Dr. Bill Moorcroft

Sleep Problems Update

Case Study: A Complex Case of Insomnia

Patient: J.A., was a 68 year old self-employed female, with bipolar disorder, restless legs (both well controlled with medications), and heart disease (pacemaker plus medications).

Problem J.A. presented with terrible sleep. During the past 1½ years she had devolved into spending 12 to 16 hours in bed per day but getting "very little sleep." She said her "days and nights were reversed" because she took hours to get to sleep at night, then had to nap on her couch for hours during the day or evening. Her bedtimes ranged anywhere from 8:30 pm to 5am and out-of-bed times from 9:30 am to 1 pm. The sleep that she did get was fragmented and not refreshing, leaving her feeling tired and sleepy, easily fatigued, and in a generally down mood with a lack of motivation. She said "even talking to people" was a problem. She was worried that this would have a negative impact on her ability to work to earn needed income. She said that her PCP had become "frustrated" trying to help her with her sleep problems.

Her history revealed that her mother had similar sleep problems, as a child her sleep was disturbed by fighting parents, and as a parent her kids disrupted her sleep with their bedwetting and nightmares. Furthermore, 10 years ago J.A. had worked in a bakery requiring getting up in middle of night. She felt this was the start of her irregular sleep hours.

J.A. manifested a great deal of negative rumination and emotion about sleep resulting in hyper-arousal when trying to sleep. She stated that she "dreads nighttime" and that her "body does not let me sleep."

She had sought help from medications (both prescription and OTC) getting only temporary relief.

Diagnosis: Circadian Rhythm Sleep Disorder, Irregular Sleep-Wake Type (327.33) plus Psychophysiological Insomnia (307.42-0)

Treatment: It was first necessary to improve J.A.'s sleep hygiene and to get her on a regular schedule of sleeping only in bed at night before anything else could be done. To facilitate this I recommended that her PCP put her on Lunesta for a short period of time. She complied by going to bed at a regular time, although she often stayed in bed too late in the morning. Gradually her sleep onset latency began to get shorter (although it was still quite long), and she was spending much less time in bed but getting more sleep.

At this point I was able to do more for her. I helped her restructure and reduce her negative thoughts about her ability to sleep. I also had her begin a journaling exercise designed to reduce worries and concerns that were interfering with her quickly falling asleep. Shortly after this we began restricting her time in bed to 7¼ hours, coupled with exposure to dim light before bedtime and bright light with exercise (walking) upon awakening. This schedule proved to be a challenge for her when a change in her bipolar medication put her "back on the couch." After subsequent adjustment in this medication and moving both her target bedtime and wake-up times earlier, her sleep began to improve.

As her sleep efficiency improved she was allowed to gradually spend more time in bed until she was getting an adequate amount of sleep. During this time, I added body relaxation exercises and a form of guided imagery to facilitate quicker sleep onset.

Outcome: Now that her sleep is vastly improved in regularity, quality, and quantity, she has begun to taper off of the Lunesta. Recently she volunteered, "I've sure come a long way."

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for insomnia, nightmares, and children's sleep problems. Offices in Fort Collins, Loveland, Greeley and, Denver.
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