

# IS LACK OF SLEEP STOPPING YOU FROM AWAKENING THIS SPRING?

*By Dr. Cathy*

It is estimated that 30-50% of the population has symptoms of insomnia. Why would a natural biorhythm activity be interrupted for so many people at what appears to be an increasingly high rate? Could we be out of balance with the Law of Recuperation?

Insomnia is defined as repeated difficulty with the initiation, duration, maintenance, or quality of sleep that occurs despite adequate time and opportunity for sleep that results in some form of daytime impairment.

## Consequences of chronic insomnia

- Patients with insomnia report decreased quality of life.
- Patients with insomnia report excessive fatigue as measure by the Fatigue Severity Scale and the Profiles of Mood Status (POMS).
- Patients with insomnia are more than twice as likely as the general population to have a fatigue-related motor vehicle accident.
- Increased occupational dysfunction and decreased work performance are likely due to chronic hyper-arousal state or perceptions of sleep deprivation rather than actual sleep loss from insomnia. For example, unlike patients with chronic sleep deprivation from other causes, patients with insomnia report less excessive daytime sleepiness and less psychomotor and cognitive impairment.
- Knutson et al found that the quantity and quality of sleep correlate with future blood pressure. In an ancillary to the Coronary Artery Risk Development in Young Adults (CARDIA) cohort study, measurement of sleep for 3 consecutive days in 578 subjects showed that shorter sleep duration and lower sleep maintenance predicted both significantly higher blood pressure levels and adverse changes in blood pressure over a 5 year span.

Adapted from Spielman AJ, Caruso LS, Globinsky PB: A behavioral perspective on insomnia treatment. *Psychiatry Clin North Am.* 1987 Dec; 10 (4):541-53

Clinical research has also shown that patients with chronic insomnia show evidence of increased brain arousal. For example, studies have indicated that patients with chronic primary insomnia demonstrate increased fast frequency activity during NREM sleep, an EEG sign of hyper-arousal, and evidence of reduced deactivation in key sleep/wake regions during NREM sleep when compared with controls. Furthermore, patients with insomnia have higher day and night body temperatures, urinary cortisol and adrenaline secretion, and ACTH than patients with normal sleep. A study of normal sleepers demonstrated that these changes were not due to sleep deprivation. Only a fraction of patients with medical and psychiatric conditions develop insomnia, which suggests that some patients have an inherent susceptibility (whether psychosocial, medical, or psychiatric) to develop insomnia in the context of a stressful event.



### Precipitating factors

In retrospective studies, a large proportion of patients with insomnia (78%) can identify a precipitating trigger for their insomnia. Morin and colleagues showed that these patients demonstrate **an increased response to stress** as compared with controls. A number of factors can trigger insomnia in vulnerable individuals. These factors include depression, anxiety, sleep-wake schedule changes, medications, other sleep disorders, and medical conditions. In addition, positive or negative family, work-related, and health events are common insomnia precipitants. Lack of exercise, proper nutrition and time for having fun must be considered.

### Perpetuating factors

Insomnia, regardless of how it is triggered, is generally accepted to be perpetuated by cognitive and behavioral mechanisms. Cognitive mechanisms include misconceptions about normal sleep requirements and excessive worry about the ramifications of the daytime effects of inadequate sleep. As a result, these patients often become obsessive about their sleep or try too hard to fall asleep. These dysfunctional beliefs often produce sleep disruptive behaviors such as trying to catch up on lost sleep with daytime naps or sleeping in late, which in turn reduces their natural homeostatic drive to sleep at their habitual bedtime. Learned sleep- preventing associations are characterized by over-concern about inability to fall asleep.

Consequently, these patients develop conditioned arousal to stimuli that would normally be associated with sleep (i.e., heightened anxiety and constantly thinking about going to sleep in their bedroom). A cycle then develops in which the more the patients strive to sleep, the more agitated they become, and the less they are able to fall asleep. This is called the Sympathetic nervous system response and chronically stimulates the brain and overrides the Autonomic response of relaxation. Thus, conditioned environmental cues causing insomnia develop from the continued association of sleeplessness with situations and behaviors that are typically related to sleep.

If you exhibit symptoms of insomnia that have lasted longer than 1-2 months you should get checked. Sleep is a natural law and there are many ways we as humans can override our body's normal bio-rhythms. I suggest a consult, as a few minutes of direct questions will reveal the underlying issue. Often a person is unaware of the way they are reacting to stress or stressors in their life and a good evaluation will set the stage for their treatment to resolve this often difficult condition. At Absolute Health Chiropractic, we offer testing for imbalance of brain chemistry with NeuroScience Labs and of course corrective natural treatments along with Zone Healing adjustments to balance the systems of the body. Your brain is programmed for Normal function and can return to normal when it is given the correct information. Remember HEATLH IS NORMAL and any deviation from it requires a form of re-training to return to normal.



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