Sleep Disorders

A sleep disorder disrupts and disturbs your overall quality of life. It can affect a child, teen, single adult, parent or senior citizen. More than 70 million people in the U.S. have a sleep disorder. Most of those who have one are completely unaware of it. Many of those who are aware of it never choose to seek the help that they need.

Due to advances in the science of Sleep Medicine, help can be found for those who suffer from bad sleep. *The International Classification of Sleep Disorders, Second Edition* documents 81 official sleep disorders. While some of these are very common, most of them are found in only a small portion of people. Take some time to find out more about these disorders and the treatments that are commonly used to combat them. By doing so, you can help yourself, and others, live a happier and healthier life.

1. Insomnia

What is it?

There are four basic kinds of insomnia:

a. Difficulty falling asleep
b. Difficulty staying asleep
c. Waking up too early
d. Poor quality sleep

Someone with insomnia may have the following symptoms:

- Feeling tired and grumpy during the day
- Having trouble concentrating at work
- Falling asleep during the day
- You can be tired and grumpy even if you don't have insomnia. You may be worn-out from staying up too late at night. This does not mean that you have insomnia. Many people are sleepy during the day simply because they went to bed too late the night before. They don't have a sleep disorder; they just didn't get enough sleep.

Everyone has an occasional night of bad sleep. For most people insomnia lasts only a few days and goes away without treatment. But stress or depression can cause a higher level of insomnia that may last for several weeks. This kind of insomnia may not go away on its own.

Who gets it?

If you have insomnia, then you are not alone. It is a common sleep disorder. About 30% of adults have symptoms of insomnia. Less than 10% of adults are likely to have chronic insomnia. It is more common among elderly people and women. Some medical conditions cause insomnia, or it may be a side effect of a medication.

How do I know if I have it?

Do you have trouble falling asleep or staying asleep, or do you wake up too early or feel unrefreshed after sleeping?

For a child, does the child resist going to sleep or sleeping alone?

Does this problem occur even though you have the opportunity and the time to get a good night's sleep?

Do you have at least one of the following problems?

- Low energy
- Lack of motivation
- Attention, concentration or memory problems
- Poor performance at school or work
- Extreme mood changes
- Daytime sleepiness
- Trouble making errors at work or while driving
- Tension, headaches or stomach aches
- Frustration or worry about your sleep

If your answer to these questions is yes, then you might have insomnia.

It is also important to know if there is something else that is causing your sleep problems. They may be a result of one of the following:

- Another sleep disorder
- A medical condition
- Medication use
- A mental health disorder
- Substance abuse

Do I need to see a sleep specialist?

First, you should try to follow good sleep hygiene. You also may want to discuss your sleep problems with your primary care doctor. If the insomnia causes you distress or daytime sleepiness, then you may want to visit a sleep specialist. He or she can find the cause and treat your insomnia.

What will the doctor need to know?

First, the doctor will need to know when your insomnia started. He or she will also want to know what else has been happening in your life. Finally, your medical history is very important. Be sure to tell the doctor if you are taking any medications. (This includes medicine that you may buy from the drugstore without a prescription.)

Keep a sleep diary for two weeks. Record when you go to sleep and when you wake up, along with how long you were awake during the night. The sleep diary will help the doctor see your sleeping patterns. The sleep diary information gives the doctor clues about what is causing your problem and how to correct it.

Will I need to take any tests?

Doctors do not need any tests to treat most insomnia patients. A sleep specialist may give you a written test to analyze your mental and emotional well-being. The specialist may need to test your blood in the lab if he or she suspects that you have a related medical problem.

You would need an overnight sleep study only if the doctor suspects that you may have sleep apnea or another sleep disorder.

How is it treated?

Many cases of insomnia will respond to changes that you can make on your own. You can often sleep better by simply following the practices of good sleep hygiene.

Sleep hygiene consists of basic habits and tips that help you develop a pattern of healthy sleep. There are also easy ways to make your bed and your bedroom more comfortable. See the Resources section of this site to find out how you can start down the path to better sleep.

When self-treatment does not work, a doctor can provide help. He or she can teach you different ways to improve your sleep. An example of this is to use relaxation exercises when you go to bed.

Your doctor can also help you find ways to take your mind off of sleep. Staying out of bed until you are very, very sleepy is helpful too. These methods are a part of what is known as behavioral therapy.

Your doctor also may want to change any medications that you currently take. These drugs may be related to your sleep problems.

You need to seek help from a therapist if stress or depression is the cause of your sleep problems. The doctor may decide that the symptoms need to be treated with medication.

Many types of medication can help improve your sleep. Some are specifically approved to treat insomnia. These sleeping pills are called hypnotics. Some medications that treat other problems also can help you sleep. Your doctor can decide which one will work best for you. You should only take a medication when supervised by a doctor.

New insomnia medications have become available over the past few years. Others are in the process of being developed. Research continues to study how well these treatments work. This research also will help us learn more about the causes of insomnia.

2. Narcolepsy

What is it?

The term narcolepsy is used to describe a group of people affected by excessive sleepiness. It also includes features of dreaming that occur while awake. Narcoleptics are often refreshed by short naps. However, after two or three hours, they feel sleepy again. At times, people with narcolepsy can fall asleep suddenly. These "sleep attacks" can happen while eating, walking or driving.

There are two main kinds of narcolepsy:

1. Narcolepsy with cataplexy
2. Narcolepsy without cataplexy

Cataplexy is when the leg, arm or face muscles suddenly become weak. It is normally caused by strong emotions. This is what people often experience while laughing or when they are surprised.

People with narcolepsy often experience the following:

a. Sleep paralysis (You are unable to move for a few seconds or minutes as you are falling asleep or waking up).

b. Hypnagogic hallucinations (You see things that aren't there. You have the feeling that there is someone in the room with you as you are falling asleep)

c. Disturbed night time sleep (You wake up frequently and have trouble falling back to sleep).

Memory problems

You have trouble remembering things that people tell you. This is because you may not be fully awake when they are talking to you.

Who gets it?

About one out of every 2,000 people is known to have narcolepsy. There does seem to be a genetic link to it. There are more people in Japan who have it. Fewer people in Israel suffer from it. The chance that you have narcolepsy is higher when a relative also has it. It is very rare for more than two people in the same family to have this sleep disorder. It affects the same number of men and women.

How do I know if I have it?

1. Is it almost impossible for you to keep from falling asleep during the day?

2. Are you still sleepy even when you have had a full night of sleep?

3. Do you soon feel sleepy even after you have had a long nap?

If your answer to each of these questions is yes, then you might have narcolepsy. Narcolepsy can last for your entire life. It usually starts between the ages of 12 and 20. The symptoms do not get better without treatment. If you are unable to move when you first fall asleep or wake up, then you almost are sure to have narcolepsy.

It is also important to know if there is something else that is causing your sleep problems. They may be a result of one of the following:

- Another sleep disorder
- A medical condition
- Medication use
- A mental health disorder
- Substance abuse

Do I need to see a sleep specialist?

Yes. Many primary care doctors are not always sure how to figure out if you have narcolepsy. Since it is not a common sleep problem, doctors do not see many patients who have it. Sleep specialists deal with people who have narcolepsy all the time. They have the experience and skill to help you get better. They will need to know your full medical history. They will also be sure to give you a physical exam. Finally, you will need to do two sleep studies. These sleep studies will help them evaluate your problem.

What will the doctor need to know?

The doctor will need to know what symptoms you have and when they started. If you have sleep attacks, he or she will want to know how often you have them and what time of day they occur. It will be important to tell your doctor how old you were when you first started to have problems. He or she will need to know your full medical history. Find out if you have any family members with sleep problems. It will also be helpful if you fill out a sleep diary for two weeks.

Will I need to take any tests?

To know for sure if you have narcolepsy, you will need to do two sleep studies:

a. Overnight Sleep Study: also called a polysomnogram, this study records a full night of sleep.
b. Multiple Sleep Latency Test (MSLT): this is a daytime test that records at least four naps.

The polysomnogram will chart your brain waves, heart beat, and breathing as you sleep. It will also record how your arms and legs move. This will show if there are other problems that are causing your sleep attacks. Two examples of these problems are sleep apnea and periodic limb movement disorder.

People who have narcolepsy tend to fall asleep at unusual times during the day. The MSLT will measure how fast you fall asleep during the day. It will also show what kind of sleep you have when you take a nap.

Your doctor may ask that you take a test to screen for drugs before you have the MSLT. There are a number of drugs that can affect the results of the sleep study. The drug screen will help the doctor to know what the MSLT really says about your sleep problem.

How is it treated?

The most common way to treat narcolepsy is to use a medication. Your doctor will most likely want you to take a stimulant that helps you stay awake during the day. There are a variety of stimulants that can be used. It may take some time for your doctor to find the right medication for you. He or she will also need to find the right dosage to control your symptoms.

You may have narcolepsy with cataplexy. In this case, a doctor will use a different kind of drug to treat your muscle weakness.

3. Shift Work

What is it?

Shift work sleep disorder is a circadian rhythm sleep disorder that occurs due to a work schedule that takes place during the normal sleep period. This schedule requires you to work when your body wants to sleep. Then you have to try to sleep when your body expects to be awake. The timing of when you sleep and wake is much different than what your internal body clock expects.

This clock controls the “circadian rhythms” in your body. The word “circadian” means to occur in a cycle of about 24 hours. These rhythms make you feel sleepy or alert at regular times every day. Your internal clock tells your body when it is time to sleep at night. It also tells your body when it is time to be awake during the day. Among other factors, your clock is “set” by your exposure to sunlight.

There are several types of shift work schedules. These include the following:

a. Night shifts
b. Early-morning shifts
c. Rotating shifts

This sleep problem causes you to have trouble sleeping or to be severely tired. It is most often reported due to the night and early-morning shifts. These workers typically sleep one to four hours less than average. They also feel that the quality of their sleep is very poor. They do not feel refreshed when they wake up. This can hinder their performance at work. It can also make them less alert. This can put them at risk of an injury on the job.

The condition usually lasts as long as you keep a shift work schedule. Once you begin sleeping at a normal time again, the problems tend to go away. In some people, the sleep problems may continue even after the shift work schedule has ended. The length and severity of the problem varies from person to person. Some people are able to adjust better than others. There are also many different types of work schedules. Some people may only work an overnight shift to cover for a co-worker. Their sleep problem would be very brief. Others may work a regular night shift. Their problem would be ongoing. Many shift workers also work more hours each week than the average person. This can add fatigue to their sleep problems.

Many early-morning work shifts start between 4 a.m. and 7 a.m. These shifts may cause you to have trouble falling asleep or waking up. Those who work a regular evening shift may also have a hard time falling asleep.

Those who work night shifts are likely to become very tired on the job. They may feel a strong urge to take a nap. They also may not think clearly because of a reduced level of alertness. They are more likely to make mistakes.

They tend to sleep during normal nighttime hours on weekends or days off. This makes it even harder for their bodies to adjust to the unusual work hours.

This disorder can also affect you away from the job. You may need to use major portions of your free time to catch up on sleep. This can have a negative impact on your social and family life. You may also be more irritable. This can hurt your relationships with others. The disorder also increases the risk of drowsy driving. This can lead to an auto accident as you drive home from work. The disorder may also make stomach or heart disorders worse. Using drugs or alcohol to try to improve sleep can lead to substance abuse.

Who gets it?

Sleep problems from shift work affect male and female workers of all age groups. Those who have unusual work hours are most likely to have it. Estimates are that 2% to 5% of the general population is affected. This estimate does not include people who work early-morning shifts.

Some people feel that they function better at night. They go to bed very late at night on a regular basis. They may have delayed sleep phase disorder. These people may choose to work a night shift. They prefer to work during the late hours when they feel that they are more alert.

How do I know if I have it?

1. Do you have trouble sleeping or are you severely tired?

2. Is this problem due to a schedule that requires you to work when you would normally sleep?

3. Have you had this work-related sleep problem for at least one month?

4. Does this problem hurt your social, family, or work life?

If your answer to each of these questions is yes, then you might have shift work disorder.

It is also important to know if there is something else that is causing your sleep problems. They may be a result of one of the following:

- Another sleep disorder
- A medical condition
- Medication use
- A mental health disorder
- Substance abuse

Do I need to see a sleep specialist?

You may have to keep unusual work hours for a long period of time. In this case, you may want to visit a sleep specialist. He or she can provide you with methods to help your body adjust and to improve your sleep.

What will the doctor need to know?

You should complete a sleep diary for two weeks. This will give the doctor clues as to what might be causing your problems. You can also rate your sleep with the Epworth Sleepiness Scale. This will help show how your sleep is affecting your daily life. The doctor will need to know your complete medical history. Be sure to inform him or her of any past or present drug and medication use.

Will I need to take any tests?

Normally, a record of your sleep patterns and your work schedule is enough information for the doctor. He or she may want to use additional tests if other sleep disorders are suspected to be causing your problems. One or both of the following sleep studies might be considered:

1. Overnight Sleep Study : also called a polysomnogram, this study charts your brain waves, heart beat, and breathing as you sleep. It also records how your arms and legs move.

2. Multiple Sleep Latency Test (MSLT) : this is a daytime nap study that records brain waves during at least four naps. The MSLT measures how fast you fall asleep during the day. It also shows what kind of sleep you have when you take a nap.

Your doctor may ask that you take a test to screen for drugs before you have the MSLT. There are a number of drugs that can affect the results of the sleep study. The drug screen will help the doctor to know what the MSLT really says about your sleep problem.

How is it treated?

Many employers have plans to help their shift workers stay better rested. The goal is to lessen the effects of shift work on the workers' body clocks. This keeps them healthier overall, as well as safer on the job. Some of the techniques used by employers include the following:

- Reducing the number of times a worker changes shifts
- Changing shifts forward in time instead of backward
- Giving the workers regular rest periods
- Offering employees the option of exercise breaks
- Using bright light to imitate sunlight

4. Restless Leg Syndrome

What is it?

Restless legs syndrome (RLS) is when you have a strong urge to move your legs. This urge is very hard to resist. It often comes with other uneasy feelings deep inside the legs. You can have a very hard time trying to explain what this feels like. The sensation might be like burning, prickling, itching or tingling. It can even be more extreme and feel painful. These feelings, along with the urge to move, are made worse by rest. Lying or sitting still can be very hard. Temporary relief is found when you walk or move the legs. This relief tends to come right away.

The urge to move the legs grows worse at night and eases in the morning. RLS makes it very hard for you to rest or go to sleep. People with severe RLS may get less than five hours of sleep each night. This total sleep time is lower than with almost any other sleep disorder. Milder RLS will not disturb your sleep as much. People with RLS feel very tired and have less energy during the day. They are also more likely to suffer from depression or anxiety.

A related problem is that your leg muscles might tighten or flex while you are still. These movements can be out of your control. In extreme cases, they can take the form of periodic limb movements. These simple, repetitive muscle movements can occur when you are awake (periodic limb movements of wakefulness or PLMW). This can make it even harder for you to go to sleep. They can also occur while you sleep (periodic limb movements of sleep or PLMS). This can wake you up and make it harder for you to fall asleep again. Eighty to 90% of patients with RLS also have PLMS.

Mild RLS may show up for only a short period of time. It may also return after being gone for a long while. Symptoms tend to become more intense and last longer over time. It normally starts in the legs but may progress to more of the body. It will occasionally start in the ankles or feet. How bad it feels can vary from day to day. It is made worse when you are not active for a long period of time. This could be due to sitting in a theater, working at a desk, or taking a long plane or car ride.

Who gets it?

RLS occurs between 1.5 and two times more often in women than in men. Studies show that adults in the U.S. and Northern Europe have it at a rate of 5% to 10%. Studies also show that fewer people seem to have it in Asia.

It can occur at any age, from early childhood to late adult life. In children, RLS can be wrongly called “growing pains.” Some think that RLS in children may be related to attention-deficit/hyperactivity disorder. This idea has not yet been proven.

Secondary RLS is caused by other disorders or medical conditions. It is resolved when the other conditions are treated. It has clearly been shown to be associated with the following:

- Pregnancy
- End-stage renal (kidney) disease

- Iron deficiency and all conditions that produce low iron
- Peripheral neuropathy (a disease or abnormality of the nervous system)
- Some medications
- Most antidepressants (one antidepressant that does not trigger RLS is buproprion)
- Sedating antihistamines
- Virtually all centrally active dopamine-receptor antagonists, including anti-nausea medications
- Primary RLS is not directly caused by another sleep disorder or medical condition.

There may be a link between some sleep related eating disorders and RLS. This idea needs to be studied further.

RLS has an "early onset" when it starts before the age of 45. Signs of it may show up very slowly over time. Daily feelings of uneasiness in the legs do not always start right away. But these feelings usually occur on a daily basis after the patient is 40 to 65 years old. Late-onset RLS occurs more quickly and more often. Sometimes, it will occur daily from the time that it starts.

More than 50% of people with primary RLS report a pattern of it in their family. The risk of RLS is about three to six times greater when an immediate relative has it. Early onset of RLS points to a higher rate of RLS in the family.

How do I know if I have it?

1. Do you have an urge to move your legs or uncomfortable sensations?

2. Is this urge worse when you are at rest?

3. Do your legs seem to feel better when you walk, stretch or make other movements?

4. Are these feelings worse, or do they only occur, in the evening or at night?

If your answer to each of these questions is yes, then you might have RLS.

It is also important to know if there is something else that is causing your sleep problems. They may be a result of one of the following:

- Another sleep disorder
- A medical condition
- Medication use
- A mental health disorder
- Substance abuse

The feelings related to RLS can be very hard to describe. This can also make it hard to know for sure if someone has it. This is true for adults, but even more so for children. They often don't have the words to tell someone what is wrong. This makes it more important to know if the child's parent or other relative has RLS.

Do I need to see a sleep specialist?

Mild RLS may not bother you enough to seek medical help. You will want to see a sleep specialist if you think you may have a more severe case of RLS. It can greatly disturb your sleep. This can hinder you at work and at home by making you very tired during the day. It can also play a part in causing depression or anxiety. Your overall quality of life can suffer greatly.

What will the doctor need to know?

You should complete a sleep diary for two weeks. This will give the doctor clues as to what might be causing you problems. You can also rate your sleep with the Epworth Sleepiness Scale. This will help show how your sleep is affecting your daily life. The doctor will need to know your complete medical history. Be sure to inform him of any past or present drug and medication use. Also tell him if you or a relative have ever had a sleep disorder.

Will I need to take any tests?

Your doctor may have you do an overnight sleep study (polysomnogram), but this is not usually needed to detect restless legs. The polysomnogram charts your brain waves, heart beat, and breathing as you sleep. It also records how your arms and legs move. The best sleep study will also record your sleep on video. This will help show in clear detail how your legs move during the night.

Your doctor may order blood tests, including measuring iron.

How is it treated?

A regular exercise program may help restless legs. Reducing caffeinated drinks, alcohol use or smoking may also help. You may also reduce RLS by keeping mentally active while you are sitting down. When restless legs occur, any of the following activities may help:

- Walking
- Riding an exercise bike
- Massaging the legs
- Soaking in a hot tub
- Many medications are available to treat restless legs. The most commonly used ones are drugs that replace a chemical in the brain called dopamine.These drugs are also used to treat Parkinson disease. However, if you have restless legs, you are not at an increased risk of getting Parkinson disease. Other medications used include the following:
    - Sleeping tablets
    - Some anti-seizure medications
    - Narcotic pain killers

If you are shown to have iron deficiency, your doctor may recommend iron treatment. However, you should not take iron without a doctor’s advice. This is due to the fact that too much iron can be harmful to the liver