

Insomnia as a Sleep Disorder: Causes, Risk Factors, and Contemporary Treatment Approaches

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Insomnia is when you experience disruptions in how you feel or function because you aren't sleeping well or sleeping enough. About 10% of the world's population experiences insomnia that qualifies as a medical condition. There are many ways to treat it, including talk therapy and medications.

What Is Insomnia?

Insomnia is a sleep disorder that makes it hard to fall asleep or stay asleep throughout the night. For some people, insomnia is an inconvenience. For others, it can be a major disruption. It has several causes.

Roughly, 1 in 3 adults worldwide have insomnia symptoms. About 10% of adults have chronic (long-term) insomnia, which lasts at least three months.

Your body needs quality sleep for many reasons. When you don't sleep enough, it can cause sleep deprivation. This can keep you from functioning at your best. Let your healthcare provider know if you have insomnia symptoms. Treatment can help you get better rest.

Symptoms of insomnia

Insomnia has several potential symptoms, including:

1. Trouble falling asleep
2. Waking up in the middle of the night but falling back asleep (most common)
3. Waking up too early without being able to fall back asleep
4. Feeling tired, unwell or sleepy
5. Delayed responses, such as reacting too slowly when you're driving
6. Memory issues
7. Slowed thinking, confusion or trouble concentrating
8. Mood changes, like anxiety, depression and irritability
9. Issues doing work, social activities, hobbies or other routine activities

Insomnia causes

Experts don't fully know why insomnia happens. But they think it involves many factors. Some of the factors that could cause or contribute to it include:

- *Family history (genetics): Sleep traits and conditions seem to run in families.
- *Brain differences: You may have a more active brain or brain chemistry differences that affect your ability to sleep.
- *Medical conditions: Temporary illnesses (like COVID-19 or injuries) and chronic conditions (like chronic pain or Parkinson's disease) can lead to insomnia.
- *Hormone changes: Pregnancy and menopause can affect your sleep.
- *Mental health conditions: About half the people with chronic insomnia also have at least one other mental health disorder, like anxiety or depression.
- *Life circumstances: Stressful or difficult life circumstances may contribute to insomnia.
- *Life changes: Jet lag and adjusting to a new work schedule (especially shift work) can be factors. Long-term changes, like moving to a new home, can also affect sleep.
- *Your habits and routine: Your sleep habits can contribute to insomnia. That includes napping, what time you go to sleep, consuming caffeine and other habits.

Risk factors

Insomnia is more likely to affect you if you:-

Are a light sleeper , Drink alcohol , Don't feel safe in your home (such as situations involving repeated violence or abuse) , Have fear or anxiety about sleep, like nocturnal panic attacks or nightmare disorder.

Complications of this condition

When insomnia is severe or lasts a long time, it causes sleep deprivation. A major concern with this is daytime sleepiness. It can be dangerous if you're driving or doing other tasks that require you to be alert and attentive.

Sleep deprivation can also increase the risk of certain conditions, like:

Depression , Anxiety , High blood pressure , Heart attack ,Stroke , Obstructive sleep apnea , Type 2 diabetes , Obesity , Conditions that involve psychosis.

Diagnosis and Tests

How doctors diagnose this condition:-

A healthcare provider will ask you about your health history, sleep habits, symptoms and more. They may also recommend certain tests to rule out other conditions. These tests may include:

Sleep apnea testing , Actigraphy , Multiple sleep latency test (MSLT)

Chronic insomnia diagnosis

To receive a chronic insomnia diagnosis, your symptoms must have these characteristics:

*Circumstances: There are no circumstances that interfere with your ability to sleep (like changes in work schedule or life events).

*Frequency: You have it at least three times per week.

*Duration: It lasts for at least three months.

*Explanation: Insomnia isn't happening because of substances, medications or other sleep disorders. Physical or mental health disorders also can't fully explain why you're not sleeping.

Management and Treatment

The main treatment approaches for insomnia include:

*Cognitive behavioral therapy (CBT)

*Medications

Cognitive behavioral therapy for insomnia (CBT-1)

Cognitive behavioral therapy for insomnia (CBT-1) is the first-line treatment for insomnia. The purpose of CBT-1 is to identify behaviors, thoughts, beliefs and emotions that may be keeping insomnia going. A healthcare professional then finds strategies that will help address these issues.

It typically involves six to eight sessions. It may be individual or group therapy. CBT-1 can be led by psychologists who specialize in behavioral sleep medicine, therapists or other medical professionals.

Examples of strategies that may be part of CBT-I include:

*Sleep restriction therapy (SRT): SRT addresses the mismatch between your sleep ability (how much you actually sleep) and your sleep opportunity (how much time you spend in bed).

*Stimulus control therapy: You do activities that are associated with sleep (like lying down when sleepy) and avoid ones that aren't (like watching TV). Other recommendations include getting up at the same time every day and avoiding napping.

*Sleep hygiene: Your therapist will walk you through how to improve your sleep hygiene. For example, you should avoid caffeine and alcohol use before bedtime and create a comfortable sleeping environment.

*Cognitive therapy: Addressing negative thoughts, beliefs or emotions that are related to sleep or the effects of insomnia.