terms used to describe sleep medications. Medicines which are designed to help you get to sleep are technically referred to as ‘hypnotic drugs’ or just ‘hypnotics’. More usually, however, they are called ‘sleeping tablets’ (or ‘sleeping pills’). Throughout this chapter we will use the terms ‘sleeping tablet’ or ‘hypnotic’ to refer to these drugs. In Britain, the National Health Service issues over 10 million prescriptions each year for sleeping tablets, mostly for the drugs **zopiclone, zolpidem, zaleplon** or **temazepam**. (These may not be the names you are familiar with, since different drug companies may give the same drug a different name. But if you read the packet or the information leaflet which comes with your prescription, you will find the ‘official’ drug name). Sleeping tablets are usually taken only at night, typically when you are going to bed, or when you are in bed. However, some drugs used to treat anxiety can also ‘double-up’ as sleeping tablets.

In addition to those sleeping tablets prescribed by your doctor, there are also sleep medications that can be bought from a pharmacy without a prescription. These are often referred to as ‘over the counter’ drugs. Most of these tablets contain the drug **diphenhydramine**, an antihistamine which causes drowsiness. It is worth keeping in mind that there is no scientific evidence that these ‘over the counter drugs’ are safe and effective in the treatment of chronic insomnia. Some people can become dependent on over-the-counter sleeping drugs.

Some herbal or ‘natural’ products are also sold as sleeping aids. Many of these products contain extracts from the valerian plant. In general, however, there is little evidence that these products have any effect on sleep, or are of any value in treating insomnia.
How do prescription sleeping tablets affect sleep?

Sleeping tablets can help you to feel relaxed and drowsy, but they generally don’t make you feel sleepy (for example, they don’t make us yawn or make our eyes feel heavy the way they do when we are ‘healthily sleepy’). Prescription sleep medications can help you to sleep better in the short-term by helping you get to sleep quicker, and by reducing the amount of time you spend awake during the night. The strength of these effects can vary, depending on the exact drug, and the dose. However, while the majority of these prescribed drugs are effective in the short-term, they do have several disadvantages in the longer term. These ‘disadvantages’ are in fact the side effects of sleeping tablets.

Understanding the side effects of sleeping tablets

It is important to realise that sleeping tablets don’t just affect our sleep – they can also affect our everyday lives. Sometimes these effects include feeling drowsy or ‘heavy’ in the morning, or feeling anxious during the day. Sleeping tablets can also interfere with our ability to perform everyday tasks (like making a cup of tea, or driving a car). The nature and severity of these effects will depend on both the type and dose of drug that is taken. The overall impact, however, is to make us a bit ‘clumsier’ when we are doing things.

Although many people assume that sleep medication will help them to function adequately the next day, there is little scientific evidence to support this assumption. Rather than improving our daytime efficiency, some sleeping tablets may actually make our memory and concentration worse. Scientists have also found that benzodiazepines (most sleeping tablets and sedatives which end in ‘…am’ or ‘…pam’) can interfere with memory, particularly at night. For example some people, after taking a sleeping tablet, may wake up several times during the night, but will not remember these awakenings in the morning. This helps to explain why some people continue using sleeping drugs for years, despite the scientific evidence that the drug is no longer helping their sleep.

Finally, there is a very special problem with sleeping tablets which has been termed ‘rebound insomnia’, which means that when you try to stop taking the sleeping tablets, your insomnia can briefly become much worse. Rebound insomnia, which can also be accompanied by feelings of anxiety, is always temporary (perhaps two or three nights). However, this may be just long enough to convince a person with insomnia that they cannot sleep without medication. In this way, rebound insomnia can encourage people to start re-taking their sleep medication even after they have made up their minds to stop. This, in turn, can lead to long-term drug use and perhaps even drug dependency.
When can sleeping tablets help?

The short-term use (up to three or four weeks) of sleep medications is appropriate in certain situations. For example:

- Episodes of acute insomnia resulting from severe stress (for example, following a bereavement, after surgery, or following an acute worsening of a chronic condition).
- Temporary insomnia caused, for example, by jet lag or a hospital admission.

In addition, sleeping tablets can also be used to break the vicious circle of chronic insomnia, particularly where insomnia is followed by anxieties about sleep. In this case, however, medication should only be used for a few nights, and only used alongside the methods described in this self-help programme.

When insomnia is associated with a psychological problem like depression or anxiety, it is best to deal with the psychological problem first, since insomnia is often secondary to these conditions. Similarly, where insomnia is associated with chronic pain or discomfort, it is usually best to treat the pain symptoms first, before resorting to sleep medication.

Finally, as we get older we must be particularly careful when using sleep medication. Age increases our sensitivity both to the effects and the side effects of hypnotics. It is for this reason that older people are often prescribed lower doses of hypnotic drugs than younger people.

How do people become dependent on sleeping tablets?

In general, prescription sleeping tablets are safe and effective. Certainly, not everyone who uses sleep medication will become dependent; this danger only lies in prolonged use. Dependence on these drugs does not develop over just a few nights. Rather, it develops gradually with continued use.

Most people are introduced to sleeping tablets during periods of illness, stress, hospitalisation, or when they can no longer cope with their chronic insomnia. If you use sleeping tablets regularly then your body will slowly get used to the drug, and you will develop what is called ‘tolerance’. This means that the effects of the drug will diminish, so you will have to increase the dose in order to get the original effect. When the maximum safe dosage has been reached, the longer-term hypnotic drug user becomes trapped in a dead-end situation. The sleeping tablet may no longer work, yet any attempt to discontinue the tablets is followed by greater sleep difficulties (because of rebound insomnia). People may, therefore, come to rely on their sleeping tablets long after those tablets have stopped working effectively - ending up with two problems instead of one: insomnia and dependence on sleeping tablets.
Drug dependent insomnia is often more psychological than physical, with people developing anxieties about their medication which, in turn, affect their sleep. Once you have learned to take some control of your own sleep, you can gain the confidence necessary to come off sleeping tablets.

If you have been taking sleeping tablets regularly for more than 3 months, then you are probably experiencing tolerance. But, if you are considering stopping your sleep medication, you must consult your doctor first.

‘Coming off’ sleeping tablets

Stopping, or reducing your sleep medication is not really as difficult as you might think. The advice provided in this self-help programme will help you whether you are taking sleeping tablets or not. However, if you are taking sleep medication, effective self-help can also give you the confidence to come off your tablets. (After all, if you can successfully manage your own sleep, why do you need to keep taking tablets?). Nevertheless, coming off sleeping tablets also requires the support and guidance from your GP. Many patients find it useful to reduce their sleep medication bit by bit (this is called ‘tapering’), and your doctor can advise you on how best to do this. If you are a regular sleeping tablet user, never stop taking sleep medications without first consulting your doctor.

Conclusion

Using medication alone is rarely an effective way of overcoming chronic sleep problems. Sooner or later, the effectiveness of the medication wears off. Scientific studies comparing the effectiveness of psychological and drug treatment programmes have shown that drugs produce faster results, whereas the psychological (and self-help) approaches require more time. On the other hand, the psychological approaches produce more permanent improvements. This self-help programme is based on psychological treatments. We believe that it can deliver lasting benefits for your sleep.

Sleeping tablets cannot treat the maintenance factors which keep your insomnia going. Rather, sleeping tablets can mask the problem and prevent you from developing suitable self-help skills.
Chapter 6

Maintaining Progress
In previous chapters we have explained how changes in your habits, thoughts and lifestyle can help to improve your sleep. Overall, our aim has been to show you how you can take control of your own sleep. We also explained that, in order to get the most out of this self-help approach, you must continue to follow the advice. In this, the final chapter, we suggest ways in which you can now ‘take stock’ of your sleep, and maintain your progress.

How to maintain your progress
Introduction
This is the last of 6 chapters designed to help you improve your sleep, and it is now time to evaluate the progress you have made. The aim of this self-management approach has been to help you to feel more in control of your sleep by teaching you skills and methods which control insomnia. The emphasis of the approach is not on ‘curing’ your sleep problem. Rather, this self-management approach aims to help you reduce your sleep problems, increase your satisfaction with sleep, and deal more effectively with sleep difficulties when they arise.

It is possible that you have already experienced an improvement in the quality of your sleep. However, you may need a bit more time to feel the complete effects of this programme. If you have already noticed improvements in your sleep, this chapter will help you to maintain that progress. It is also possible that, some time in the future, you will find yourself in one of those situations that can cause sleep difficulties to return (for example, a change in your health condition, a stressful event, etc.). In this chapter we will also consider suitable ways of dealing with these events.

How is your sleep now?
If you have been following the self-help programme you may find it useful to calculate your sleep efficiency and compare it to how it was at the beginning of the self-help programme.

Remember, sleep varies from night to night even among the best sleepers, so don’t worry if you notice some variability within your sleep.
Getting the most out of self-help

So, do you feel your sleep has shown signs of improvement? If the answer to this question is ‘yes’, then well done. We would now advise you to continue with the self-help procedures, and make them part of your routine. However, if you feel that you didn’t gain much from the self-help programme, then it is important to consider why. Here are some possibilities.

• Perhaps there are some parts of the programme that you haven’t completed yet? Experience shows that the self-help approach to insomnia works best when practised as a ‘whole’, so we would strongly advise you to work through each chapter in order to get the most out of this programme.

• If you have attempted all the components, and you still cannot see an improvement in your sleep, then it is possible that the programme may simply not be suitable for you. For example, it could be that the advice was not relevant to your particular problem, or perhaps you had to leave out some important steps because they were not practical in your case. Either way, you may benefit from some additional support, and we would suggest that you consult a health professional (like your GP).

• Another possibility is that the programme requires more time to work in your case. Changing sleep habits takes more time for some people than for others. If you have put the self-help advice into practice, but you haven’t yet noticed any improvement in your sleep (or you have noticed some improvement, but not as much as you would like) try giving it more time.

• It is also possible that the programme is completely suitable for you, but needs a bit more effort to work well. This tends to be the most usual reason for slow progress. Ask yourself the following questions:
  
  – Did I apply the programme properly?
  – Did I follow the procedures regularly or only when it was convenient or easy?
  – Did the start of the programme coincide with a worsening of my condition that would have caused almost anyone to suffer difficulty sleeping?

If you found it particularly difficult to follow the advice, it would be helpful to think about why. Perhaps you found it difficult to find the motivation, or you felt there was a lack of support from those around you. Or perhaps something else was going on that distracted you (personal or family events, for example). If this was the case, then why not wait for a more appropriate time and start the programme again from the beginning.
Finally, it is worth keeping in mind that you may have improved more than you think. Remember that success is a change for the better; it does not matter if it is a large change or a small change. The important thing is that you made it happen. So keep your expectations realistic and don’t expect too much. If you are aiming to fall asleep within a few minutes, or sleep all night, your standards are too high. Changes in sleep habits are always gradual and poor nights will continue to happen. If you think this point applies to you, look again at the section ‘Keep your expectations realistic’ in Chapter 4.

At this point, we would encourage you to make a decision. If you think the programme may still work for you, then keep trying (or even start again from the beginning). If, on the other hand, you feel that the programme is unlikely to help with your particular problem, then you may need to consult a professional to obtain additional help.

Maintaining your gains

If you feel the programme has benefitted your sleep, then it is now time to consider how these benefits can be maintained. Sometimes, people wonder if it is necessary to follow the procedures every day in order to get a better night’s sleep. The answer is not the same for everyone. Some people will always have to pay special attention to their sleep because they are more vulnerable to sleep problems. The important thing is to accept this and learn to live with it. The self help programme will, nevertheless, help you to cope better.

It is also very important to remember that an occasional poor night’s sleep is normal, and happens to everyone from time to time. During periods of stress, or change, or emotional upheavals, it is normal to experience changes in your sleep. In fact, sleep is very sensitive to these factors. So don’t think that a period of poor sleep means a return of your chronic sleep problems. If you sleep poorly for even a few nights, try to identify what may have caused this. But you needn’t feel that you have ‘lost control’ of your sleep. Everyone experiences poor sleep occasionally.

Learn to cope with these occasional poor nights by adopting a positive attitude. After a poor night, rather than worrying and making things worse, tell yourself that the worst thing that can happen is that you will feel more sleepy the next day. Train yourself to be calm after a poor night’s sleep and go about your day as you normally would. Learning good sleep habits is no different from learning any other skill. With practice, it becomes easier and automatic. Just as your old sleep habits were a part of your old way of life, the good sleep habits you have acquired will become a part of your new way of life.

You have already learned that the goal of this programme is not to eliminate poor sleep completely, but rather to help you feel more in control of your sleep habits, and to develop ways of better dealing with poor nights when they occur. Better sleep doesn’t necessarily mean more sleep, but it does mean more efficient sleep. In addition, the programme helps you to change the way you react to poor sleep and to change certain attitudes which only serve to worsen sleep problems.
By reading all the chapters you should also have gained a better understanding of how insomnia ‘works’. Keep in mind that sleep and insomnia are very easily influenced by your attitudes and your lifestyle in general.

**If you notice that your sleep starts to worsen**
Do not let these events overcome you. It is possible that at times, you will find it beneficial to apply the treatment programme again. You may need to re-read certain parts of the booklet, so keep it in a safe place.

**High risk situations**
Because you have a long term condition, it is likely that your health will change over time, perhaps affecting your sleep. In addition, high levels of stress caused by changes in your condition can also disturb your sleep. At these times, always remember what you have learned in the programme and try not to worry. Generally, your sleep should return to normal when your condition settles down, and when the period of stress is over (or is at least less intense). Cope with the poor nights by keeping a positive attitude and using the procedures described in this programme. That way, you will feel more in control of your life and your sleep.

**In conclusion**
If you have reached this part of the programme, then you have already put in a lot of time and effort. Keep your booklet safe; you may need it again in the future.