



Dr. Bill Moorcroft



Sleep Problems Update

Number 1

Case Study: Common Insomnia

Patient: S.A., 51 year-old healthy female.

Problem: Primarily **difficulty of returning to sleep after waking during the night** but also sometimes a problem of initially getting to sleep when anxious. Some nights have been OK, but more often sleep was a problem. Problems started about 15 years ago.

S.A. has tried nutrition, herbals, acupuncture, over-the-counter and prescription sleeping pills, meditation, and a sleep facilitating CD - all to no avail. Ongoing psychotherapy for her PTSD was helpful in many ways, but not for her sleep.

Diagnosis: Psychophysiological Insomnia (307.42-0 ICD-9 CM). Over the years S. A. has **developed strong associations and habits that interfere with her sleep** and cause her performance anxiety and somatized tension. Her poor sleep results in decreased functioning during wakefulness.

Treatment: We started by restricting her time in bed to six hours with rigidly fixed evening “to-bed” and morning “out-of-bed” times. Allowed time-in-bed was successively increased every week that she was asleep at least 90% of the time in bed. S.A. was also educated about how the brain produces sleep, informed about good sleep hygiene, taught how to relax her body, and

instructed on how to focus her mind to prevent random thoughts and worries from interfering with her sleep.

Outcome: Within a week sleep quality began **improving** and after several weeks S.A. was getting close to eight hours of sleep per night. She reports, “The quality of my sleep is improved 100% [and] I am feeling better the next day.”

Comment: This case is typical and common. Events happened in S.A.’s life that disrupted her sleep and in turn caused her to become anxious about it. A cycle developed of maladaptive thoughts and bad habits that caused her poor sleep to become habitual. In such cases, **education and relearning tailored to the individual almost always restores adequate, natural sleep in a matter of weeks.**

Did You Know?

- *In studies comparing Cognitive Behavioral Therapy (CBT) to sleeping pills on people with insomnia, the sleeping pills produced immediate effectiveness whereas it took CBT a couple of weeks to reach the same level of effectiveness. However, when treatment was discontinued after several weeks, the sleep of those taking the pills quickly deteriorated, but the sleep of those who had undergone CBT continued to be good for over 3 years of study (Perlis & Youngstedt, 2000, Comp. Ther, 26, 298 – 306).*
Conclusion: The CBT treatment group was cured of their insomnia.
- *Cognitive Behavioral Therapy was recently shown to help the sleep of patients with cancer. They underwent 3-4 weeks of CBT treatment for sleep. Six months later they continued to rate the quality of their sleep as vastly improved (Simei, Deck, & Conta-Mark, 2004, Support Care Cancer, 12, 176-83. Epub Feb 04).*

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for insomnia, nightmares, and children’s sleep problems. He has offices in Fort Collins, Loveland, Greeley, and Boulder.

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