Sleep difficulties may be a sign of a more serious problem. The following is a description of some of the major sleep disorders. If you, or someone you know, are experiencing any of the following, it may be helpful to talk about it with a doctor.

**Insomnia**

People with insomnia may have difficulty falling asleep, wake up during the night, have fitful sleep, wake too early, and/or experience daytime drowsiness. Insomnia may be a short-term problem or be ongoing. Common forms include:

Transient – The cause of transient (short-term) insomnia is obvious to the sufferer—stress, a death, new job, job loss, etc. It lasts from one night to a few weeks.

Intermittent – Intermittent insomnia only happens from time to time and is short-term.

Chronic  insomnia – Chronic (ongoing) insomnia is more complex and may be the result of underlying physical or mental conditions. Insomnia that lasts three nights a week for a month or more is considered chronic.

Learned  insomnia – People learn to associate the bedroom with wakefulness. As insomnia worsens, lack of sleep causes anxiety and stress, which then becomes a vicious cycle.

The main treatments for insomnia work to alter behavior. This is called Cognitive Behavioral Therapy. Methods include restricting amount of time spent in bed, use of relaxation techniques, and reconditioning. The basic guidelines of reconditioning are:

- Use bed only for sleep (don’t read or watch television in bed).
- Go to bed only when sleepy. If unable to sleep, get up and move to another room. Stay up until you are sleepy, and then return to bed.
- If you don’t fall asleep right away (within 15-20 minutes), then repeat.
- Get up at the same time every day and do not nap during the day.

The use of over-the-counter sleep aids should be discussed with your doctor. They have limited effectiveness and may carry some risks. Most sleep experts now advise against using any sleep medications as they can cause rebound insomnia (insomnia after medicine wears off). If medication is necessary, antidepressants with a sedative effect may be prescribed.
Breathing Disorders

It's important to remember that not everyone who snores has a sleeping disorder, and not everyone with a sleeping disorder will snore.

Snoring: when a person inhales, air rushes past the upper throat and down the windpipe. Snoring occurs when dangling or loose tissue in this area vibrates during breathing. One in four adults snore regularly (DHHS, 2011) – most often the cause is poor muscle tone or excess fat in the neck area.

Recommended treatments include:

- Air strips on the nose
- Sewing a tennis ball onto the back of the sleep garment (to prevent sleeping on your back)
- Sleeping with head raised
- Losing weight can often help lessen the problem considerably.
- A humidifier or medication may help reduce swelling if nasal tissues are the problem.

Sleep apnea is a serious disorder in which breathing stops during sleep, causing a struggle for air that awakens the sleeper. These episodes usually last 10 seconds or longer and occur many times throughout the night. It is estimated that at least 12–18 million American adults have sleep apnea, making it as common as asthma, though it often goes undiagnosed (DHHS, 2011). It is most common among the overweight, and occurs more often in men than women. Side-effects include ongoing sleepiness and depressed mood. It also may increase risk for strokes and heart attacks. Apnea triggers our "fight-flight" response, reducing blood flow to the heart at the same time the body is struggling with reduced oxygen from the breathing stoppages. Sleep apnea can be fatal if untreated.

Usually lifestyle changes are helpful in the treatment of mild apnea:

- Weight loss
- Increasing muscle tone
- Avoiding alcohol and sedative medications
- Quitting smoking

Those with moderate to severe apnea may need to sleep with a ventilation mask (called CPAP or a Continuous Positive Airway Pressure machine). The device delivers pressurized air through a mask to keep the airway open. Dental appliances or surgery are also options for some people.

Movement Disorders

These are uncontrollable movements during sleep. Common types include:

Restless leg syndrome (RLS) – is a neurological disorder. Symptoms are a pulling, aching or crawling sensation in the legs, especially the calves. It can be temporarily relieved by moving or massaging the legs. Because symptoms are worse while sitting still, people often get out of bed many times during the night. RLS seems to run in families—at least 50% who have this disorder also have a parent with the same disorder (NSF, 2011). It occurs with greater frequency in the elderly.

Treatments that may help are relaxation techniques, regular sleep habits, and exercises for the legs during the day. If behavioral changes don't work, some medicines are available.

Periodic limb movement disorder (PLMD) – 80% of RLS sufferers also have PLMD (NSF, 2011). While restless leg syndrome can happen at any time during the day or night, periodic limb movement happens exclusively during the night. The leg muscles involuntarily contract at regular intervals, causing jerking movements and waking the person from sleep. Up to half of elderly people experience these leg movements during sleep.

Treatments involve medications to reduce movements or to allow a sleeper to sleep through them.
Narcolepsy
Narcolepsy is a disorder of sleep/wake regulation which results in extreme, overwhelming daytime sleepiness, even after appropriate sleep. Those with narcolepsy can suddenly fall asleep for five or ten minutes (or more) when relaxing or even carrying on a conversation. Some other symptoms are:

Cataplexy – a sudden, momentary loss of muscle tone in one area or the entire body.
Sleep paralysis – inability to move that occurs during the transition between wakefulness and sleep.
Hypnagogic hallucinations – vivid and often frightening images appear that are difficult to distinguish from reality.
Disturbed nighttime sleep – experiencing frequent awakenings during the night.
Automatic behavior – person performs many routine tasks without being fully aware of what they are doing. An example is a man who washed and dried the dishes and then stacked them in the refrigerator.

There is no cure for narcolepsy. Doctors can prescribe stimulant medication such as Ritalin to counter the sleep attacks and drowsiness. Antidepressants and other drugs that limit REM sleep can prevent muscle weakness, sleep paralysis, and vivid dreaming. Doctors also recommend that people with narcolepsy take 2-3 short naps a day (10-15 minutes each).

Parasomnias
Parasomnias occur when a sleeper experiences walking, talking, and other bodily functions that normally don’t happen during sleep. Parasomnias are most common in children, but adults who are sleep-deprived or have other sleep disorders may also experience symptoms. Certain medications may also contribute to the disorder.

Nightmares – nighttime events that cause fear and anxiety. The person awakens suddenly from REM sleep and can usually remember their disturbing dream. Nightmares can be caused by illness, anxiety, stress, or medications. If you’re experiencing more than one nightmare per week or they prevent you from getting a good night’s sleep for a period of time you may want to talk to your doctor.

Sleep terrors – extreme nightmares that occur during deep sleep, usually early in the night. The person appears to be awake, but is confused and cannot communicate. They usually last about 15 minutes and then the person is able to return to sleep. Sleep terrors appear to run in families and occur most often in young children. The use of alcohol and emotional tension can cause them to appear in adults.

Sleepwalking (somnambulism) – occurs during partial awakening from deep sleep—the eyes are open but the senses are asleep. Sometimes sleepwalkers can carry out complex actions or they may simply pace back and forth. It occurs frequently in children when the brain has not mastered regulation of sleep and waking. It’s okay to wake a person who is sleepwalking. In fact, it may prevent injury.

Sleep talking – can occur during any or all stages of sleep. The person doing the talking usually has no memory of what they said. It can be triggered by fever, emotional stress, or other sleep disorders.

Bedwetting – Usually occurs with children, more often with boys. It is common and not considered a problem in children under age 5. Beyond age 5-7, children who wet the bed 2-3 times per month may need to see their pediatrician to check for underlying causes. Behavioral changes are the primary treatment, but medications can be used as a last resort. Bedwetting can also occur in 1% of adults usually from excessive caffeine or alcohol consumption. It can also sometimes be caused by medical conditions (including diabetes, urinary tract infection, or sleep apnea) or by psychiatric disorders.

REM behavior disorder (RBD) – sleeper may twitch, shout, punch or otherwise act out their dreams. Sleepers with this condition may hurt themselves or their bed partners. Usually, RBD occurs in men aged 60 and older.
Circadian Rhythm Sleep Disorders

We all have an internal body clock that depends upon the sunlight to tell us when to be awake and active and when to sleep. This internal body clock sends signals to us called circadian rhythms. Our modern schedules may limit our exposure to natural light and interfere with natural sleep cycles. This shifts our circadian rhythms and our body may stop properly producing the sleep-regulating chemicals it needs.

Several types of circadian rhythm sleep disorder have been identified:

Delayed sleep phase syndrome – Most common in adolescents and young adults, the sleep pattern is delayed by two or more hours. If allowed, these people would go to sleep and wake up an hour later on each day, resulting in a 1 or 2 a.m. bedtime and 10 a.m. wake-up. If required to awaken early, they often experience daytime drowsiness and may appear unmotivated. They maintain a regular sleep schedule only by relying on external cues such as alarm clocks. Treatment requires gradually re-synchronizing the sleep schedule by going to bed and getting up at the same hours every day.

Advanced sleep phase syndrome – These people go to bed earlier and earlier and eventually cannot stay awake past early evening. This is more common in older people. Two treatments being used are exposure to bright light, which helps reset the body’s clock, and carefully timed doses of melatonin.

Jet lag occurs when travel requires you to sleep at a time that is not in line with your body’s natural sleep rhythms. People may experience headaches, stomach upsets, difficulty concentrating, and shallow and fitful sleep. A common rule of thumb is that it takes one day to adjust for every time zone crossed.

Shift work sleep disorder is characterized by extreme sleepiness during nighttime work and trouble sleeping during available hours during the day. Almost 60-70% of shift workers experience sleep disturbances and sleepiness (Kulbarsh, 2007). If you work the night shift, try to schedule breaks into your shift and use for either a short nap (if permitted) or an energizing activity. Rotate shifts from day to evening to night rather than the other way around, or try to maintain the same schedule seven days a week. Consistently practicing good sleep hygiene habits will help ease the sleep disturbance.

Seasonal Affective Disorder (SAD) – Reduced daylight during winter months can mean that many people do not get adequate exposure to sunlight. This appears to create a hormonal imbalance, with SAD sufferers producing too much melatonin and not enough serotonin. As the days get shorter, people find themselves depressed, sleepy, and drawn to high-carbohydrate foods. Exposure to bright light through use of light boxes may alleviate the symptoms of SAD and help people wake up in the mornings.

References

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