

Insomnia

Serious sleeping problems affect at least 17% of adults. Older people, women, individuals in pain or under stress, and those who abuse drugs or alcohol are at greatest risk.

Relaxation Tapes

Dr. Emmett Miller has produced some of the most relaxing audio and video tapes in the world. If you are feeling tense and stressed out, these tapes can calm you down faster than anything we know. Insomniacs may especially benefit from the tape "Easing Into Sleep." Other favorites of ours include "Letting Go of Stress," "Rainbow Butterfly," and the "Ten Minute Stress Manager."

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Insomnia affects roughly one third of the adult population each year. If you take into account all those people who have to work night shifts, who voluntarily stay up watching late-night television or listening to talk radio, or who can't stop turning the pages of their latest thriller, the number soars to roughly 100 million sleep-deprived Americans. Increasingly, children and teenagers are joining their parents in having a hard time dragging themselves out of bed in the morning or feeling wiped out and tired during the day.

Now we're not talking about an occasional sleepless night. Almost everyone will have a hard time falling asleep once in a while. For some people too much caffeine in the afternoon or evening can leave them wired for hours. A cold remedy with a decongestant can make it hard for an adult to fall asleep and children sometimes react to antihistamines by bouncing off the walls.

Emotional stress and turmoil can also make it hard to relax. A failed relationship, the loss of a loved one, jet lag, problems at work, sickness, financial difficulties, and dozens of other life crises can all interfere with a good night's sleep. Sometimes there is no obvious explanation for why one night you can't seem to sleep a wink while the rest of the week you sleep like a baby.

Fortunately, most people get back on schedule once their lives get back to normal. But for others, a vicious cycle occurs where they feel like they always have a hard time getting a decent eight hours of satisfying shut eye. Instead of waking refreshed and ready to take on the world they can barely climb out of bed in the morning and have a hard time staying alert throughout the day. Almost one in five of us has a serious problem with chronic insomnia.

Even the folks who choose to stay up

late at night watching TV or reading will often find that their bodies start to rebel. And don't think that sleeping in on weekends will pay back the sleep debt. Eventually lack of adequate sleep can manifest itself in daytime drowsiness and fatigue. Short-term memory can be affected. Motor coordination and judgement may also suffer. Driving, operating machinery, learning, or attempting to think clearly can all be impaired by sleep deprivation.

People with insomnia can have a variety of sleeping problems. They may toss and turn and awake frequently throughout the night. Some individuals fall asleep fine but awake in the early morning hours and cannot get back to sleep. But by far the most common complaint is difficulty falling asleep in the first place. If it regularly takes more than an hour to drift off to dream land, we're talking serious insomnia.

Tuning Out The Noise

It is not uncommon for people with insomnia to complain that they have a hard time turning off the internal dialog. Their minds seem to go into overdrive the minute the head hits the pillow. They relive events of the day, replay petty annoyances, dwell on problems, and generally worry themselves awake. These people need to learn how to relax, reduce the anxiety level and tune out those internal discussions.

One of the best ways we know to accomplish that goal is to turn on an Emmett Miller tape. This physician has one of the most soothing voices we have ever heard. Pop his tape "Easing into Sleep" into a cassette player and it will be hard not to let go of the day's stresses and strains. Best yet, there are no side effects! Order information is available in the left-hand column.

Dos and Don'ts for Getting a Good Night's Sleep

Sleep Loss:

Chronic sleep deprivation can lead to a variety of unpleasant consequences including:

- **sluggishness**
- **drowsiness**
- **forgetfulness**
- **inefficiency**
- **mistakes**
- **delayed reaction time**
- **mental impairment**
- **accidents**
- **digestive upset**
- **nervousness**

Test Yourself:

Do you:

- √ find it regularly takes more than an hour to fall asleep?
- √ awaken in the early morning hours and can't fall back asleep?
- √ have a hard time dragging yourself out of bed, even with an alarm clock?
- √ doze off during the day--while reading, traveling, listening to talks or watching television?
- √ have trouble concentrating? Is your short-term memory deteriorating?
- √ sleep a lot longer on week-ends or while on vacation?

• **Avoid caffeine**

This stimulant is ubiquitous in our environment. Remember that coffee is just one source. Too much tea can also contribute to caffeine overload. So can soft drinks like Coca-Cola, Dr. Pepper, Mello Yello, Mountain Dew, and Pepsi. And watch out for caffeine-containing pain relievers such as **Anacin, BC Powder, Cope, Excedrin, Midol, Trigesic** and **Vanquish**.

• **Establish a pattern**

Try to maintain a regular routine. If you can stick to a standard pattern of going to sleep and arising you may be able to reestablish a more normal cycle. That means not sleeping in on weekends.

• **Cautious napping**

An afternoon snooze can be seductive. Productive people who don't suffer from chronic sleeping problems often benefit from catnaps, becoming more alert afterwards. But a nap may make it harder to fall asleep at night and create a vicious cycle. Try to make it through to bedtime and get a full night's sleep.

• **Exercise when possible**

We won't tell you that farmers and lumber jacks never have insomnia. On the other hand, people who exercise vigorously during the day often sleep very well at night. Even a good brisk walk can pay dividends.

• **Move the television**

It is too easy to be trapped by the deadly TV rays. A compelling movie can keep you awake for hours and get the adrenaline flowing. David Letterman can capture your attention and make it hard to turn off the tube. Remove the television from the bedroom to avoid temptation.

• **Beware the radio**

If you like listening to soothing music that turns itself off, not to worry. But if you're a talk-radio junkie, this could be disastrous. A controversial topic may capture your attention and make it hard to relax or fall asleep. And if you doze off with the radio on you may discover that it wakes you up in the middle of the night.

• **Avoid alcohol**

Lots of people believe that a nightcap is a great way to fall asleep. Wrong! Alcohol can make sleeping problems worse by disrupting sleep cycles.

• **Relax before bed**

Try to unwind before climbing into bed. A nice hot bath can be great. Some folks find meditation helpful. An Emmett Miller tape can be soothing before bedtime or if you have a cassette player by the nightstand you may discover that it helps you relax once you are settled between the sheets.

• **Sex can be super**

Some people find that sex is a wonderful way to help them fall asleep. There are no guarantees here, but you may want to experiment to see if this sort of release is soporific for you.

• **Change beds**

If you can't fall asleep in one bed, try moving. Sometimes just changing rooms can make a difference. If that won't work, read a book for half an hour and then try again.

• **Seek professional help**

When all else fails, find an expert. A sleep laboratory at a medical center may be able to evaluate your sleeping patterns and come up with a successful strategy.

SOME DRUGS THAT MAY CAUSE INSOMNIA

AeroBid (flunisolide)	Laradopa (levodopa)	Romazicon (flumazenil)
Alferon (interferon alpha)	Leustatin (cladribine)	Sanorex (mazindol)
Anafranil (clomipramine)	Lioresal (baclofen)	Sectral (acebutolol)
Ansaid (flurbiprofen)	Lopressor (metoprolol)	Seldane-D (terfenadine, pseudoephedrine)
Asendin (amoxapine)	Lozol (indapamide)	Slo-bid (theophylline)
Axid (nizatidine)	Ludiomil (maprotiline)	Slo-Phyllin (theophylline)
BuSpar (buspirone)	Lupron (leuprolide)	Stadol (butorphanol)
Capoten (captopril)	Marplan (isocarboxazid)	Supprelin (histrelin)
Capozide (captopril/HCTZ)	Mepron (atovaquone)	Symmetrel (amantadine)
Claritin (loratadine)	Nardil (phenelzine)	Synarel (nafarelin)
Clozaril (clozapine)	Nicoderm (nicotine)	Tenex (guanfacine)
Cordarone (amiodarone)	Nicorette (nicotine)	Theo-24 (theophylline)
Cylert (pemoline)	Nicotrol (nicotine)	Theobid (theophylline)
Depo-Provera (medroxyprogesterone)	Nipent (pentostatin)	Theo-Dur (theophylline)
Desyrel (trazodone)	Orudis (ketoprofen)	Timoptic (timolol)
Dopar (levodopa)	Parnate (tranylcypromine)	Toradol (ketorolac)
Effexor (venlafaxine)	Paxil (paroxetine)	Trental (pentoxifylline)
Eldepryl (selegiline)	Permax (pergolide)	Vascor (bepiridil)
Elixophyllin (theophylline)	Preludin (phenmetrazine)	Vaseretic (enalapril, HCTZ)
Fastin (phentermine)	Prinivil (lisinopril)	Ventolin (albuterol)
Felbatol (felbamate)	Prostep (nicotine)	Videx (didanosine)
Floxin (ofloxacin)	Proventil (albuterol)	Visken (pindolol)
Foscavir (foscarnet)	Provera (medroxyprogesterone)	Volmax (albuterol)
Habitrol (nicotine)	Prozac (fluoxetine)	Wellbutrin (bupropion)
Inderal (propranolol)	Quibron T (theophylline)	Xanax (alprazolam)
Inderide (propranolol, HCTZ)	Reglan (metoclopramide)	Zebeta (bisoprolol)
Intron A (interferon)	Relafen (nabumetone)	Zestril (lisinopril)
Kerlone (betaxolol)	Retrovir (zidovudine)	Zoladex (goserelin)
	Ritalin (methylphenidate)	Zoloff (sertraline)

Oral Decongestants In:

Actifed
Advil Cold & Sinus
Allerest 12-Hour
Alka-Seltzer Plus Sinus
Allergy or Cold formulas
Bayer Select Maximum
Strength Sinus Pain
BC Cold-Sinus Powder
Contact Non-Drowsy
Dimetapp Sinus
Dristan Sinus
Efidac/24
Maximum Strength
Sinutab W/o Drowsiness
Maximum Strength
Tylenol Sinus
Ornex
No-Drowsiness Allerest
No Drowsy Sinarest
Novafed
Sinus Excedrin
Sudafed
Tavist D

Insomnia can be brought on by many things—anxiety, depression, pain, stress, frustration, elation, and a whole host of other emotions. But one source of sleeping difficulties that is rarely mentioned is medication. A surprisingly large number of prescription and over-the-counter drugs can make it harder to fall asleep.

We have already addressed the issue of caffeine (which can be found in lots of OTC pain relievers). But who would think that a simple cold or cough remedy could keep you awake at night. And yet the oral decongestants that are found in a wide variety of OTC medications can cause nervousness, anxiety, sleeplessness and restlessness. The ingredients to be wary of include phenylpropanolamine or pseudoephedrine. They can be found in so many products that the list would stretch endlessly. Check the left-hand column for products with these ingredients.

Even antihistamines can sometimes make sleeping difficult. Although such drugs normally make people drowsy, children and some adults can actually be stimulated by such products. It is frustrating to give children a cough or cold remedy so they can sleep, only to discover that the medicine has them wired for hours. The kids are bouncing off the walls and you are exhausted trying to get them to go to sleep.

Prescription drugs can also be culprits. The above list is only partial. Physicians rarely mention insomnia as a potential side effect, and yet, as you can see, there are many medicines that can create a sleeping problem. They include blood pressure pills, asthma medicine, drugs for heartburn, anxiety, and attention deficit disorder. If you think your sleeping problem is related to your medication please let your doctor know. There may be alternatives that are less likely to make sleeping difficult.

Non-Drug Options

Sleeping pills are a quick fix. They work—sometimes too well—but can lead to all sorts of problems. More about drug solutions shortly. There are a variety of non-drug ways to try and get a decent night's sleep and they seem worth a try before reaching for the big guns.

Snacking To Sleep

Dagwood Bumstead is renowned for his midnight snacks. We fear a triple-decker sandwich like that would probably keep you awake. And there are certain foods that you should avoid if you suffer from nighttime GERD (gastroesophageal reflux disease)—also known as bad heartburn. Not uncommonly this condition makes it hard to fall asleep or wakes people up.

While there are foods that should probably be avoided around bedtime (see right hand column), there are certain snacks that may actually improve your likelihood of falling asleep. Neuroscientists have known for a long time that the amino acid tryptophan can help some people go to sleep. It is a building block for the brain chemical serotonin which is known to be important in the sleep/wake cycle.

For years you could buy tryptophan supplements in pharmacies and health food stores. It was a very popular item for insomniacs. Some people used tryptophan for depression, jet lag and PMS (premenstrual syndrome). Unfortunately, in 1989 a disaster struck. Many people experienced weakness, muscle and joint pain, fever, rash, and shortness of breath. Blood tests revealed extremely high eosinophil counts (a type of white blood cell). As more cases appeared physicians labeled the strange condition eosinophilia-myalgia syndrome (EMS).

Epidemiologists quickly linked the outbreak to use of tryptophan and the supplement was pulled from the market. It is now believed that most cases of EMS were associated with a bad batch of tryptophan. Experts discovered that one Japanese supplier had sold a large quantity of contaminated tryptophan to American suppliers.

To this day the Food and Drug Administration (FDA) has not offered a complete explanation for the EMS tragedy. A spokesperson for the agency told us that no matter what the cause, it was unlikely tryptophan would ever get approval from the FDA unless a company were willing to undertake the costly tests necessary to prove safety and effectiveness. Since there is no way to patent an amino acid like tryptophan it is highly unlikely that anyone would be willing to undertake such an expensive project. The result is that tryptophan, even if it were absolutely pure, will not be sold in the U.S. anytime in the foreseeable future.

That doesn't mean you should give up on tryptophan as a natural sleeping aid. The good news is that tryptophan is found in food. It is, after all, a building block for protein. Remember when grandma used to suggest a glass of warm milk before bed? Yup, you got it! Milk is high in tryptophan. To enhance absorption of the tryptophan into the brain it is necessary to consume some extra carbohydrates. One of the best ways to do that is to eat sugar or starch. One of our favorite "formulas" is a bowl of Cheerios with some milk and honey on top to trigger transmission of tryptophan into the brain. Cookies, cake, bread and jam, muffins, bagels or rolls should also work well when combined with a little malted milk (like Ovaltine). Try experimenting until you find the best combination of snacks to send you off to sleep.

Herbal Remedies

For centuries people have used herbs to relax and fall asleep. Go no further than the lovely *Story of Peter Rabbit* by Beatrix Potter. Remember what remedy Mrs. Rabbit relied on for Peter? It was good old chamomile tea. People have used this herb for generations to calm indigestion and relieve insomnia. We can think of no better way to end a long day than a cup of chamomile tea. People with allergies (especially hay fever) may be sensitive to chamomile, however.

For a list of other herbs used for insomnia, see the column to the right.

Foods To Avoid

If nighttime heartburn keeps you awake, you may find that avoiding certain foods and beverages is helpful.

They include:

- Alcohol**
- Cheese**
- Chocolate**
- Coffee**
- Cola**
- Fried or fatty food**
- Peppermint**
- Tomatoes**

Herbal Helpers

- Sage** (*Salvia officinalis*)
- Catnip** (*Nepeta cataria*)
- Valerian** (*Valeriana officinalis*)
- Hops** (*Humulus lupulus*)
- Saint-John's-wort** (*Hypericum perforatum*)

(Sage can be toxic in large doses for long periods so moderation is essential)

Sleeping Pills

There is no such thing as a perfect sleeping pill, but that hasn't stopped humanity from searching. For centuries insomniacs were been prescribed sleeping potions like tincture of opium or chloral hydrate. Then barbiturates like **Amytal** (amobarbital), **Nembutal** (pentobarbital) and **Seconal** (secobarbital) became popular, but cases of abuse and overdose led researchers to look for something safer.

In the late 1960s benzodiazepines hit pharmacy shelves. Physicians embraced these new drugs with great enthusiasm. **Librium** (chlordiazepoxide) and **Valium** (diazepam) became household names for relieving anxiety or stress. **Dalmane** (flurazepam) quickly rose to the position of most-prescribed sleeping pill. Part of the appeal of these medications was that they were believed to be immune to the problems of dependence people experienced with older sleep medicines like narcotics or barbiturates. Overdose was unlikely to lead to death, even in combination with alcohol.

After about a decade, however, it became apparent that benzos were not without their own problems. **Dalmane** could produce a morning-after "hangover." Some people awoke feeling lethargic. Because the drug lingered in the body for days, it was possible to experience a carry-over reaction that made driving dangerous, especially for older people. Some people complained of confusion, dizziness, unsteadiness, light-headedness, drowsiness and disorientation.

The manufacturer of **Dalmane** posted a warning that "Patients should also be cautioned about engaging in hazardous occupations requiring complete mental alertness such as operating machinery or driving a motor vehicle after ingesting the drug, including potential impairment of the performance of such activities which may occur the day following ingestion of **Dalmane**."

When shorter-acting benzos like **Ativan** (lorazepam), **Halcion** (triazolam), **Serax** (oxazepam) and **Xanax** (alprazolam) became available, many physicians thought that sleeping pill problems had been solved. **Halcion** in

particular became extremely popular. It had the advantage of starting quickly and wearing off fast. That meant that there should be no morning "hangover." Theoretically people would fall asleep fast and awaken feeling refreshed and ready to go.

While it was true that **Halcion** did not seem to produce as much morning-after impairment, it had a whole new set of problems. Fast-acting benzodiazepines like **Halcion** and **Ativan** were so short in duration that some people reported a kind of withdrawal insomnia the same night they took the pill. In other words, as the medicine began to wear off in the early morning hours it actually produced a kind of wake-up effect for vulnerable individuals. And some folks noted that they experienced daytime anxiety or even panic. Other side effects that were reported included memory problems (anterograde amnesia for events the day after **Halcion**), hyperexcitability, confusion, depression, daytime drowsiness, nausea, incoordination, light-headedness, feelings of unreality, paranoia, nervousness and rebound insomnia the evening after **Halcion** was used. Clearly the new sleeping pills were not perfect.

Perhaps the greatest surprise and the most controversial complication associated with regular reliance on benzodiazepines was the issue of addiction. When these compounds replaced barbiturates the assumption was made that dependence would not be a problem. But gradually reports started surfacing that some people experienced substantial discomfort after suddenly discontinuing drugs like **Ativan**, **Dalmane**, **Halcion**, **Valium** and **Xanax**.

At first drug companies denied that benzodiazepines could precipitate withdrawal symptoms. Then they said it was because patients were abusing the drugs and taking excessive amounts. Eventually the evidence became compelling that even therapeutic doses could create dependence. Some people seem especially susceptible and experience symptoms if they stop after only a month or two of treatment. Gradual withdrawal is essential under medical supervision.

Benzodiazepines

Ativan	lorazepam
Centrax	prazepam
Dalmane	flurazepam
Halcion	triazolam
Klonopin	clonazepam
Librium	chlordiazepoxide
Paxipam	halazepam
ProSom	estazolam
Restoril	temazepam
Serax	oxazepam
Tranxene	chlorazepate
Valium	diazepam
Xanax	alprazolam

Withdrawal from Sleeping Pills

No one should ever stop taking benzodiazepine-type medication without careful medical supervision. This is especially true if these medicines have been taken for more than a few weeks or months. Here are some symptoms that have been reported after discontinuation of such drugs:

- Anxiety, jitteriness
- Irritability, restlessness
- Agitation, panic
- Insomnia, derealization
- Tremor, twitchings
- Difficulty concentrating
- Impaired memory
- Depression, vertigo
- Dry mouth, headache
- Nausea, GI upset
- Muscle pains, aches
- Sweating, shakiness
- Sensitivity to sound, light
- Paranoid reactions
- Hallucinations, seizures

For more detailed information on strategies for benzodiazepine withdrawal, see our brochure "Graedons' Guide to Psychological Side Effects."

Sleeping Pill Safety

Sleep Experts

To locate experts in sleep research you can contact the **American Sleep Disorders Association**. They will provide a list of sleep clinics in your geographic area. The address is:
**1610 14th Street N.W., Suite 300
Rochester, MN 55901**

Light for Sleep

There is growing evidence that bright light can help reset the body's natural sleep cycle. Preliminary research suggests that roughly 30 minutes to an hour's worth of sunlight during the day can be beneficial. For those who wake too early in the morning, the light exposure should be late in the day. For those who have trouble falling asleep at night, light exposure should be in the morning. To overcome jet lag when flying west try to get some light during the middle of the day when you land at your destination. If you fly east and lose fewer than seven hours, try to soak up some rays early in the day.

Lest you believe that we are always opposed to sleeping pills, nothing could be further from the truth. An occasional sleeping problem can often be handled with benzodiazepines like **Restoril, ProSom, Dalmane** or **Halcion**. Experts recommend the lowest acceptable dose for the shortest period of time—a few days up to a week or two.

Ambien (zolpidem)

This is the first in a new class of "hypnotics." Unlike most other prescription sleeping pills, **Ambien** seems less likely to alter the various stages of sleep or cause morning hangover. As with virtually all sedative/hypnotics, though, older people may be more vulnerable and will need the lowest dose.

Ambien starts fast and is best absorbed on an empty stomach. Don't stand around and wait for it to go to work. Hop into bed so you don't get dizzy or fall asleep in the shower. Side effects appear uncommon but may include nausea, diarrhea, dizziness, daytime drowsiness, weakness, amnesia, dry mouth, or headache. Because **Ambien** is still new, other side effects may eventually crop up. Drug dependence seems to be unlikely, but we've heard that story before so we urge short-term use and caution.

Over-The-Counter Sleeping Pills

Drug companies have turned a side effect into a hugely successful marketing opportunity. One of the most common adverse reactions associated with antihistamines is drowsiness. People who take drugs like **Benadryl** (diphenhydramine) often complain of feeling sleepy and sluggish. Drug companies have taken advantage of this complication to market the same diphenhydramine ingredient as an OTC sleeping pill. It is found in such products as **Compoz, Nervine Nighttime Sleep-Aid, Nytol, Sleep-Eze 3, Sleepinal** and **Sominex**. Diphenhydramine has also been included in a growing number of nighttime pain medications like **Anacin P.M.**, **Doan's P.M. Extra Strength, Excedrin P.M., Sominex Pain Relief Formula**, and **Tylenol Extra Strength PM**.

The FDA dubs OTCs safe and effective for insomnia, but *Consumer Reports Health Letter* notes possible side effects of "confusion, dizziness, urinary retention, and visual effects—can make these drugs hazardous, particularly for older people...Like the prescription drugs, over-the-counter remedies can cut into the quality of your sleep and make you drowsy the next day."

MELATONIN

One of the most interesting developments in sleep research involves melatonin, a natural substance manufactured by the pineal gland deep within the brain. This compound is important for many reasons, not the least of which is regulation of the body's internal clock. Melatonin levels rise during darkness and are suppressed by strong light. As we age, melatonin levels drop and that may help explain why older people tend to have more sleeping problems.

Researchers have studied the effect of giving melatonin to people with insomnia, shift workers and travelers who suffer jet lag. Preliminary studies show that small doses help reset the sleep/wake cycle. Dr. Richard Wurtman of MIT has shown tiny amounts of melatonin (30 micrograms, roughly equivalent to that made by the body in 24 hours) could help put people to sleep, even during the daytime. Subjects on melatonin also slept longer.

There is even some tentative data to suggest that melatonin may have anti-cancer effects, especially against breast cancer. Not surprisingly, researchers are excited about the possibility of a natural, non-addicting sleeping aid that might have other biological benefits. But before anyone rushes out to obtain melatonin at a health food store, we caution that this substance has not yet been given a green light by the FDA. Until formal approval we cannot recommend people take melatonin. Hopefully, more research will be completed quickly and the feds will see fit to approve melatonin as a safe and effective sleeping aid.