

Sleep hygiene helps patients catch some ZZZs

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A patient might only have to stop watching television in bed to get a good night's sleep

Proper sleep hygiene can help your patients fall and stay asleep consistently. Patients with insomnia are at a higher risk of developing or experiencing a recurrence of a mood disorder, and poor sleep can worsen psychiatric symptoms such as depression or mania.¹ Data about combining behavioral approaches and hypnotic medications to treat insomnia are inconclusive;² however, using the 2 together may help patients who do not respond to a single approach.

First rule out other causes of insomnia, such as sleep apnea, other medical conditions, or medications. Patients may improve after these factors are addressed.

Teaching sleep hygiene principles (*Box*) does not mean patients will adopt these habits, but employing the following suggestions could improve adherence:

Obtain a detailed sleep history to identify specific behaviors to be changed. For example, a patient might only have to stop watching television in bed to get a good night's sleep, although some may find a brief exposure to television or radio facilitates relaxation.

Explain the rationale for changing a behavior. For example, when telling patients to limit

Box

Sleep hygiene principles

- Establish a regular sleep-wake schedule
- Limit caffeine and alcohol consumption
- Avoid naps
- Eliminate noise and light from the sleep environment
- Use the bed only for sleep or sex
- Avoid looking at a clock when trying to sleep

caffeine or alcohol at night, list these substances' negative effects on sleep. Similarly, when instructing patients to avoid watching television in bed, tell them that using the bedroom only for sleep or sex will help condition them for sleep at bedtime.

Discuss sleep regularly. A patient might not disclose poor sleeping habits during the first session.

Give your patient handouts on sleep hygiene principles and highlight the most pertinent information. Ask the patient to place the handout where he or she will see it regularly.

Involve the family to help identify a patient's poor sleep habits and find ways to implement sleep hygiene principles.

Encourage patients to keep a sleep diary. Ask the patient to note how many hours and at what time he or she slept for at least 2 weeks, then bring this information to the next appointment. This record allows you to examine patients' sleep patterns and recommend appropriate changes.

Ask patients for creative ideas to improve their sleep. This dialogue will facilitate the therapeutic alliance and encourage positive changes in patients' lives.

References

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