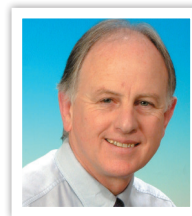




Sweet dreams!



Insomnia, or difficulty falling or staying asleep, is a common problem. Sleep well, with advice from **Dr Alex Bartle.**

Any of us, from young babies to the elderly, from the physically fit to those living with illnesses or chronic conditions, can experience sleep difficulties.

The two most common sleep disorders are insomnia and sleep apnoea.

Insomnia means difficulty with falling asleep, staying asleep, or waking up too early in the morning.

Snoring is often associated with the more serious problem of sleep apnoea, occurring when snoring has become bad enough that the airway is sucked shut for up to a minute at a time repeatedly

throughout the night.

It can cause daytime sleepiness, bed partner disturbance, and medical complications such as high blood pressure or diabetes.

When thinking about insomnia, it's useful to consider possible causes.

These might include a family history of insomnia, perhaps associated with anxiety or depression.

Or, there may be a background of physical or mental trauma, anorexia or bulimia.

Personality may also be a factor, as

insomnia can go hand in hand with very active, driven personalities.

Other factors contributing to insomnia may be some recent stressful event, illness or accident.

Typically this kind of stress resolves itself after a few nights or weeks, but in some cases the insomnia becomes a longer term problem.

If this happens, difficulty sleeping becomes its own stress, and can affect how we function during the daytime.

CAN'T SLEEP?

If insomnia has become an ongoing concern, many of us try to obtain relief by using medication, usually 'over the counter' products from the chemist.

These range from homeopathic remedies and naturopathic treatments to various antihistamines.

Some naturopathic preparations, such as Valerian, have been shown to be effective.

DIFFICULTY SLEEPING IS OFTEN ASSOCIATED WITH DEPRESSION. YOUR GP IS IN THE BEST POSITION TO DECIDE IF YOUR DEPRESSION COULD BE HELPED WITH MEDICATION.

Sleep hygiene

Identifying any causes of stress in your life may help you to understand why falling or staying asleep has become a problem.

Begin by thinking about and writing down any emotional concerns you may have. Then, throw them away! This list of worries or concerns is for your eyes only, so you can write down what you are really feeling. Don't censor what comes to mind; what you jot down on your piece of paper may be very revealing!

Next, write a detailed diary for the next day. This will help to prevent thoughts about what must be done tomorrow from going round and round in your head during the night.

- Learning some relaxation methods can also be extremely helpful. These might include abdominal breathing, progressive muscle relaxation and visualisation (daydreaming), or meditation. Mindfulness meditation can be useful if pain interrupts your sleep. Hypnotherapy is also worth a try, and ensuring that hands and feet are warm when you go to bed may be helpful. Try a warm bath or shower, then relax quietly for an hour before retiring.
- Keep fit, but don't undertake vigorous exercise or eat a heavy meal within three hours of sleep. Don't go to bed with a full stomach or have caffeinated drinks after 2pm; have two drinks or less in the evening.
- Daytime routines, especially spending time outside in the fresh air, will aid sleep.
- Ensure that your bedroom is cool, dark, and quiet, and that your bed is comfortable and allows room for movement.
- If broken nights are unavoidable, with care for babies or for those at home requiring attention in the night, try to get some sleep during the day.
- Napping, which implies a brief sleep, should not exceed 20 minutes, and can be very restorative.
- Sleeping for 90 minutes in the daytime will afford even greater benefit for those whose nights are interrupted.

- Visit www.calm.auckland.ac.nz for relaxation exercises and meditations to aid sleep.

Stimulus control

In order to continue associating bed with sleep rather than lying in bed with increasing anxiety, the protocol of getting up if unable to sleep is important. The process involves going into a warm, dimly lit room; undertaking quiet pursuits such as writing down any worrying thoughts; then some light reading before returning to bed after just 15 to 20 minutes. No computer, watching TV, or listening to talkback radio, as these will tend to overstimulate. Getting up from bed should be a time to relax and reduce anxiety. Meditation at that time is also encouraged. Repeat this process of getting up and returning to bed until you can finally return to bed and sleep within 15 to 20 minutes.

Sleep restriction

This is designed to encourage 'consolidation of sleep', and is often used in conjunction with stimulus control therapy. Having estimated the length of time that you sleep over a couple of weeks, restrict your time in bed to that number of hours. For example, if you think that you only sleep for an average of five hours each night, restrict your time in bed to that number of hours. This might be from 11pm to 4am, or midnight to 5am. When you are able to spend 85% to

Insomnia and depression

- 1 Difficulty sleeping is often associated with depression.
- 2 Prolonged episodes of insomnia can precede the onset of depression by a few months.
- 3 Your GP is in the best position to decide if the severity of your depression requires the use of medication.
- 4 However, treatment with medication would be recommended if depression prevents you from undertaking the behavioural strategies we have suggested in this article.
- 5 In general an antidepressant taken in the morning will ensure that any improvement in sleeping is not associated with 'taking a tablet'.

90% of that time asleep (i.e. four and a half hours), increase the time you spend in bed by 15 minutes either at the beginning or the end of the night. Never allow less than a five hour sleep opportunity. This will help you to sleep for longer when you are in bed, while reducing time spent fretting about being unable to sleep. ➤



Doctors have access to stronger and more effective sleeping tablets, which are good for short term use (preferably no longer than a week), and work with few side effects for up to six hours.

Less effective are sedating antidepressants and melatonin, which can be used to reduce jet lag and realign sleeping rhythms, but aren't as effective as a sleeping tablet.

Cognitive Behavioural Therapy for Insomnia (CBTI) is another solution, helping to correct how we think about sleep, and offering practical strategies to improve our confidence so we can expect to get a good night's sleep.

These strategies include sleep hygiene, stimulus control, and sleep or bed restriction therapy (see page 31).

Opposite are some additional ideas to help you to overcome insomnia and sleep more soundly.

SNORING

A partner who snores is a common cause of insomnia.

Even if the partner is asleep, the loud snoring noise (up to 80 or 90 decibels) will affect the quality of their sleep.

Anyone who snores regularly and loudly in any position is likely to suffer from some Obstructive Sleep Apnoea (OSA).

This results in broken sleep that is rarely recognised by the snorer, and can result in waking up tired in the morning and increased sleepiness during the day.

Importantly, if the OSA is severe enough, there are likely to be medical complications.



SMALL ADJUSTMENTS TO YOUR BEDROOM, SUCH AS MAKING SURE THE MATTRESS IS COMFY AND REMOVING TELEVISIONS AND COMPUTERS, WILL HELP YOU TO SLEEP BETTER.



SNORING REMEDIES

A number of devices and products are available for the treatment of snoring. The only one that can reliably control snoring is a Tongue Stabilisation Device (Aveo TSD). Otherwise the main categories are:

Behavioural. These include reducing alcohol intake and weight. Occasionally, keeping off your back helps to reduce snoring.

Surgical. This is most effective when tonsils remain, and are large, and the person is a moderate snorer or has mild sleep apnoea.

Mandibular Advancement Devices. These are designed to hold the lower jaw, and therefore the tongue, forward to prevent it from falling back in the mouth and obstructing breathing.

Continuous Positive Airway Pressure (CPAP). A treatment that uses mild air pressure to keep the airways open, typically for people who have breathing problems such as sleep apnoea.

These may include high blood pressure, diabetes, heart attack, stroke, and cancer.

Night time toileting, reflux, depression, and reduced libido are also commonly associated with OSA.

Unfortunately, apart from accepting the comments from a bed partner, the only way to investigate the severity of OSA is to undergo an overnight sleep test.

This can vary from a full night in a sleep laboratory to a simple oximeter test at home.

OSA affects a large number of adults, with at least nine per cent of males and four per cent of females suffering from this condition.

While the majority of those who have OSA are older overweight males, up to 20% of sufferers are not overweight.

In addition, up to two per cent of children experience OSA, typically due to enlarged tonsils or obesity. [FC](#)

A GP in Christchurch for 30 years, Alex left general practice to develop Sleep Well Clinics across New Zealand (there are now six nationwide). Learn more about his clinics at www.sleepwellclinic.co.nz



SLEEPY TIME TIPS!

Sleep is important for everyone, but especially for those who aren't well or who are caring for others. A good night's sleep will set you up for the day and help you cope with any challenges you face. Here are some tips from

www.carewelluk.org

Make your room sleep-friendly

Making small adjustments to your surroundings, such as making sure your mattress is comfy and taking out distractions like TVs and computers, will help to improve the quality of your sleep.

Get into a regular bedtime routine

Try to go to bed at the same time each day, even at weekends, as it will get your body into a routine which will help you to sleep better. If you can, schedule a 15 to 20 minute nap into your day. If you're supporting someone who needs assistance, try to nap while they are also having a nap or at times when relief care is available. If you're not getting good quality sleep at night, napping will help you to function better during the day.

"A regular bedtime routine helps me sleep. I get up and go to bed at the same times every day, even if I have an opportunity to lie in."

- TERRY

"I'm often kept awake trying to think of all the things I have to do the next day, and the list goes over and over in my head. Keeping a notepad by the bed allows me to write things down as I think of them, and then forget them as I go to sleep. Everything always seems much more worrying in the middle of the night, and often the things on the list are quite pointless when I read them in the morning! But writing them down gets them out of my head for the rest of the night."

- DALIA

WE LIKE!

Try the guided meditations and breathing exercises at www.calm.auckland.ac.nz. There are lots of great ones to choose from. You can download them to your phone or computer or pad device to take with you anywhere!

Difficulty Sleeping?

Cramps, Aching Legs, Joint Pain, Swollen Ankles, Cold Feet?



These are all common problems but there are ways to manage the annoying symptoms and get a better night's sleep.

Many people are finding relief by using this product - the AIRCYCLE exerciser.

It stretches the calf muscles to boost circulation, stop cramps occurring, reduce swollen ankles and help ulcers heal.

The gentle exercises help relieve aching legs, varicose veins, cold feet and joint pain. They strengthen the muscles around arthritic joints, helping to support and protect them.

Strengthening the thigh muscles often improves balance and walking to help keep people mobile and independent.

With an AIRCYCLE exerciser it is so easy to keep muscles and joints moving and to boost circulation while sitting watching TV, having a cuppa or talking on the phone.

The AIRCYCLE is soft, simple to use and when deflated fits in a pocket. Use it anywhere - in the car, plane, bus, under the table or desk. Place it in the lap and exercise painful fingers, wrists and shoulders too.



"I have had my AIRCYCLE for 7 weeks and use it regularly each evening while watching the 6 o'clock news and again for 10 or 15 minutes before going to bed. I have not had any sign of cramp for the last 7 weeks - the cramp every night was so very painful. Besides no cramp both my ankles are back to normal and not swollen any more - so now my shoes fit better."

Available from pharmacies, online: www.aircycle.co.nz or post cheque for \$30 plus \$5 p&p (\$35) to Aircycle: PO Box 45 105, Waterloo, Lower Hutt. 5042 For more information phone 04 569 5013

Registered with Medsafe, washable and guaranteed for 12 months.

Buy 2 or 3 & pay postage for only one!

THE EXERCISER THAT FITS IN YOUR POCKET

AIRCYLE®

www.aircycle.co.nz