Insomnia

WHAT IS INSOMNIA?

Insomnia refers to difficulties with falling asleep or staying asleep, including the problem of waking too early in the morning. It is one of the most common sleep complaints made by adults, but is much less prevalent in children and adolescents. Insomnia can be a short-term problem, usually related to a stressful event, or it can be long-term and chronic.

Many times, insomnia is a symptom that is caused by another sleep disorder. Just like pain, which can be a symptom of many things, problems with falling asleep or staying asleep may be the result of another sleep disorder or other problem (e.g., anxiety). When the insomnia is not related to another sleep disturbance, psychiatric problem, or medical problem, it is referred to as primary insomnia or psychophysiologic insomnia.

WHAT CAUSES INSOMNIA?

Primary insomnia almost always involves (a) poor sleep habits, such as spending too much time in bed, napping during the day, or not going to bed and waking up at the same time every day and (b) negative thoughts about sleep, such as "I'll never be able to fall asleep tonight."

WHAT ARE THE SYMPTOMS OF INSOMNIA?

A child or adolescent with insomnia may have the following symptoms:

- Sleep problems. A child or adolescent with insomnia has difficulty falling asleep or staying asleep, or may wake too early in the morning.
- Behaviors that interfere with sleep. Such behaviors may include (a) worrying during the day about falling asleep at night and (b) trying too hard to fall asleep. (But adolescents with insomnia usually can fall asleep at other times, such as while watching television).
- Tension about sleep. A child or adolescent with insomnia is usually tense about going to bed and about being able to sleep.
- Daytime problems. A child or adolescent with insomnia may complain about having difficulty functioning during the day, is often tired, and may be moody or irritable.

HOW IS INSOMNIA DIAGNOSED?

There is no definitive test for insomnia, so a diagnosis is made based on the description of symptoms. A medical history should also be done to exclude other problems, such as another sleep disorder, a medical problem, or a psychiatric problem.

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HOW IS INSOMNIA TREATED?

Treatment of insomnia, because it is a learned habit, requires effort and patience. Treatment can involve the following:

- Sleep hygiene. Good sleep habits are essential for children and adolescents with insomnia. These habits should include a regular sleep schedule that involves going to bed and waking up at the same time every day; avoiding caffeine, tobacco, and other drugs; sleeping in a room that is cool, quiet, and comfortable; establishing a bedtime routine that is calm and sleep inducing; and avoiding all stimulating activities at or close to bedtime, such as computer games and television.
- **Relaxation.** Teaching a child or adolescent relaxation strategies, such as deep breathing, positive imagery (e.g., being on a beach), or meditation, can help her to relax at bedtime. It will also give her something pleasant to think about while lying in bed.
- Change thoughts about sleep. Since most children or adolescents with insomnia have negative thoughts about sleep, such thoughts should be replaced by positive ones. For example, rather than saying, "I won't be able to sleep tonight," it is better to think, "Tonight I'll just relax and rest at bedtime."
- Don't be a clock watcher. Remove the clock from the bedroom, as watching a clock during the night may feed your child's anxiety, thus making it harder for her to fall asleep.
- Restrict the time in bed. Set bedtime so that the time in bed is equal to the usual amount of sleep each night, such as 7 or 8 hours. Being extra sleepy will help a child or adolescent to fall asleep right away and stay asleep. Once that happens, bedtime can be moved earlier by 15 minutes every few nights until the desired bedtime is reached.
- Get out of bed. Rather than lying in bed tossing and turning, it's better to get out of bed and do another activity, which will also help prevent the bedroom from being associated with sleeplessness. After 20 minutes of trying to fall asleep, get out of bed for 20 minutes and do something relaxing (such as reading, not watching television!). Then try again, repeating the 20 minutes in bed, 20 minutes out of bed cycle.
- Medication. Medications are usually not recommended for children and adolescents with insomnia.