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1-800-994-9662

TDD: 1-888-220-5446

Insomnia

Q: What is insomnia?

A: Insomnia is too little or poor-quality sleep caused by one or more of the following:

- Trouble falling asleep
- Waking up a lot during the night with trouble returning to sleep
- Waking up too early in the morning
- Having un-refreshing sleep (not feeling well rested), even after sleeping 7 to 8 hours at night.

Insomnia can cause problems during the day, such as excessive sleepiness, fatigue, trouble thinking clearly or staying focused, or feeling depressed or irritable. It is not defined by the number of hours you sleep every night. Although the amount of sleep a person needs varies, most people need between 7 and 8 hours of sleep a night.

Q: What are the different types of insomnia and what causes them?

A: Insomnia can be:

- **Transient (short term).** Lasting from a single night to a few weeks
- **Intermittent (on and off).** Short term insomnia, which happens from time to time
- **Chronic (on-going).** Occurs at least 3 nights a week over a month or more

Chronic insomnia is either primary or secondary:

- **Primary insomnia** is not related to any other health problem.
- **Secondary insomnia** can be caused by a medical condition (such as cancer, asthma, or arthritis), drugs, stress or a mental health problem (such as depression), or a poor sleep environment (such as too much light or noise, or a bed partner who snores).

Q: Do women suffer from insomnia more than men?

A: Women are twice as likely to suffer from insomnia than men. Some research suggests that certain social factors, such as being unemployed or divorced, are related to poor sleep and increase the risk of insomnia in women. Also, insomnia tends to increase with age.

Sometimes perimenopausal (the time leading up to menopause) women have trouble falling asleep and staying asleep; hot flashes and night sweats often can disturb sleep. Pregnancy also can affect how well a woman sleeps.

Q: How is insomnia diagnosed?

A: If you think you have insomnia, talk to your doctor. It might be helpful to complete a sleep diary for a week or two, noting your sleep patterns, your daily routine, and how you feel during the day. Discuss the results of your sleep diary with your doctor. Your doctor may do a physical exam and take a medical history and sleep history. Your doctor may also want to talk to your bed partner to ask how much and how well you are sleeping. In some cases, you may be referred to a sleep center for special tests.



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Q: How is insomnia treated?

A: If insomnia is caused by a short-term change in the sleep/wake schedule, as with jet lag, your sleep schedule may return to normal on its own.

If your insomnia makes it hard for you to function during the day, talk to your doctor.

Treatment for chronic insomnia includes:

- Finding and treating any medical conditions or mental health problems.
- Looking for routines or behaviors, like drinking alcohol at night, that may lead to the insomnia or make it worse, and stopping (or reducing) them.
- Possibly using sleeping pills, although controversy surrounds the long-term use of sleeping pills. You should talk to your doctor about the risks and side-effects.
- Trying one or more methods to improve sleep, such as relaxation therapy, sleep restriction therapy, and reconditioning.

1. **Relaxation Therapy.** This type of therapy aims to reduce stress and body tension. As a result, your mind is able to stop “racing,” the muscles can relax, and restful sleep can occur.

2. **Sleep Restriction.** Some women suffering from insomnia spend too much time in bed trying to fall asleep. They may be helped by a sleep restriction program under the guidance of their doctor. The goal is to sleep continuously and get out of bed at the desired wake time. This

treatment involves, for example, going to bed later or getting up earlier and slowly increasing the amount of time in bed until the person is able to sleep normally throughout the night.

3. **Reconditioning.** This means using your bed only at bedtime when sleepy or for sex. Avoid other activities in your bed, such as reading or watching TV. Over time, your body will relate bed and bedtime with sleep.

Q: What can I do to sleep better?

- A:**
- Try to go to sleep at the same time each night and get up at the same time each morning. Do not take naps after 3 p.m.
 - Avoid caffeine, nicotine, and alcohol late in the day or at night.
 - Get regular exercise. Exercise during the day-make sure you exercise at least 5 to 6 hours before bedtime.
 - Make sure you eat dinner at least 2 to 3 hours before bedtime.
 - Keep your bedroom dark, quiet, and cool. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan, or a “white noise” machine to cover up the sounds.
 - Follow a routine to help relax and wind down before sleep, such as reading a book, listening to music, or taking a bath.
 - If you can’t fall asleep within 20 minutes or don’t feel drowsy, get up and read or do something that is not too active until you feel sleepy. Then try going back to bed.



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- If you lay awake worrying about things, try making a to-do list before you go to bed.
- Use your bed only for sleep and sex. See your doctor if you think that you have insomnia or another sleep problem. ■

For more information...

For more information on insomnia contact the National Women's Health Information Center at 1-800-994-9662 or the following organizations:

National Center on Sleep Disorders Research

NHLBI Health Information Center
Phone Number(s): (301) 592-8573
Internet Address:
www.nhlbi.nih.gov/sleep

National Sleep Foundation

Phone Number(s): (202) 347-3471
Internet Address:
www.sleepfoundation.org

American Insomnia Association

Phone Number(s): (708) 492-0930
Internet Address:
www.americaninsomniaassociation.org

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This FAQ has been reviewed by Michael Twery, Acting Director of the National Center on Sleep Disorders Research, National Heart, Lung, and Blood Institute, National Institutes of Health.

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