

Change Your Habits to Sleep Better

What is insomnia?

Insomnia is the inability to get enough sleep or a good quality sleep. (See the Integrative Health handout "[Hints for Encouraging Healthy Sleep](#)" for more information on insomnia.)

What is a healthy approach to treating insomnia?

There are many ways to help yourself sleep better. Many people sleep better after they make small changes to their habits and lifestyle.^{1,2} These new habits allow the body's hormones to come into balance. These habits raise sleep hormone levels (melatonin) at night. They lower stress hormone (cortisol) in the evening. These habits will also keep your stress level lower during the day.³⁻⁶

What can I do to sleep better?

There may be some changes you can make that will help you sleep longer and better.^{7,8} The key is to find what works best for you. Try to change the habits that you can, one at a time. Do not try too many new things at once. We often recommend trying one new habit every two weeks.⁹

Daytime

- Keep a sleep diary. This can help you figure out what your sleep habits are now. Then you can decide which habits may need to change. Find a good example at <https://sleepfoundation.org/sites/default/files/SleepDiaryv6.pdf> .
- Get out of bed at the same time each day, no matter what.
- Go outside often. Having bright indoor lights during the day can also work.
- Move your body often. There is good research that tells us that regular exercise helps people feel more rested after they sleep.^{1,7,8,10} Exercise also helps people feel more awake during the day. However, avoid exercise for about an hour before planning to sleep.
- Eat fresh foods. Your brain needs nutrients so that it can make the chemicals and hormones that help you sleep well.¹¹
- Find ways to lower stress in your life. When the stress hormone (cortisol) is high, it keeps the sleep hormone (melatonin) low. The more you can find ways to relax, the more balanced these hormones will be.

Nighttime

- A few hours before you want to go to sleep, stay away from bright lights. This includes overhead lights, TVs, smart phones, tablets, and computer screens.
- Create a relaxing routine to do each night before you go to bed. Maybe this includes body and muscle relaxation, music, imagery, self massage, a warm bath, etc. Find a relaxing routine that works for you!¹²
- Go to bed at the same time every day, no matter what.

- Keep the bedroom dark. This lets your brain make more melatonin. Keep the temperature in your bedroom comfortable. Many people sleep better if the bedroom is on the cool side.
- Keep the bedroom quiet when sleeping. Some people also sleep better with a constant noise, like a fan, TV, or "white noise" machine. If you use noise to help you sleep, make sure there is not too much light in your room. For example, keep the TV screen dark, even if you feel the noise helps you sleep.
- Use your bed only for sleep and sex. Do not do work or other stressful activities in your bed or bedroom.
- Keep electrical devices away from your head when you sleep. The bright light from a phone or tablet can lower sleep hormones. Having these devices near you, when you are close to bedtime, can make you more stressed, which also makes it harder to sleep!
- Keep your feet and hands warm overnight. Wear warm socks and/or mittens or gloves to bed if you need to.
- Turn the clock around so you cannot see it. Some people get anxious if they are awake, which can make it harder to fall asleep.

Realize that you may not be able to do this alone. Lots of research tells us that one of the most helpful ways to fight insomnia is to get insomnia-related counseling. This is called Cognitive Behavioral Therapy for Insomnia (or CBT-I).^{10,13,14} For more information, see the Whole Health handout "[Counseling for Insomnia](#)."

What keeps you from sleeping well?

Many activities, medicines, foods, and drinks can make it difficult for a person to sleep well. Working to change these habits can make it easier to get a good night's sleep.¹⁵ (Keep in mind that some of these habits are very hard to overcome. Some people may need to work with a health care professional). The following are some examples of things to try.

- Avoid activities close to bedtime that make you feel more awake, nervous, or stressed. This may be different for different people, but usually includes watching TV, playing a competitive game, or having an important discussion with a loved one.
- Don't have caffeine after 3 p.m. (Coffee, many teas, energy drinks, chocolate, and many sodas all have caffeine).
- Don't read, watch TV, or use your electronic device in bed. This can make you more stressed, and the bright screen light can lower your melatonin.
- Steer clear of using alcohol to help you sleep. It can make you drowsy, but you can't get the deep, restful type of sleep when alcohol is in your system. Alcohol may also wake you up too early.
- Avoid going to bed too hungry or too full.
- Ditch daytime naps. These help some people but can keep many people from sleeping well overnight.
- Don't command yourself to go to sleep. This only makes your mind and body more alert and awake (and often upset).
- Try to steer clear of medicines, supplements, and substances that can make it difficult to get good sleep.¹⁶ Sometimes it is worth it to keep taking a medicine, even if it can affect

your sleep. One example is medicine to protect your heart. Ask your health care team for help. See the following table for examples.

Medicines That Can Make It Hard To Sleep or Limit How Much Melatonin Your Brain Lets Out at Night
<ul style="list-style-type: none">• Amphetamines (methylphenidate, dextroamphetamine)• Antidepressants (many classes – ask your health care team.)• Asthma “rescue” inhalers (albuterol)• Beta Blockers (atenolol, bisoprolol, carvedilol, labetalol, metoprolol, propranolol)• Decongestants (phenylephrine, ephedrine)• Diuretics (also called “water pills,” especially if taken at night: furosemide, torsemide, bumetanide, metolazone, chlorthalidone, hydrochlorothiazide, spironolactone, triamterene)• Histamine blockers (ranitidine, famotidine) and antihistamines (loratadine, fexofenadine, cetirizine)• Steroids (prednisone, prednisolone, betamethasone, cortisone, dexamethasone, fluticasone, mometasone)• Some thyroid replacement medicines (liothyronine, natural and other thyroid supplements containing T3/tri-iodothyronine)
Other Substances and Supplements That May Make it Hard to Sleep
<ul style="list-style-type: none">• Alcohol• Caffeine (including coffee, green/black tea, energy drinks)• Ginseng• Nicotine• SAMe• Tobacco• Weight loss supplements (Ma huang/ephedra, bitter orange)

For you to consider:

- Do you have trouble sleeping? If so, how long has this gone on?
- What do you think may be keeping you from sleeping well? Are there things in this handout that apply to you?
- Will you consider keeping a sleep diary for a week?
- What other ideas would you like to try?
- Don't hesitate to get help from your health care team if you are not sleeping well.

The information in this handout is general. **Please work with your health care team to use the information in the best way possible to promote your health and happiness.**

For more information:

ORGANIZATION	RESOURCES	WEBSITE
University of Wisconsin Integrative Health Program	A variety of Integrative Whole Health handouts on your surroundings	https://www.fammed.wisc.edu/integrative/resources/modules/
National Sleep Foundation	Information and videos	www.sleepfoundation.org
Kaiser Permanente	Guided Imagery recording to help with sleep, from their Health Journeys website	www.healthjourneys.com/kaiser/download/download_healthfulSleep.asp
<p>Book: Healthy at Home: Get Well and Stay Well without Prescriptions. Specifically check out Chapter 4, called “Calming the Nerves, Strengthening the Nervous System.” Book by T. Low Dog, National Geographic Press, 2014.</p>		

This handout was adapted for the University of Wisconsin Integrative Health Program from the original written for the Veterans Health Administration (VHA) by Taryn Lawler DO, Integrative Health Family Physician and former Academic Integrative Health Fellow, Integrative Health Program, University of Wisconsin Department of Family Medicine and Community Health. The handout was reviewed and edited by Veterans and VHA subject matter experts.

References

1. Treatment for insomnia. Accessed May 18, 2016, <https://sleepfoundation.org/insomnia/home>
2. Cognitive behavioral therapy for insomnia. Accessed May 18, 2016, <https://sleepfoundation.org/sleep-news/cognitive-behavioral-therapy-insomnia>
3. McBurney J. Recharge: educational overview. *Whole Health: Change the Conversation*. A joint project of the University of Wisconsin-Madison Integrative Medicine Program, Pacific Institute for Research and Evaluation, and the U.S. Department of Veterans Affairs Office of Patient Centered Care and Cultural Transformation. 2014;
4. McBurney J. Neuroplasticity and sleep: Clinical tool. *Whole Health: Change the Conversation*. A joint project of the University of Wisconsin-Madison Integrative Medicine Program, Pacific Institute for Research and Evaluation, and the U.S. Department of Veterans Affairs Office of Patient Centered Care and Cultural Transformation. 2014;
5. McBurney J. A natural approach to sleep, stress, and insomnia: clinical tools. *Whole Health: Change the Conversation*. A joint project of the University of Wisconsin-Madison Integrative Medicine Program, Pacific Institute for Research and Evaluation, and the U.S. Department of Veterans Affairs Office of Patient Centered Care and Cultural Transformation. 2014;
6. McBurney J. Hints for encouraging healthy sleep: clinical tool. *Whole Health: Change the Conversation*. A joint project of the University of Wisconsin-Madison Integrative Medicine Program, Pacific Institute for Research and Evaluation, and the U.S. Department of Veterans Affairs Office of Patient Centered Care and Cultural Transformation. 2014;
7. Buysse D. Insomnia. *JAMA*. 2013;309(7):706-16. doi:10.1001/jama.2013.193



8. Condition monograph on insomnia. Therapeutic Research Center. Accessed May 18, 2016, <https://naturalmedicines-therapeuticresearch-com.ezproxy.library.wisc.edu/databases/medical-conditions/i/insomnia.aspx>. Updated 2016
9. Naiman R. Insomnia. In: Rakel D, ed. *Integr Med*. 3rd ed. Elsevier Saunders; 2012:65-76.
10. Vitiello MV, McCurry SM, Shortreed SM, et al. Short-term improvement in insomnia symptoms predicts long-term improvements in sleep, pain, and fatigue in older adults with comorbid osteoarthritis and insomnia. *Pain*. Aug 2014;155(8):1547-54. doi:10.1016/j.pain.2014.04.032
11. Committee on Military Nutrition Research Food and Nutrition Board Institute of Medicine. *Food components to enhance performance: An evaluation of potential performance-enhancing food components for operational rations*. National Academy Press; 1994.
12. Jespersen K, Koenig J, Jennum P, Vuust P. Music for insomnia in adults. *Cochrane Database Syst Rev*. 2015;
13. Pilar Martinez M, Miro E, Sanchez A, et al. Cognitive-behavioral therapy for insomnia and sleep hygiene in fibromyalgia: a randomized controlled trial. *J Behav Med*. 2014;37(4):683-97. doi:10.1007/s10865-013-9520-y
14. Trauer J, Qian M, Doyle J, Rajaratnam S, Cunnington D. Cognitive behavioral therapy for chronic insomnia: a systematic review and meta-analysis. *Annals of Internal Medicine*. 2015;163(3):191-204. doi:10.7326/M14-2841
15. *The International Classification of Sleep Disorders: Diagnostic and Coding Manual*. 2nd ed. American Sleep Disorders Association Diagnostic Classification Steering Committee. American Academy of Sleep Medicine; 2005.
16. Glass J, Lancot K, Herrmann N, Sproule B, Busto U. Sedative hypnotics in older people with insomnia: Meta-analysis of risks and benefits. *BMJ*. Nov 19 2005;331(7526):1169. doi:10.1136/bmj.38623.768588.47