UNDERSTANDING YOUR DIAGNOSIS

Insomnia

Also called Insomnia Disorder

You cannot fall asleep, stay asleep, or wake up rested, and your days show it. This has a proven fix.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 10 adults	Any age; more common later	Yes - therapy beats pills	Millions of US adults

What this is

- Insomnia disorder means trouble falling or staying asleep at least **3 nights a week** for **3 months** or longer.
- It counts when your days suffer too: tired, irritable, foggy, or already worried about the coming night.
- The problem keeps itself going. Trying harder to sleep is exactly the thing that keeps you awake.
- Insomnia is treated in its own right, even when depression, pain, or worry are also part of the picture.

What it can look and feel like

- You lie awake for a long time at bedtime, with your mind speeding up as the room goes quiet.
- You wake in the night and cannot get back down, or you wake far too early and just stay up.
- You feel exhausted all day but strangely wide awake the moment your head hits the pillow.
- You doze off easily on the couch, then snap fully awake as soon as you go into the bedroom.
- You watch the clock, count the hours you have left, and dread how tomorrow is going to go.
- You spend extra time in bed hoping to catch up, and that seems to make the nights even worse.
- Focus, mood, and patience are thinner than they used to be, and small things set you off.

What is happening in your brain and body

- Insomnia is an over-awake brain, not a lack of tiredness. Stress hormones stay high into the night.
- Sleep and wake systems compete. The sleep-promoting cells have to outweigh the alerting chemicals to win.
- Sleep pressure builds all day from a chemical called adenosine. Caffeine blocks it for **5 to 7 hours**.
- Your body learns links. When bed keeps pairing with lying awake, the bedroom becomes a wake-up cue.
- People with insomnia often sleep more than they think, usually by about **30 to 60 minutes** a night.

What can make it more likely

- It usually starts with something real: stress, an illness, a new baby, grief, or a schedule change.
- It turns lasting through the fixes: extra time in bed, naps, sleeping in, and simply trying harder.
- Genes account for roughly **a third** of the risk, and insomnia often runs in families with anxiety.
- Pain, menopause, sleep apnea, restless legs, caffeine, alcohol, and some medicines all feed it.

What to expect

- **CBT-I**, the talk therapy for insomnia, helps most people in **4 to 8 sessions**, often within weeks.
- Its results hold up better a year later than sleeping pills do, because the skills stay with you.
- It gets a little harder before easier. The first two weeks feel tiring, then sleep starts to consolidate.
- Flare-ups happen with stress or travel. The same steps that worked the first time will work again.

What helps

Treatment works. Most people get better.

Talking therapies

- **CBT-I** is the first-line treatment for long-standing insomnia, ahead of any sleeping pill.
- **Sleep restriction** trims your time in bed to match your actual sleep, which deepens it quickly.
- **Stimulus control** keeps the bed for sleep and sex, and gets you up when you are awake past 20 minutes.
- Cognitive work targets the catastrophic thoughts about tomorrow that keep your body on high alert.
- Digital **CBT-I** apps and online courses work nearly as well and help when no therapist is nearby.

Medicines

- Medicines are the second choice. They work best short-term, or alongside **CBT-I**, rather than instead of it.
- **Orexin blockers**, such as lemborexant, turn down the wake signal rather than sedating your whole brain.
- **Z-drugs** like zolpidem help short-term but can cause next-day grogginess and odd nighttime behavior.
- Low-dose **doxepin** and **ramelteon** are gentler options that are often preferred for older adults.
- Avoid nightly antihistamines and long-term **benzodiazepines**. Your prescriber sets the dose with you.

Everyday things that help

- Keep the same wake-up time every day, weekends included. That one habit anchors everything else.
- Get outside into morning light, and dim things down in the evening, screens very much included.
- Cut caffeine after early afternoon, and know that alcohol puts you under but wrecks the second half of the night.
- If you are awake and frustrated past about 20 minutes, get up, do something dull, and return when sleepy.
- Keep a simple sleep diary for **two weeks**. It shows patterns that memory alone will always miss.

Get help right away if

- Loud snoring, gasping, or breathing that stops in your sleep needs a check for sleep apnea.
- Falling asleep while driving is an emergency. Stop driving and call your clinician the same day.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Can you refer me for CBT-I, either in person or as an app?*
- *Should I be checked for sleep apnea or for restless legs?*
- *Are any of the medicines I take making my sleep worse?*
- *If I start a sleep medicine, how and when will we stop it?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.