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Poor Sleep – what is it and what can I do?



Gwent Specialist Substance Misuse Service

Poor Sleep and Substance Misuse

Difficulties in sleeping are a common problem in people who use substances. Sleep can become disrupted because of:

- Living habits become chaotic because of substance use
- Some substances affect the parts of the brain that control sleep (e.g. alcohol, benzodiazepines)

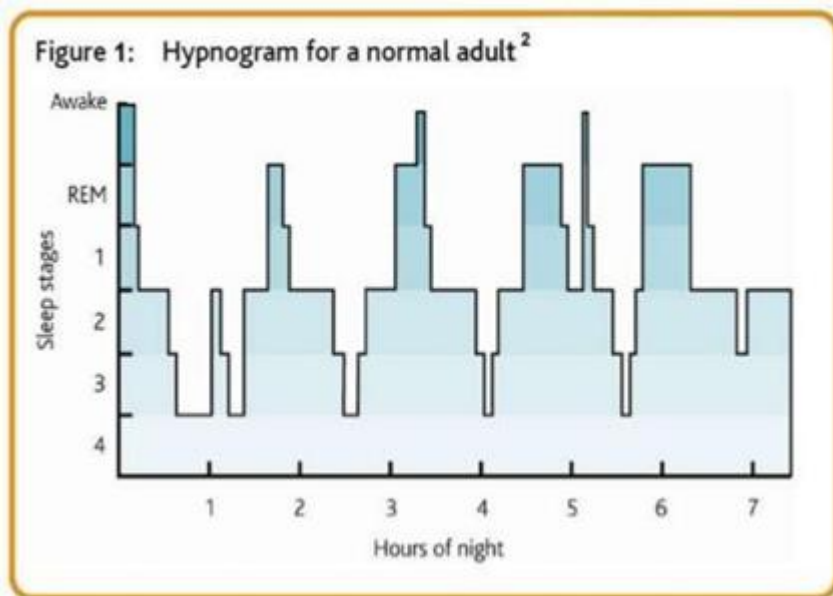
Not getting enough sleep is stressful and it can seem like an easy answer to use substances we know are sedating. However, this often causes more harm than good and so sleep problems need to be dealt with properly.

1. Normal Sleep

Sleep cycles usually repeat every 90 minutes. Each cycle is made up of 2 main types of sleep:

- Rapid Eye Movement (REM) sleep
- Non-REM sleep

We only dream during REM sleep. A normal night's sleep looks like this:



Sleep patterns change as we get older. People over 60 get less deep sleep and they do not sleep as soundly as younger people. The average person sleeps about 7 hours per night around the age of 40, 6.5 hours per night between the ages of 55 and 60, with a healthy 80 year old only

sleeping around 6 hours per night – but these are all averages and everyone is different.

2. Potential Causes of Poor Sleep

A lot of people think they have poor sleep when, in fact, they do not. Some people have unrealistic expectations of how much sleep they should have.

Possible causes of poor sleep can be considered as follows:

| Environment | Substances |
|---|--|
| Room is too light Room is too noisy Room is at wrong temperature Use of phones/tablets/TV before bedtime | Substances that affect sleep structure e.g. diazepam Withdrawal effects |
| Psychology | Physiology |
| Anxiety Depression Stress | Working shifts Taking daytime naps Jet Lag Pain Getting up to use the toilet |

Think about whether any of these apply to you and what you could do about it.

An important potential cause of insomnia is a condition called Obstructive Sleep Apnoea. With sleep apnoea, a person's airway becomes partially or completely obstructed during sleep, leading to pauses in breathing and a drop in oxygen levels. This causes a person to wake up briefly but repeatedly throughout the night. It is associated with daytime sleepiness and sleeping partners may have witnessed the pauses in breathing. It is important to mention this to the doctor.

3. What can I do?

There are lots of things you can do to help get a better night's sleep.

Get a regular sleep pattern

- Set the alarm for the same time every morning for 7 days a week, at least until your sleep pattern settles down.
- Get up at the same time every day, even if you did not fall asleep until late.
- Do not sleep during the day.



During the evening

- Make sure you “put the day to rest”. Think it through and use a notebook if necessary. Tie up loose ends in your mind and plan ahead.
- Try to keep yourself fit by performing light exercise in the afternoon or early evening (later than this can disturb your sleep).
- Have a regular routine before sleep whereby you wind down during the evening and avoid anything that is mentally demanding within 90 minutes of bedtime.
- Keep your sleep for bedtime (avoid afternoon naps!).
- Do not drink too much caffeinated drinks (e.g. tea, coffee, and certain soft drinks) and only have a light snack for supper.
- Do not drink alcohol to aid your sleep. It may help you fall asleep but you will almost certainly wake up during the night.
- Make sure your bed is comfortable and the bedroom is not too cold but not too warm and is quiet.

At bedtime

- Go to bed when you are “sleepy tired” and not before.
- Do not read or watch TV in bed.
- Turn the lights off when you get into bed.
- Relax and tell yourself that “sleep will come when it is ready”. Enjoy relaxing, even if you do not fall asleep at first.
- Do not try to fall asleep. Sleep cannot be switched on deliberately but attempting to do so may switch it off!



If you have problems getting to sleep

- Try not to get upset or frustrated as sleep problems are quite common and they are not as damaging as you might think.
- If you are awake in bed for more than 20 minutes, get up and go into another room.
- Do something relaxing for a while and do not worry about tomorrow.
- Read, watch TV or listen to quiet music and after a while you should feel tired enough to go to bed again.
- Remember that people usually cope quite well even after a sleepless night. Only return to bed when you feel “sleepy tired”.
- Use the techniques of “Sleep Restriction” or “Sleep Compression” (see below).
- Establishing a good sleep pattern may take a number of weeks, however you should remain confident that you *will* achieve it by working through this guide.

Sleep Restriction and Sleep Compression

Sleep restriction involves reducing the amount of time spent in bed to link more closely with actual time sleeping. Start off by keeping a sleep diary for 2 weeks.

In it record:

- Amount of time spent in bed
- Actual time spent sleeping



Consider the case of Alex. He spends 8.5 hours in bed but only sleeps for 5.5 of these. He was advised to spend 6 hours in bed initially and then to gradually increase this time as his sleep improves. Time in bed is increased by about 15 to 20 minutes approximately once every 5 days.

Sleep compression is where you decrease time in bed gradually to match sleep time rather than making an immediate big change. So, Alex would be advised to spend 8 hours in bed initially, then 7.5 after a few days and so on.

4. Drug Treatment for Insomnia

It can seem like the easy answer to sleep problems. After all, the suggestions above are going to take time and medication will work straight away.

There are some issues with medication though:

- Sedative drugs are all addictive – they work in very similar ways to alcohol; after only a few weeks, you can be dependent on them.
- Sedative drugs often show tolerance effects – that means that the effect gets less the more you take of them; as a result there is a big temptation to take more and more.
- If you do become dependent on them, you may experience some unpleasant (and possibly dangerous) withdrawal effects when you stop.
- If there are underlying problems causing your poor sleep, you will not get to the bottom of them if you just rely on tablets to help.

This is why doctors are reluctant to prescribe sleeping tablets – in the long run they can do a lot more harm than good.

5. Other Information

<https://www.rcpsych.ac.uk/mental-health/problems-disorders/sleeping-well>

**“This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg”.**