

Popping a pill not the best way to battle insomnia in the long term, suggest sleep experts

January 23 2012

Reaching for that sleeping pill or drinking alcohol may not be the most effective way for people with insomnia to get better sleep at night in the long run, suggests a study by Ryerson University experts.

“Poor sleepers who engage in what we call ‘safety behaviours’, such as taking sleep medication or [drinking alcohol](#), are actually disrupting their sleep in the long term,” said Heather Hood, a PhD student in clinical psychology and lead author of the study. “These safety behaviors are driven by unhelpful beliefs about sleep, but people suffering from [insomnia](#) or poor sleep feel they need to do these things to help them fall asleep.”

Hood, who has been trained in [insomnia](#) therapy, had conducted previous research on the connection between anxiety disorders and safety behaviour and was curious to see if there was a connection with insomnia as well. Ten to 15 per cent of Canadians suffer from clinical levels of insomnia.

The PhD student, along with Dr. Colleen Carney, her academic supervisor and director of Ryerson’s Sleep and Depression Laboratory, and Andrea Harris, another graduate psychology student, asked 397 undergraduate students to complete an online survey that asked about their safety behaviors (routines they did to avoid being awake at night), how often they completed these nightly rituals and how much they

believe they needed to complete these tasks to sleep. The student participants were also asked the degree to which they were afraid of not getting enough sleep and the extent to which they tried to avoid feeling tired.

The researchers found that 40 per cent of the students were poor sleepers and may be using safety behaviours that were not helping them.

“These students not only relied on these safety behaviors to help them, but truly believed that these routines were helping them sleep better at night. But, their strong beliefs in these behaviors were actually leading to more sleeping problems for them,” said Hood. “A poor sleeper or someone with insomnia may have many reasons for needing to do these things to help them sleep, but our study is questioning their beliefs if they are really helpful.”

The researchers also noted that poor sleepers felt they needed to rely on a certain task to help them sleep. With students who had no difficulty falling asleep, they often didn’t think of anything – they just fell asleep.

“People who are poor sleepers exert a ton of energy trying to force sleep,” said Carney. “Sleep is something that has to unfold naturally, so the more you engage in behaviours to try to sleep, the less likely you’re going to fall asleep.”

Carney, who is also a sleep disorder therapist, suggests cognitive behaviour therapy is a more effective, long-term solution for [sleep](#) sufferers. “In cognitive behavior therapy, which is what we are studying at Ryerson, we are teaching patients to give up that fight, and work with their physiology to help them learn how to fall asleep naturally.

“Cognitive behaviour therapy is the front-line recommended therapy for chronic insomnia. It teaches you to adopt the habits of a good sleeper by

changing your [sleep](#) habits and having a more relaxed attitude towards getting a good night's rest.”

The study, Rethinking Safety Behaviors in Insomnia: Examining the Perceived Utility of Sleep-Related Safety Behaviors, was published in the December issue of *Behavior Therapy*. It was also supported by the Ontario government's Early Researchers Award program, an award granted to promising university researchers, which Carney received in 2009.

Provided by Ryerson University

Citation: Popping a pill not the best way to battle insomnia in the long term, suggest sleep experts (2012, January 23) retrieved 25 April 2024 from https://medicalxpress.com/news/2012-01-pill-insomnia-term-experts_1.html

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