

Vibrant Family Medicine & Midwifery

Lifestyle Treatments for Insomnia

As with many things in our lives, sleep is tied to the choices we make throughout the day. Below are suggestions to incorporate into your life to aid you in sleeping better.

Exercise: 30 minutes of moderate-intensity exercise 5 days per week. This should occur more than 2 hours before bedtime.

Reduce stimulations and have a routine: Avoid bright lights (including television); noise and temperature extremes; and large meals, caffeine, tobacco, and alcohol at night. Minimize evening liquid intake. Go to bed only when you feel sleepy, and leave the bedroom if you unable to fall asleep within 20 minutes and only return when you feel sleepy. Have a regular time to get out of bed in the morning even if one only had a little sleep the night(s) before. Limit use of the bedroom to sleep and intimacy.

Relaxation therapy: Slow abdominal breathing, meditation or prayer, hypnosis, or progressive muscle relaxation where you tense and relax all the muscle groups of the body in a systematic way.

Sleep restriction (paradoxical intention therapy): Uses a paradoxical approach in which you spend less time in bed (by associating time spent in bed with time spent sleeping). Bedtimes are then increased or decreased progressively depending on improvement or deterioration of sleep quality and duration. This state of minimal sleep deprivation eventually leads to more efficient sleep

Paradoxical intention treatment: This is based on the idea that performance anxiety helps prevent proper sleep. With this treatment, you engage in staying awake. As you stop trying to fall asleep, your performance anxiety of trying to fall asleep slowly disappears until you are able to fall asleep easier.

Sleep restriction treatment: Similar to paradoxical intention treatment, sleep restriction treatment uses a contradictory approach where you spend less time in bed. If you usually spend an average of 5 hours actually asleep, while spending 7 hours in bed, then you should only be in bed for 5 hours. You must get out of bed once you have been in bed the amount of time you usually sleep, and you should have an alarm clock set to remind yourself. The idea is to create a mild state of sleep deprivation that will eventually cause you to fall asleep more quickly, sleep better, and sleep longer. About once per week, your time in bed is either increased by 15-20 minutes (when sleep you are sleeping more) or decreased by 15-20 minutes (when you are sleeping less). Your time in bed is kept unchanged when you are sleeping all but 20-40 minutes in bed. Numerous studies support the effectiveness of this approach, including 1 study that showed it to have twice the improvement rate of the relaxation treatment group.

Other things to try:

Cognitive behavior therapy: Helps change incorrect beliefs and attitudes about sleep (e.g., unrealistic expectations, misconceptions, amplifying consequences of sleeplessness); techniques include reattribution training (i.e., goal setting and planning coping responses), decatastrophizing (aimed at balancing anxious automatic thoughts), reappraisal, and attention shifting. Typically, you need a therapist to guide you through this.

Biofeedback: Electronic or computer signals through either visual or sound feedback signal when you have relaxed the part of the body being measured. This can train you to relax when you want to.

Reference:

Fogel, J. http://www.medscape.com/viewarticle/462938_1. Behavioral Treatments for Insomnia in Primary Care Settings. Accessed 10/3/08
Ramakrishnan K, Scheid DC, Am [Fam Physician](#). 2007 Aug 15;76(4):517-26.