

MENTAL AND SLEEP DISORDERS



Our minds — not our hearts — are what make us feel emotions, such as love, fear, and anger. Behavioral and emotional problems are difficult to classify into a specific disease. The symptoms are the only way to distinguish one type from another and they often vary more widely than the symptoms of a physical illness.

In general, if mental balance is kept during periods of emotional stress, the person is considered mentally healthy. If this balance is lost during emotional stress, there could be a possibility of illness.



BEHAVIOR AND EMOTIONAL PROBLEMS

There are two types of disorders:

1. Internal influences, such as schizophrenia, depression, and compulsions.
2. External influences, such as alcohol or drugs.

Certain personality types are more susceptible to these disorders. It is estimated that three to four percent of patients contact their physicians because of an emotional problem. If a primary physician feels the physical disorders may be related to psychological stress (which creates psychosomatic symptoms), the patient may be referred to a psychiatrist. If the symptoms are thought to be neurotic rather than psychotic, a referral may not be necessary. Often, in these cases, education, counseling, and psychotherapy have been proven to help. When someone loses touch with reality, and behaves in bizarre or life-threatening ways, it is usually considered psychotic rather than neurotic.

PSYCHIATRIC TERMS

Psychiatrist A psychiatrist is a licensed doctor of medicine who can diagnose and prescribe drugs for illnesses, but who specializes in mental illness.

Psychologist A psychologist has been trained in human psychology — not in medicine. Psychologists concentrate on psychotherapy. They are not licensed to prescribe drugs.

Psychotherapy Psychotherapy is a general term for the treatment of mental disorders, which includes verbal suggestion, analysis, and persuasion. Such treatment may be given along with prescribed drugs.

Neurotic Neurotic people have symptoms of anxiety or fears that they recognize as irrational but are unable to overcome these feelings. They rarely cause social problems (unlike those with personality disorders). There is no known physical or biochemical cause for neurotic disorders.

Personality Disorder Someone with personality traits who repeatedly bring themselves into opposition with other people. These individuals seem to be incapable of learning from experience.

Psychotic A psychotic person has lost contact with reality and is occasionally or constantly incapable of rational behavior.

Psychopathic Psychopathic is the old term used to describe personality disorders.

Psychoanalysis Analyzing the unconscious and conscious contents of the mind. With the availability of psychotherapeutic medication, psychoanalysis is used less frequently today.



THE MIND, THE BODY, AND HEALTH

The role of the mind in medical treatment has long been acknowledged, and today, growing evidence supports the idea of building “mind-body” therapies into a health plan.

The mind’s capacity to affect the body, and the power of each to affect the other, is crucial for favorable results in health care. Mind-body medicine includes a variety of methods, such as self-management education for those with diabetes. Many people find it hard to distinguish between physical and emotional symptoms.

Studies have shown that teaching the difference between physical and emotional complaints can drastically reduce unnecessary visits to hospitals, emergency rooms, and physicians’ offices. Modifying one’s behavior is another mind-body practice. Many mind and body publications are available today and a few of the most common recommendations suggested are:

Relaxation It decreases tension, pain (and the need for pain medication), and the risk of heart disease.

Communication Learn to listen and say what we mean (even when it is NO). Be assertive rather than hostile.

Contemplation Optimistic, constructive thinking is linked with lower rates of infection and chronic illness.

Enjoyment Do not allow your life to take your attention away from small pleasures. Sight, hearing, taste, and touch can always be used to provide pleasure.

Laughter Look for the funny side of daily situations.

Unfortunately, the mind is plagued with many unfavorable conditions. This chapter will cover some of the most common problems for which counseling, relaxing, and specific pharmaceuticals can be helpful.



ANXIETY DISORDERS

According to the National Institutes of Health, anxiety disorders affect more than 23 million Americans each year. Despite its prevalence, cost, and the fact that treatment is effective, anxiety disorders are often misdiagnosed and consequently, mistreated.

■ ACUTE STRESS DISORDER

All personal and professional phases of one's life are, to a degree, stressful. To respond positively, improves and broadens life's pleasures, successes, and opportunities. If confronted with acute stress, which can be a problem, evaluation by a mental health specialist may be useful. However, many persons benefit from alternative forms of therapy, such as meditation, Yoga, music, and discussion groups. Specific antianxiety pharmaceuticals are available.

■ OBSESSIVE COMPULSIVE DISORDER

Obsessions are persistent ideas, thoughts, impulses, or images (with no clarity) on which the mind is constantly focused. These thoughts cause compulsive, uncontrollable urges to do irrational acts and cause considerable anxiety. Compulsions are repetitive behaviors (eg, hand washing) or mental acts (praying, counting, repeating words silently). This behavior is to reduce anxiety or stress rather than giving the person any pleasure.

SIGNS AND SYMPTOMS

Preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency; recurrent or persistent thoughts, impulses, or images; repetitive behaviors (hand washing, ordering, checking).

TREATMENT

Cognitive-behavioral therapy, psychological counseling.

DRUG TREATMENT

Clomipramine (Anifranil), and fluvoxamine (Luvox) are serotonin uptake inhibitors that are prescribed for this condition.



■ PANIC DISORDER

A panic attack is an unexpected incident of severe anxiety, apprehension, fearfulness or terror, often associated with the feelings of impending doom. The attack may last for several minutes and may recur in certain situations. During these periods, symptoms such as shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of “going crazy” or losing control are experienced. Panic disorder has a number of causes — some genetic, some environmental, and some are learning behaviors. Another contributor may be the “fast pace of living.” Women are twice as likely to suffer from panic disorder. Worries and concerns about recurrence often persist after an episode.

SIGNS AND SYMPTOMS

Shortness of breath; dizziness; sweating; trembling; rapid heart-beat; chest pains.

TREATMENT

Behavioral therapy, psychological counseling.

DRUG TREATMENT

The most commonly prescribed medications are antidepressants, benzodiazepines, and monoamine oxidate inhibitors (MAOI), which may reduce the frequency of the attacks and reduce the accompanying anxiety.

■ PHOBIAS

A simple phobia is an anxiety disorder with an overwhelming and irrational fear to a specific thing (eg, animals, heights, darkness). A social phobia is an unreasonable fear of social situations (eg, speaking, eating, using public toilets). The fear is typically excessive and unreasonable. The strong need to avoid the feared object or situation results in abnormal behavior. The reaction is not one for real danger.

SIGNS AND SYMPTOMS

Avoidance or anxious anticipation of encountering a specific fear that interferes with daily routine.

TREATMENT

Behavioral therapy; psychotherapy.

■ POST-TRAUMATIC STRESS DISORDER

This disorder is caused by a shocking or tragic event (eg, airplane crash or threatened death). The patient constantly relives the event and the feelings associated with it.

SIGNS AND SYMPTOMS

Recurrent distressing recollections, dreams, and associated distress of a traumatic event.

TREATMENT

Behavioral therapy can reduce symptoms.

DRUG TREATMENT

Psychotropic (tranquilizers) drugs are prescribed to control the anxiety symptoms.



■ SOMATOFORM (NERVOUS) DISORDERS

A group of nervous disorders (psychogenic pain disorder, hypochondria) with symptoms of a physical disease or disability with no actual medical problem. Patients have limits of tolerance for physical symptoms and anxiety.

■ ADJUSTMENT DISORDER

Adjustment disorder is short-term distressing reaction to a stressful situation (that is not normal behavior for the individual) with no associated mental illness. Usually the behavior is depression, anxiety, temper outbursts, or crying spells. Most disorders are short-lived – up to 6 months.

■ BODY DYSMORPHIC DISORDER

This is the preoccupation with an imagined or exaggerated defect in physical appearance.

■ CONVERSION DISORDER

Conversion disorder is apparent when emotional conflicts are held in and changed to physical symptoms of illness; however, the symptoms have no physical cause. Common symptoms are blindness, increased sensitivity, or tremors. More severe symptoms are hallucinations, choking, or breathing difficulties.

■ HYPOCHONDRIA

This is a disorder with extreme anxiety, depression, and the belief that real or imaginable physical symptoms are signs of serious disease, although medical evidence proves otherwise.

■ PAIN DISORDER

This is a disorder of persistent and severe pain for which there is no apparent physical cause.



MOOD DISORDERS (INCLUDING DEPRESSION, BIPOLAR DISORDERS)

■ MAJOR DEPRESSIVE EPISODE

Major depressive episode symptoms range from an unhappy and stubborn mood to feelings of no worth and suicide. The patient may have to be protected from self-injury.

SIGNS AND SYMPTOMS

Depressed mood, most of the day and every day; decreased interest or pleasure in all or almost all activities; weight loss (when not dieting) or weight gain; insomnia; agitation; fatigue; loss of concentration; recurrent thoughts of death or suicide.

TREATMENT

Long term psychotherapy.

DRUG TREATMENT

Antidepressant medication is prescribed. If a patient does not respond to these drugs, hospitalization is required. Electroconvulsive therapy (ECT) is sometimes used.

■ MANIC DEPRESSIVE ILLNESS (BIPOLAR DISORDERS)

This is a disorder with periods of depression and mania. The manic phase includes the occurrence of one or more unreasonable emotional displays of excitement, overactivity, excess joy, high energy, reduced need for sleep, or inability to concentrate. The depression phase includes underactivity, excess sadness, guilt, loneliness, and low self-esteem. The mood swings are extreme and unpredictable from highly excited euphoria to the darkest depths of despair and depression. The disorder usually appears between the ages of 15 and 25. It appears to be more of a genetic disorder (hereditary), and affects both men and women.

SIGNS AND SYMPTOMS

Alternating pattern of emotional highs (characterized by high-spirited behavior) and emotional lows or depression; the manic and major depression episodes may alternate rapidly every few days; depression is significant and lasts for a longer period of time.

DRUG TREATMENT

Tranquilizing drugs are helpful in controlling the manic phase. Antidepressant drugs can be used to treat the depressive episodes. Lithium carbonate is the standard treatment for manic episodes, and the regular use of this drug may prevent uncontrolled mood swings. Electroconvulsive therapy may be necessary in severe cases.



■ SEASONAL AFFECTIVE DISORDERS

Seasonal affective disorder (SAD) is an extreme form of the “winter blahs”. True forms of this disorder are unusual. Most restless people with “cabin fever” do not have the disorder. Those who have the disorder tend to sleep a great deal in winter, gain weight due to excessive carbohydrate ingestion, are low in energy, and highly irritable. It usually begins in adolescents or young adults and is more common among women than men. Some people outgrow it, but it may last a lifetime. Phototherapy, the treatment for this disorder, uses fluorescent bulbs. Patients are allowed to read, but not sleep under the specially designed lights, for several hours a day.

■ SITUATIONAL DEPRESSION

This is also known as a depressive reaction. It is a prolonged episode of “the blues” that may occur after the loss of a person, thing, or quality that has changed life situations. These changes could include illness, body change, environment, or death.

SIGNS AND SYMPTOMS	Sense of helplessness and gloom, grief, loss of self esteem; feeling life is meaningless; anxiety; worry; irritability; retreat from relationships with others.
TREATMENT	Psychotherapy can offer support.
DRUG TREATMENT	Antidepressant medication is prescribed.



THOUGHT DISORDERS, PSYCHOTIC DISORDERS

■ BRIEF REACTIVE PSYCHOSIS

This is a psychotic disturbance that usually lasts less than two weeks. The patient shows abnormal behavior that is caused by a psychosis (mental disorder). It usually occurs because of an extremely stressful event (eg, loss of a loved one or war experiences). Eventually, the patient returns to his or her previous level of functioning. This disorder usually appears during adolescence or in the early adult years. Often the symptoms will subside in a day or two.

TREATMENT

Psychotherapy is useful in providing support.

DRUG TREATMENT

The most common drugs used are major tranquilizers, such as chlorpromazine (Thorazine), or haloperidol (Haldol), which are antipsychotics rather than simply tranquilizers; they reduce or eliminate psychotic symptoms and behavior.

■ SCHIZOPHRENIA

Schizophrenia is a group of mental disorders where the patient loses touch with reality and does not act or think normally. It can be mild or serious. Subtypes of schizophrenia are paranoid, disorganized, catatonic, residual, and undifferentiated. The affected people withdraw and retreat into a world of delusions and fantasies. The onset can be abrupt or gradual. There is some evidence that genetic combined with environmental influences contribute to the disorder.

SIGNS AND SYMPTOMS

Two or more of the following for at least one week: delusions; prominent hallucinations for much of the day; incoherence; lack of or inappropriate display of emotions; bizarre delusions (such as talking with space aliens); decreased ability to function at work and in social activities, and avoidance of hygiene care. These symptoms occur without cause of any mood disturbance.

TREATMENT

In the acute phase, individuals with schizophrenia are usually treated in the hospital, sometimes with electroconvulsive therapy.

DRUG TREATMENT

Antipsychotic drugs (phenothiazine) are usually prescribed to decrease excitement and agitation. Olanzapine (Clozaril), Clozapine (Clozaril), Risperidone (Risperdal), Haloperidol (generic), (Haldol), Chlorpromazine (generic), (Thorazine), are drugs used for managing schizophrenia. Haloperidol and chlorpromazine have the risk of extra pyramidal side effects (nerve and coordination disorders). The other drugs have less side effects and are more costly.

SURGICAL TREATMENT

Frontal lobotomies (cutting the frontal lobes of the brain to decrease aggression) are almost a thing of the past as they are unpredictable and irreversible.



FACTITIOUS DISORDERS

Characterized by physical or psychological symptoms that the patient produces to get attention. The course may be limited to one or more brief episodes but is usually chronic. The onset is usually in early adulthood, often after a hospitalization for a general medical condition or other mental disorder. In the chronic form of this disorder, a pattern of successive hospitalizations and elective surgeries may become a lifelong pattern. The disorder is apparently more common in males than females.

■ MALINGERING

This is the intentional production of false or exaggerated disease or injury for some specific purpose, such as avoiding military duty, work, obtaining financial compensation (as disability), evading criminal prosecution, or obtaining drugs.

■ PERSONALITY DISORDERS

Personality traits are patterns of perceiving, relating to, and thinking about the environment and oneself that exhibit a wide range of social and personal behavior. Although there are many types of personality disorders, they all reflect an inability to accept the demands and limitations of the outside world. These disorders may interfere with a person's interactions with family, friends, or co-workers. Only about one-fifth of those with personality disorders seek psychiatric help and treatment. The majority experience ongoing difficulties in marriage, friendships, and maintaining employment. Persons with personality disorders do not always recognize the reasons for their problems. They tend to blame others for their own actions or thoughts, which usually become apparent during adolescence or early adult life. Treatment is usually psychotherapy although occasionally psychotropic drugs are used. Overuse of drugs, or supporting the personality problems, are not advised. Counseling from a psychotherapist is more helpful.

■ ANTISOCIAL PERSONALITY DISORDER

A pattern of disregard for, and violation of, the rights of others. A person with antisocial personality disorder shows a lack of concern regarding the rules of society and repeatedly violates the rights of others.

SIGNS AND SYMPTOMS

Lack of concern regarding society's rules, repeated violation of the rights of others; unlawful behavior, lack of regard for the truth. In parents, neglect or abuse of a child or children; physical aggression, including spouse abuse.

TREATMENT

There is no simple or widely effective method of treating the illness.



■ AVOIDANT PERSONALITY DISORDER

A person with this disorder has a strong need for affection and acceptance. They are overly sensitive to rejection and hesitate starting a relationship because of the fear of being rejected. They are often distressed by not feeling comfortable relating to others.

TREATMENT Treatment is difficult and there is no cure. Psychotherapy may be helpful.

■ BORDERLINE PERSONALITY DISORDER

Persons with this disorder are thought to show both normal and abnormal characteristics. While appearing in a stable mood, they can suddenly become moody, angry, sad, or fearful. They have difficulty with a positive self-image; despite the fact that they do not get along with anyone, and hate to be alone.

TREATMENT The psychotherapy is difficult and often unsuccessful.

■ DEPENDENT PERSONALITY DISORDER

People who are dependent permit others to take over the important aspects of their lives and make major decisions for them. They avoid personal responsibility and allow others to assume it for important life decisions. They have an extreme need for attention, acceptance, and approval from others.

TREATMENT There is no known cure for dependent personality disorder. Psychotherapy may help.

■ HISTRIONIC PERSONALITY DISORDER

This is a presence of excessive abnormal emotional behavior and attention seeking that usually makes for stormy and ungratifying interpersonal relationships that appear very intense but, are in fact, superficial. They have a low tolerance to frustration. There is not a widely effective method of treating histrionic personality disorder.

TREATMENT Psychotherapy may be helpful.

■ NARCISSISTIC PERSONALITY DISORDER

This is a need for admiration. The narcissistic person has an abnormal love of self and is totally self-absorbed. They are indifferent to the emotions and needs of others, and have difficulty coping with rejection.

TREATMENT No cure is known although psychotherapy may be helpful in some persons.



■ OBSESSIVE PERSONALITY DISORDER

A pattern of preoccupation with orderliness, perfectionism, and control. The term describes an individual who tends to be preoccupied with details, rules, and procedures. Sometimes they are inefficient because of their indecisiveness. They place a higher value on work and possessions than on interpersonal relationships. It often begins in childhood. There is no known treatment for this disorder.

■ PARANOID PERSONALITY DISORDER

A behavior of extreme distrust and suspiciousness of others. The person's own mistakes are always blamed on someone else. They spend a great deal of energy and time looking for hidden, sinister meaning behind the behavior of others. They are easily offended. This is less serious than paranoid schizophrenia.

TREATMENT Psychiatric counseling may help.

■ PASSIVE-AGGRESSIVE PERSONALITY DISORDER

Persons with this disorder have resentment of responsibility in both work and social atmospheres. Rather than express any anger, they consistently show resentment by procrastinating, being inefficient, and “forgetting” to avoid fulfilling their obligations.

SIGNS AND SYMPTOMS Procrastinates; sulky, irritable, or argumentative behavior; tends to work slowly or deliberately do an unsatisfactory job on tasks he or she does not want to do; protest (unrealistically) that everyone is making unreasonable demands; consciously forgets obligations; resents useful suggestions from others; unreasonably criticizes or scorns people in positions of authority.

TREATMENT Professional counseling and psychotherapy may be of value.

■ SCHIZOID PERSONALITY DISORDER

This state appears as a lack of ability to make friends. The person with schizoid personality disorder usually has a lack of feelings, wants to be alone all of the time, and has no concern for other people's opinions or feelings. The treatment is difficult. In some cases, psychotherapy may be helpful.



■ COGNITIVE DISORDERS

Cognitive disorders are usually caused by a medical condition, substance abuse (alcohol, toxins, drugs), or a combination. This will be discussed in chapters of the Nervous System and Alcohol and Drugs. The following are a few cognitive disorders:

■ AMNESIC DISORDER

Memory loss that is caused by extreme emotional distress or brain damage.

■ DELIRIUM

A serious disorder with confusion, speech difficulties, excitement, anxiety, and often, hallucinations. It is often caused by dysfunctioning of the brain that could be the result of a physical illness.

■ DEMENTIA

The breakdown of cognitive mental function. It becomes worse over time.



DISSOCIATIVE DISORDERS

This is a disruption in the usual functions of consciousness, memory, identity, or perception of surroundings. The disturbance may be sudden or gradual, transient or chronic. The following are examples:

■ DEPERSONALIZATION DISORDER.

This disorder is characterized by a loss of feeling of personal identity. The disorder may begin in childhood and go undetected. The person's mind seems to be detached from his or her body and everything is dreamlike. It usually accompanies anxiety, panic, or depression. The actual depersonalization may vary from very brief (seconds) to persistent (years). It is most often associated with actual or perceived stressful events.

■ DISSOCIATIVE AMNESIA

Inability to recall important personal information, usually seen following trauma or stress.

■ DISSOCIATIVE FUGUE

Characterized by sudden, unexpected travel away from one's home or customary place of work with an inability to recall one's past and personal identity. The onset is usually related to traumatic, stressful, or overwhelming life events.

TREATMENT There is no known treatment but recovery is usually rapid, but usually with persisting dissociative amnesia.

■ DISSOCIATIVE IDENTITY DISORDER (FORMERLY MULTIPLE PERSONALITY DISORDER)

Characterized by the presence of two or more personalities existing in the same individual. Awareness of one's other personalities may not occur, but recurrently take control of the individual's behavior. Both episodic and continuous courses are experienced. Often a changing episode is associated with a stress, illness, or substance abuse.



■ IMPULSE-CONTROL DISORDERS

The essential feature of impulse-control is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others. The individual feels an increasing sense of tension or arousal before committing the act and then experiences pleasure, gratification or relief at the time of committing the act. Afterwards, there may or may not be regret, self-reproach, or guilt. There is a pattern of increased intensity of the disorder when stressed or in a state of depression.

■ KLEPTOMANIA

This is the failure to resist impulses to steal objects (not needed for personal use or monetary value).

■ INTERMITTENT EXPLOSIVE DISORDER

This is exhibited by failure to resist aggressive impulses that result in serious assaults or destruction of property.

■ PATHOLOGICAL GAMBLING

This is characterized by recurrent and persistent uncontrolled gambling behavior.

■ TRICHOTILLOMANIA

This is the pulling out of one's hair for pleasure, gratification, or relief of tension (often resulting in noticeable hair loss).

TREATMENT Little is known regarding the treatment of this condition.



EATING DISORDERS

Characterized by severe disturbances in eating behavior. There are two specific diagnoses — anorexia nervosa and bulimia nervosa.

■ ANOREXIA NERVOSA

A refusal to maintain a minimal normal body weight and is often associated with a stressful event. The course and outcome are all different. Some individuals recover after a single episode and some deteriorate with the disease over many years. Hospitalization may be required to restore weight and to administer fluids and electrolytes. The mortality (death) rate is 10 percent. Death can occur from starvation, suicide, or electrolyte imbalance.

■ BULIMIA NERVOSA

Recurrent episodes of binge eating followed with self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting, or excessive exercising. It usually begins in late adolescence or early adult life. The binge eating frequently begins during or after an episode of dieting.

Disturbed eating behavior persists for several years in a high percentage of patients. The course may be chronic or intermittent, with periods of remission alternating with recurrences of binge eating. The long term outcome is not known.

■ GRIEF DISORDERS

The word grief refers to our feelings and emotions after the loss of a loved one — but also after the dissolving of a relationship. The grief may cause shock, disbelief, protest, anger, fear, and despair. Healthy mourning goes from recognition of the loss to eventual acceptance of it. No two people experience grief in exactly the same way. There are cultural variables. In some cultures, weeping and wailing is the norm; in others, a “stiff upper lip” is required. There is no single treatment for grief. Time and counseling can help relieve a grieving state. A traditional time for grieving varies, but generally after passing through the full events of one year, without the presence of a loved one, is seen to expend most grieving. Tranquilizers or antidepressants are not appropriate in the treatment of an uncomplicated grief response.

TREATMENT If grieving continues, psychotherapy and counseling can be helpful.



SLEEP DISORDERS

Click the key for
updated
information 

■ NARCOLEPSY

This is a chronic disorder that causes sudden episodes of sleep. The patient is unable to avoid these sleep spells but is easily awakened. This is different from ordinary sleepiness following a meal, etc, as they occur in unusual circumstances such as eating, standing, or having a conversation. Some patients have a sudden loss of muscle tone (cataplexy) brought on by an emotion, such as laughter, surprise, or anger. The patient may fall to the ground but remains conscious. The cause is thought to be controlled by a specific gene.

Although there is no known cure for this condition, symptoms may be reduced by treatment.

TREATMENT Short voluntary naps (planned to coincide with the known time of an occurrence) and avoidance of alcohol are effective treatments.

DRUG TREATMENT Amphetamines, or other stimulating drugs, are prescribed to prevent these attacks.

■ SNORING

Snoring is caused by the muscles at the back of the mouth relaxing during sleep, obstructing the airway, and vibrating with each breath.

TREATMENT Hundreds of devices have been invented to open the air passages, eg, nose tapes or even surgery.

DRUG TREATMENT Saline sprays, nose drops, and cortisone sprays.

■ SLEEP APNEA

Sleep apnea is the symptom of a group of sleep disorders where breathing stops for about 10 seconds at a time. It is classified as obstructive apnea (obstruction to upper airway), central sleep apnea (absence of respiratory muscle activity), and mixed apnea (absence of respiratory effort that is followed by upper airway obstruction).

TREATMENT Correct the underlying cause that might be obesity, excessive smoking, and overconsumption of alcohol.

DRUG TREATMENT "C-pap", a device to deliver oxygen when apnea occurs is used for nocturnal apnea.

SURGICAL TREATMENT A surgical airway correction may be beneficial if obstruction is present, and proven by sleep studies.



INSOMNIA

Insomnia is a chronic inability to sleep or remain asleep through the night. The disorder is caused by a variety of physical and/or psychologic reasons that include emotional stress, physical pain, disorders in brain function, drug addiction, and other problems that cause anxiety and tension. This disorder occurs in both genders but is more prevalent in women.

Insomnia runs right behind the common cold, stomach disorders, and headaches for a reason to seek medical assistance. In a recent study of more than 1,000 adults, one-third of them complained of waking in the middle of the night and not being able to get back to sleep.

Thirty percent of insomnia is only intermittent, while 10 to 15 percent is considered serious and requires medical intervention. It occurs more often if a person is in turmoil – and it increases with age. Some of the diagnosed reasons for insomnia are:

■ DEPRESSION

Depression is usually the cause when sleep latency (time taken to go to sleep) is over 30 minutes; the total amount of sleep rarely exceeds six hours; awake periods are frequent, and the quality of the sleep is non refreshing.

TREATMENT The depression is treated with drugs and psychotherapy. Sleep modification behavior is also given to enhance sleep patterns.

DRUG TREATMENT The most common antidepressant drugs given for sleep are fluoxetine, paroxetine, and trazadone.

■ ANXIETY DISORDERS

Anxiety frequently stems from a serious depression combined with the cause of the anxiety attack. When these disorders come together, sleep patterns are similar to depression.

TREATMENT Psychotherapy and sleep behavior modification is given.

DRUG TREATMENT The drugs used to treat this type of psychologically-influenced insomnia are benzodiazepine (sedation, antianxiety), but may be habit forming.



■ PSYCHOPHYSIOLOGIC INSOMNIA

This type of insomnia is usually chronic and is seen in persons with body tension that results from the denial of stress. The syndrome results in sleep deprivation and lack of “sleepiness” resulting in daytime fatigue.

TREATMENT The treatment is focused on stimulus control (psychotherapy), decreased sleep anxiety preference, relaxation therapy, and other modification programs including sleep restriction until fatigue is apparent. Sedative drugs are not very useful for this disorder and it defeats the program as it could lead to drug dependency.

■ INADEQUATE SLEEP HYGIENE

This pattern of insomnia is triggered by behavior occurring prior to bedtime. The use of caffeine, nicotine, alcohol, naps, and initiation of argumental stresses prior to retiring are reasons for staying awake. The treatment is education to change behavior, and minimize or eliminate the triggering factors.

■ DELAYED SLEEP PHASE SYNDROME

This type of insomnia leads to sleep latency and then when sleep is accomplished, it is difficult to wake up in the morning. This disorder is responsive to light therapy (using up to 100 lux of light) for one hour on awakening, improving sleep hygiene, and stimulus control of factors that influence sleep latency.

■ NATURAL SHORT SLEEPERS

Persons with this syndrome sleep for short periods, do not seem to have resulting daytime fatigue, and when aroused or wakened, immediately get out of bed and pursue tasks of choice. This disorder is treated by reassurance and education.

■ RESTLESS LEG SYNDROME

Persons with restless leg syndrome have uncontrollable movement of the legs during sleep. The condition is seen more frequently in families or with aging, but there seems to be no focused cause. The treatment is gabapentin and benzodiazepines, which are sedatives.



■ DRUG INDUCED INSOMNIA

Beta blockers (for hypertension), stimulants (for weight control and colds), prednisone (for Addison's Disease and acute allergic reactions), and sympathomimetic drugs (for weight control) all will cause insomnia either alone or in combinations. The treatment is to minimize the dose of the contributing medication.

Serious sleeping disorders can sometimes result in what the medical profession calls chronic insomnia, which could have profound underlying conditions, such as psychiatric problems, breathing difficulties, or unexplained restless leg syndrome during the middle of the night. Experts agree that if you cannot fall asleep or stay asleep throughout the night for a prolonged period of time, it may be time to consult an expert. According to the American Sleep Disorders Association, you should explain your problems to your personal physician. If he or she cannot offer any help, a referral should be made to see a sleep disorders specialist.

There are several options to correct the problem yourself. It may just take one therapy – it may take a combination of therapies. Either way, the key to achieving a full night's sleep, unless caused by an underlying medical condition, is discipline.

At one time, physicians may have prescribed a medication (to patients without an underlying disease), to ease you to sleep, but that isn't the case today. Research has broadened its knowledge about sleep disorders and how to deal with them. Sleep is a natural function, but it is also a learned behavior.



LIFESTYLE TIPS FOR INSOMNIA

■ GO TO BED EACH NIGHT AT THE SAME TIME

Sleep in a necessary function in a 24 hour day. Get enough sleep to make it through the next day without getting tired. Go to bed at the same time each night and get up at the same time each morning. If you wake up in the night and cannot go back to sleep, read or listen to the radio until you get tired again.

■ GO TO BED ONLY WHEN SLEEPY

People need less sleep as they get older. Go to bed only when sleepy. If you cannot fall to sleep in 15 minutes, get up and do something monotonous. Read a magazine (not a book that will keep your long-term attention), watch television, look through family photos. Don't play computer games, or do housework. When you feel sleepy, go back to bed. If you can't fall asleep again, get up and repeat the procedure; however, remember to get up at the same time in the morning. Don't eat unless you are hungry. Some misunderstandings are that a high carbohydrate meal promotes drowsiness, while others regard milk as a sedative because it contains nutrients that they believe induce sleep. But there is no real evidence to support either claim. Researchers have yet to discover any food that puts you to sleep.

■ UNWIND BEFORE BED

An hour or so before going to bed, sit down and relax. Try to work out any problems that were faced during the day's activities. This should help clear your mind so you will be able to drift off to sleep.

■ DON'T DEPEND ON SLEEPING PILLS

Fewer and fewer sleep specialists prescribe sedatives because they quickly can add to the problem. Once started, it is harder to get the patient off the drugs than to solve the insomnia.

■ DON'T TURN YOUR BED INTO THE FAMILY ROOM

Some of us are so accustomed to reading, watching TV, or working in bed that our bodies and minds cease to regard it as a place mainly for sleep. When you go to bed, prepare to sleep. Don't watch television or talk on the phone. Use your bedroom only for sleep and sexual activities.

■ AVOID STIMULANTS AFTER DARK

Coffee, colas, and chocolate all contain caffeine, the substance that keeps you awake. Do not consume them after 5:00 pm Don't smoke either — yes, it is a stimulant.

■ AVOID NIGHTCAPS

Don't fix a "night cap" to relax you before bed. Alcohol depresses the central nervous system. During the middle of the night its effects will wear off and withdrawals will set in and wake you up.

■ INQUIRE ABOUT YOUR MEDICATIONS

Certain medications disturb sleep. If you take prescription drugs, ask your physician or



pharmacist about the side effects. If the drugs interfere with sleep, see about taking a substitute medication, or maybe take it at another time of day.

■ WORK REGULAR HOURS

Research has shown that people who work on irregular schedules (alternating from day to night shifts) have problems sleeping. This schedule may create a never-ending tiredness. Try to get a shift with regular hours.

■ MAKE YOUR BEDROOM COMFORTABLE AND RELAXING

Insomnia is often caused by stress. If you go to bed nervous and stressed, the bedroom may become associated with insomnia. Make the bedroom very comfortable, buy a comfortable bed, wear loose clothing, and make sure the temperature is just right.

■ PRACTICE RELAXING

Use whatever works for you (eg, biofeedback, meditation, prayer, deep breathing, sex, counting sheep). One method is to have patients flex and relax their toes, then their ankles, their calves and so on, all the way up to their facial muscles, to relieve tension. The idea is to empty the mind, forget the previous day and forget tomorrow. There are audiotapes and books that are available to teach you how to relax.

■ GET MECHANICAL HELP

Use earplugs to block out noise, and an electric blanket if you always seems to be cold.

■ DON'T WORRY

A problem with insomnia is worrying about getting to sleep. Try not to think about falling asleep.

■ WALK OR EXERCISE

In the early evening, go for a walk around the block (nothing strenuous). It will raise your body temperature and tire the muscles. This may induce sleep.

■ TAKE A WARM BATH

Sleep experts feel that body temperatures are lowest when asleep and highest during activity. A warm bath, taken before bedtime, should lower the body temperature. As it lowers, you should feel more drowsy and find it easier to fall asleep.

■ DON'T SLEEP IN AND TRY TO CATCH UP ON LOST SLEEP

Be sure to arise at the same hour each morning, even on the weekends. If you sleep in late on Saturday and Sunday, you may have trouble falling asleep Sunday night, which can leave you all run down on Monday.

For a more technical definition and study, a Sleep Center can perform all of the psychological and sleep testing to reach a definite diagnosis.