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TDD: 1-888-220-5446

Insomnia

Q: What is insomnia?

A: Insomnia is a common sleep disorder. If you have insomnia, you may:

- Lie awake for a long time and have trouble falling asleep
- Wake up a lot and have trouble returning to sleep
- Wake up too early in the morning
- Feel like you haven't slept at all

Lack of or poor quality sleep causes other symptoms that can affect daytime function. You may feel very sleepy and have low energy throughout the day. You may have trouble thinking clearly or staying focused. Or, you might feel depressed or irritable.

Insomnia is defined as short and poor quality sleep that affects your functioning during the day. Although the amount of sleep a person needs varies, most people need between 7 and 8 hours of sleep a night to feel refreshed.

Insomnia can be mild to severe and varies in how often it occurs and how long it lasts. Acute insomnia is a short-term sleep problem that is generally related to a stressful or traumatic life event and lasts from a few days to a few weeks.

Acute insomnia might happen from time to time. With chronic insomnia, sleep problems occur at least 3 nights a week for more than a month.

Insomnia tends to increase as women and men age.

Q: What are the different types of insomnia and what causes them?

A: There are 2 types of insomnia:

- **Primary insomnia** is not a symptom or side-effect of another medical condition. It is its own disorder. It may be life-long or triggered by travel, shift work, stressful life events, or other factors that disrupt your sleep routine. Primary insomnia may end once the issue is resolved, or can last for years. Some people tend to be prone to primary insomnia.
- **Secondary insomnia** has an underlying cause, so it's a symptom or side-effect of something else. It is the most common type. Secondary insomnia may have a medical cause, such as:
 - Depression or anxiety
 - Chronic pain such as from fibromyalgia, migraine, or arthritis
 - Gastrointestinal problems such as heartburn
 - Sleep disorders, such as sleep apnea or restless leg syndrome
 - Stroke
 - Alzheimer's disease
 - Menopause

Secondary insomnia also can result from:

- Some medicines, such as those that treat asthma, heart problems, allergies, and colds
- Caffeine, tobacco, and alcohol
- Poor sleep environment (such as too much light or noise, or a bed partner who snores)



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Secondary insomnia often goes away once the underlying cause is treated, but may become a primary insomnia.

Some people with primary or secondary insomnia form habits to deal with the lack of sleep, such as worrying about sleep or going to bed too early. These habits can make insomnia worse or last longer.

Q: Do more women than men have insomnia?

A: Women are more likely to have insomnia than men. One reason is that hormonal changes during the menstrual cycle and menopause can affect sleep. During perimenopause, women may have trouble falling asleep and staying asleep. Hot flashes and night sweats often can disturb sleep.

During pregnancy, hormonal, physical, and emotional changes can disturb sleep. Pregnant women, especially in the third trimester, may wake up frequently due to discomfort, leg cramps, or needing to use the bathroom.

Some medical conditions that can cause secondary insomnia also are more common in women than men. These include depression, anxiety, fibromyalgia, and some sleep disorders, such as restless leg syndrome.

Q: How is insomnia diagnosed?

A: Talk to your doctor if you are having problems falling or staying asleep, especially if lack of sleep is affecting your daily activities. Keep a sleep diary for 2 weeks before you see your doctor. Note the time of day you fall asleep and wake up, changes in your daily sleep routine, your bedtime routine, and how you feel during the day.

Your doctor may do a physical exam and take medical and sleep histories. He or she may also want to talk to your bed partner about how much and how well you are sleeping. In some cases, you may be referred to a specialist or a sleep center for special tests.

Q: How is insomnia treated?

A: If insomnia is caused by a short-term change in the sleep/wake schedule, as with jet lag, your sleep schedule may return to normal on its own. Making lifestyle changes to help you sleep better can also help. If your insomnia makes it hard for you to function during the day, talk to your doctor.

Treatment for chronic insomnia begins by:

- Finding and treating any medical or mental health problems
- Stopping or reducing behaviors that may lead to the insomnia or make it worse, like drinking moderate to large amounts of alcohol at night

Other treatments are:

- Cognitive behavioral therapy (CBT)
- Medication

Cognitive behavioral therapy (CBT)

Research shows that CBT is an effective and lasting treatment of insomnia. CBT helps you change thoughts and actions that get in the way of sleep.

This type of therapy is also used to treat conditions such as depression, anxiety, and eating disorders.

CBT consists of one or more approaches. These are:

- **Cognitive control and psychotherapy** — Controlling or stopping negative thoughts and worries that keep you awake.



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- **Sleep hygiene** — Taking steps to make quality sleep more likely, such as going to bed and waking up at the same time each day, not smoking, avoiding drinking too much coffee or alcohol late in the day, and getting regular exercise.
- **Sleep restriction** — Matching the time spent in bed with the amount of sleep you need. This is achieved by limiting the amount of time spent in your bed not sleeping. You go to bed later and get up earlier than you would normally, and then slowly increase the time in bed until you are able to sleep all night.
- **Stimulus control** — Conditioning a positive response with getting into bed. For example, using the bed only for sleep and sex.
- **Relaxation training** — Reducing stress and body tension. This can include meditation, hypnosis, or muscle relaxation.
- **Biofeedback** — Measuring body actions, such as muscle tension and brain wave frequency, to help you control them.
- **Remain passively awake** — Trying not to fall asleep, thereby stopping any worries you might have about falling asleep easily.

Medication

In some cases, insomnia is treated with medicine:

- **Prescription sleep medicines** — Prescription sleep medicines can help some people get much-needed rest. Most sleep medicines are used for short-term treatment, though some people with severe chronic insomnia may benefit from longer

treatment. It is important to understand the risks before using a sleep medicine. In some cases, sleep medicines may:

- Become habit-forming
- Mask medical problems that may be causing the insomnia, and delay treatment
- Interact with other medicines you use and cause serious health problems
- Cause grogginess or rebound insomnia, where the sleeping problems get worse

Uncommon side-effects of sleep medicines include:

- Severe allergic reactions or facial swelling
- High blood pressure, dizziness, weakness, nausea, confusion, or short-term memory loss
- Complex sleep-related behaviors, such as binge eating or driving while asleep
- **Over-the-counter (OTC) sleep aids** — OTC sleep aids may help on an occasional sleepless night, but they are not meant for regular or long-term use. Most OTC sleep aids contain antihistamines (ant-ih-HISS-tuh-meenz). Antihistamines are not safe for some people to use. OTC sleep aids also can have some unpleasant side-effects, such as dry mouth, dizziness, and prolonged grogginess.

Some dietary supplements claim to help people sleep. Some are “natural” products like melatonin (mel-uh-TOH-nuhn). Others are food supplements such as valerian (an herb)



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teas or extracts. The U.S. Food and Drug Administration does not regulate dietary supplements as it does medicine. It is unclear if these products are safe or if they actually work.

Talk to your doctor about sleep problems before using an OTC sleep aid. You may have a medical issue that needs to be treated. Also, the insomnia may be better treated in other ways.

If you decide to use a sleep medicine, experts advise you to:

- Read the Medication Guide first.
- Use the medicine at the time of day directed by your doctor.
- Do not drive or engage in activities that require you to be alert.
- Always take the dose prescribed by your doctor.
- Tell your doctor about other medicines you use.
- Call your doctor right away if you have any problems while using the medicine.
- Avoid drinking alcohol and using drugs.
- Talk to your doctor if you want to stop using the sleep medicine. Some medicines must be stopped gradually.

Q: What can I do to sleep better?

- A:**
- Try to go to sleep at the same time each night and get up at the same time each morning. Do not take naps after 3 p.m.
 - Avoid caffeine, nicotine, and alcohol late in the day or at night.
 - Get regular physical activity. But exercise or physical activity done too close to bed time can make it hard to fall asleep. Make sure you eat dinner at least 2 to 3 hours before bedtime.
 - Keep your bedroom dark, quiet, and cool. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan, or a "white noise" machine to cover up the sounds.
 - Follow a routine to help relax and wind down before sleep, such as reading a book, listening to music, or taking a bath.
 - If you can't fall asleep within 20 minutes or don't feel drowsy, get out of bed and sit in your bedroom or another room. Read or do a quiet activity until you feel sleepy. Then try going back to bed.
 - If you lay awake worrying about things, try making a to-do list before you go to bed so that you don't use time in bed for worry.
 - Use your bed only for sleep and sex.
 - See your doctor or a sleep specialist if you think that you have insomnia or another sleep problem. ■



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For more information

For more information about insomnia, call [womenshealth.gov](http://www.womenshealth.gov) at 1-800-994-9662 or contact the following organizations:

National Center on Sleep Disorders Research

NHLBI Health Information Center
Phone Number(s): 301-435-0199; 301-592-8573 (NHLBI main number)
Internet Address: <http://www.nhlbi.nih.gov/about/ncsdr>

American Insomnia Association

Phone Number(s): 708-492-0930
Internet Address: <http://www.americaninsomniaassociation.org>

National Sleep Foundation

Phone Number(s): 202-347-3471
Internet Address: <http://www.sleepfoundation.org>

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