



Sleep Problems Update

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Number 6r

Case Study: Thoughts and Attitudes Causing Insomnia

Patient: F.K. 49 y/o female health care professional

Problem: F.K. said that her sleep had gotten worse in the last 4-6 years with the onset of some medical problems that caused pain. She was taking a muscle relaxant plus Elavil prior to bedtime allowing her to fall asleep. However, after a couple of hour, she often woke up and was not able to return quickly to sleep because of “thinking about things.”

F.K. related that she gets frustrated when she lies in bed, unable to sleep. Getting up and stretching sometimes helps. Even when she does return to sleep, it is not refreshing because of multiple awakenings and “restlessness.” She said that a bad night early in the week made her sleep worse during the rest of the week. Her sleep was also worse if knew she had to be in bed at a certain time because of having to be up early; this caused her to try harder to fall asleep. She feared that she was losing her ability to fall asleep.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia and children’s sleep problems. Offices in Fort Collins, Loveland, and Denver.

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As a result of these sleep difficulties she often experienced fatigue and cognitive problems during her waking hours.

In spite of these things she said that she does occasionally have a refreshing night of sleep. Also, she slept well on a recent vacation because she was “not on a schedule.”

Diagnosis: Psychophysiological Insomnia (307.42-0) with elements of Idiopathic Insomnia (780.52-7).

Treatment: I put a lot of focus on helping F.K. to reduce her negative thoughts and attitudes about her sleep. I also taught her techniques for “turning her mind off” and for relaxing her body so she could more quickly get to and return to sleep. During the course of treatment she began, under her PCPs supervision, to decrease the dose of Elavil prior to bed.

Outcome: F.K. reports that her sleep is improving and she is experiencing increased energy level.

Did You Know?

Depression and Insomnia interact

- Many people with major depression also have trouble sleeping
- People with insomnia for more than a year are prone to become depressed
- When depression remits because of drug or psychological treatment, insomnia frequently remains
- Insomnia makes depression worse and depression can make insomnia worse

For these reasons it is now recommended that people with depression and insomnia be treated for both simultaneously.

Comment: Many people with insomnia have negative thoughts and attitudes about their sleep that are a major contributor to their problem. Another common complaint is the inability to “turn off my mind” when wanting to get to sleep. Both of these typically respond quickly to cognitive treatment.