

insomniac should exercise at least twenty minutes per day, preferably four to five hours before bedtime. Also, the insomniac should adhere to a rigid sleep and awakening schedule. It is also recommended that the individual not smoke, drink alcohol, or drink caffeinated beverages in the afternoon. The insomniac should avoid having an empty stomach and should try to resolve or put aside issues. Additionally, it is advisable to avoid watching TV or using a computer before bedtime. If possible, the insomniac should get rid of all sleep-disrupting stimuli such as light, noise, and uncomfortable temperature. Relaxation therapy is also effective and includes techniques such as playing relaxing music and meditating. Some experts believe that combining non-medical and medical treatments is most effective. Benzodiazepine sedatives and antihistamines are sedative drugs that have proven useful. However, antihistamines should not be used for chronic insomnia. Melatonin and Ramelteon have been effective in normalizing circadian rhythm disorders.

*Who can I contact if I think I have insomnia?*

- American Academy of Family Physicians: <http://familydoctor.org/online/famdocen/home/articles/110.html>
- National Center on Sleep Disorders Research  
Phone Number: (301) 435-0199
- American Sleep Association:  
(Attend the Insomnia Awareness Week Event) <http://www.sleepassociation.org/>

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- National Sleep Foundation  
Phone Number: (202) 347-3471

### **What You May Not Know About Insomnia**



*What is insomnia and who discovered it?*

Insomnia is difficulty falling asleep. It is an unfortunate sleep disorder, rather than a disease. Since the disorder has been experienced and observed frequently throughout human history, there is no individual who is responsible for having discovered it.

*What types of insomnia are there?*

Although there are many ways to classify insomnia, a popular classification is based on its persistence. If the symptoms of insomnia last less than one week, then these symptoms are called transient insomnia. Symptoms that last between one and three weeks can be referred to as short-term insomnia, and symptoms lasting longer than three weeks are called chronic insomnia. Another type of classification identifies differences in what causes

insomnia. For example, primary insomnia is when the individual has sleep problems that are not directly related to health issues. Secondary insomnia is present when the individual's sleep problems are caused by something else, like a certain substance or health condition.

*What percent of the population suffers from insomnia and who is most affected by it?*

Approximately 30-50 % of individuals suffer from insomnia and 10 % suffer from chronic insomnia. It is a common symptom which affects people of all age groups. However, the incidence of insomnia tends to increase with age. Also, adult women tend to have insomnia more often than adult men. The sleep disorder is more common among individuals in lower socioeconomic backgrounds, mental health patients, and alcoholics. Travelers, seniors, shift workers, adolescent students, and pregnant women seem to be at higher risk for developing insomnia as well.

*What causes insomnia?*

Insomnia can be caused by situational, medical, or primary factors. Transient and short-term insomnia are caused by correctable stimuli such as uncomfortable temperatures, jet lag, noise disturbances, changes in shift work, stress (brought on by work, loss of loved ones, relationship problems, etc.), withdrawal from drugs, and the lack of sufficient oxygen at high altitudes. Chronic insomnia is caused by psychiatric or physiologic conditions.

Psychological problems that cause insomnia include anxiety, schizophrenia, bipolar disorder and depression. There are also several physiological conditions which may cause insomnia. These include obstructive sleep apnea, nocturnal asthma, brain tumors, congestive heart failure, chest pain, chronic fatigue syndrome, and degenerative diseases such as Parkinson's disease. Certain medications, such as those prescribed for asthma and high blood pressure are also associated with insomnia.

*What are the symptoms?*

There are several important symptoms attributed to insomnia. They are all related to sleep deprivation and include memory difficulties, lack of concentration, impaired motor coordination, irritability, and strained social interactions. Sleepiness is a very serious symptom because it may easily lead to injury or death, as is often the case with automobile accidents. In general, the symptoms of insomnia are universally shared by other sleep disorders such as obstructive sleep apnea, narcolepsy, and REM behavior disorder. Symptoms of these disorders include the general symptoms associated with sleep deprivation (i.e. impaired motor coordination and difficulty focusing). However, each of these disorders has its own unique characteristics, such as snoring with sleep apnea and hypnagogic hallucinations with REM behavior disorder.

*How can I treat insomnia?*

When insomnia occurs often and affects the daytime functioning of an individual, he or she should seek some form of treatment. In general, there are two types of treatment: non-medical and medical.

Non-medical treatment is referred to as cognitive behavioral therapy and includes therapies such as sleep hygiene and relaxation therapy. Treatment involving sleep hygiene is quite easy and very effective. For instance, the

#### Sources

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- 3.) "SleepNet Insomnia." *Sleepnet.com Homepage*. Web. 19 Feb. 2010. <<http://www.sleepnet.com/insomnia.html>>.
- 4.) "Insomnia (Chronic and Acute Insomnia) Causes and Symptoms." *WebMD - Better information. Better health*. Ed. Louise Chang. 31 Dec. 2009. Web. 19 Feb. 2010. <<http://www.webmd.com/sleep-disorders/guide/insomnia-symptoms-and-causes>>.
- 5.) Grogan, Thomas. Insomnia. Digital image. *Tom in Thailand*. Web. 19 Feb. 2010. <[http://tomofthailand.files.wordpress.com/2008/07/insomnia\\_advice\\_001.jpg](http://tomofthailand.files.wordpress.com/2008/07/insomnia_advice_001.jpg)>.

### Distribution of Brochure

I distributed my brochure on February 17<sup>th</sup> and 18<sup>th</sup>. On the first day, I gave out 34 brochures within my dorm and the neighboring dorm. Out of the people who I know personally, all accepted the brochure and asked me what the brochure was for or why I was giving it to them. About one quarter of the people I did not know rejected the brochure. The next day from 3:30 PM to 4:30 PM, I gave out another 30 to passersby in Tresidder. However, most of the brochures I gave out were to people who were eating either outside or inside. About half of the people I asked at Tresidder did not accept the brochure and the other half had mixed reactions. Some people who accepted the brochure read through part of it and said it was interesting. However, most people just quickly glanced at the cover or inside pages and carried on with their previous tasks (walking, biking, or eating).