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HOW MUCH SLEEP DO I NEED?

Most people need about eight hours' sleep but this is only an average – there is no 'normal'. Some people feel fine on five hours' sleep while others need 10 hours a night. It also varies for any individual with age and other circumstances. Basically, if you wake feeling reasonably refreshed and can function well throughout the day then you are getting enough sleep.

WHAT IS INSOMNIA?

Definitions of insomnia vary but generally it means:

- difficulty getting to sleep and/or
- difficulty staying asleep (poor sleep quality) and/or
- waking much too early.

The difficulty sleeping has some sort of impact during the daytime (eg, fatigue, difficulty concentrating, headaches, feeling irritable) and occurs despite giving yourself enough opportunity to sleep. There must be significant periods of lying awake, on more nights than not and for at least a month.

WHAT CAUSES INSOMNIA?

Most people have sleep difficulties at some time in their life. Insomnia is a very common problem. Often, it happens in a time of stress, and it passes. Many factors can contribute to insomnia, including:

- stress
- alcohol, nicotine and caffeine consumption
- depression or anxiety
- other medical conditions and medicines
- snoring and sleep breathing difficulties
- tooth grinding while 'asleep'
- ongoing pain
- restless legs
- poor 'sleep hygiene'.

Some people have insomnia without any of the above contributing factors – this is called 'insomnia disorder'.

IT IS IMPORTANT TO MANAGE INSOMNIA

Daytime fatigue and sleepiness is not to be taken lightly. It leads to poor performance and a much increased risk of accidents, such as when driving or at work. Concentrating, remembering, making decisions and solving complex tasks can also be greatly impaired.

Lack of sleep over many months or years can also have negative effects on your health and your mood. It has been shown to increase the risk for conditions such as depression, anxiety, heart disease, high blood pressure and diabetes. It can also significantly reduce enjoyment of life and social relationships.

The good news is that there are many effective strategies to help improve sleep.

WHAT CAN BE DONE FOR INSOMNIA?

It is important for your GP to know about your insomnia so they can work out the cause. There are specific treatments for insomnia depending on the cause. It is especially important to talk to your GP if you are feeling excessively sleepy during the day or falling asleep at inappropriate times (eg, while driving) as this can indicate a specific sort of sleep problem which needs treatment (as well as being a safety concern).

Your GP will talk to you about your sleep patterns and associated symptoms, your lifestyle and any causes of stress. In a few situations you may be referred on to a sleep clinic for investigation.

If there is nothing to suggest the specific reason, you may have insomnia disorder (with no identified cause), for which behavioural (non-drug) techniques are effective. In some cases medications may be useful, but these are not the only option available. Specific changes in body and brain chemistry have been identified in some people with insomnia disorder, so it is not just 'all in your head'.

SLEEP HYGIENE

Sleep hygiene refers to aspects of your lifestyle and your bedtime environment that might either interfere with or help promote better sleep. Whatever the cause of your insomnia, it is advised you attend to these aspects.



Circadin[®] is for the treatment of primary insomnia. Ask your doctor if Circadin[®] is right for you.



This resource provided to you by Dr. Grabiel Ng

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BEHAVIOURAL STRATEGIES FOR INSOMNIA DISORDER

There are a number of strategies that can help when you have insomnia. Your GP can discuss these further with you or can refer you on to a sleep psychologist if required. One strategy that may be discussed is, for a couple of weeks, restricting bedtime to approximately the length of time you sleep (but not less than five hours). This helps to make your sleep less broken and of better quality. The time you spend in bed can then be slowly lengthened as long as your sleep stays less broken.

If you are feeling very anxious about your sleep it may be useful to see a sleep psychologist to help with your 'sleep anxiety' as this can further worsen sleep.

MEDICATIONS FOR INSOMNIA DISORDER

Sleeping pills

'Sleeping pills' have been around for a long time but their use still needs careful monitoring by your GP. Sleeping pills can help you to fall asleep and stay asleep for a number of hours. If needed, sleeping pills should only be used for short periods (eg, five to 10 days), or on an occasional basis. They do not address the underlying causes of insomnia.

Sleeping pills do carry some risks. Some people can become dependent on using them to help them sleep. If taken for longer periods, the medication may become ineffective unless a larger dose is taken. Some people can also get a drug withdrawal effect of 'rebound insomnia' when coming off sleeping pills. Combining sleeping pills with alcohol or some other medicines can be dangerous.

Sleeping pills also have some side effects: confusion, sedation, amnesia and impaired co-ordination. These do not occur in everyone but they can lead to falls or being unsafe while driving or performing other tasks, especially if their effects are still felt in the morning.

If you are taking sleeping pills it is important to take them as prescribed by your GP and not to combine sleeping pills or increase the dose unless you have spoken to your GP.

TIPS FOR IMPROVING SLEEP HYGIENE

- Reduce or avoid caffeine (eg, coffee, tea, cola, energy drinks), cigarettes and alcohol, especially at night
- Go to bed only when you are drowsy
- Get at least 30 minutes of natural light outdoors first thing in the morning (no sunglasses so the morning light signals the brain via your eyes to 'awake' for the day)
- Exercise daily
- Avoid TV, computer screens, mobile phones for an hour or two before bed – the artificial light interferes with your natural cues to sleep – and keep them out of the bedroom (use the bed for sleep only)!
- Turn around any bedroom clocks clockwatching makes insomnia worse
- Unwind before bed by reading or listening to music
- Make sure your bedroom is cool, dimly lit or dark, quiet and as comfortable for sleep as possible
- Create your own bedtime 'ritual', eg, write down the things to do tomorrow, make a hot, milky drink or take a warm bath – begin at the same time each night
- Avoid large meals late in the evening, but don't go to bed hungry (have a late snack).

Melatonin

Melatonin is a natural hormone that helps regulate your body clock – it provides a cue for feeling sleepy. The natural production of melatonin in the body varies over 24 hours and is suppressed by daylight. Melatonin production declines with age. Prolonged-release melatonin tablets are a new prescription treatment for insomnia disorder if you are aged over 55 years (short term treatment). Melatonin may cause drowsiness but is not thought to have any serious adverse effects. Melatonin is not thought to cause dependency, tolerance (where an increased dose is required for the same effect), or rebound insomnia. It should not be taken with alcohol or other sleeping pills.

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