SLEEP & STRESS

When Sleepless Nights Belong in the Doctor's Office

The calendar, your daytime functioning and a few easily missed clues can tell you when restless nights need more than self-help.

One bad night is not the line

You are awake again, watching darkness give way to morning. Yesterday was difficult. Today already feels borrowed. The temptation is to make a bargain with yourself: wait one more night, try one more remedy, and call someone only if nothing changes.

A short spell of insomnia can follow pressure at work, family strain or a traumatic event. It may last days or weeks. That does not make the exhaustion imaginary, but it does mean a run of bad nights can still be a temporary response rather than an ongoing disorder.

The clearer dividing line is time. Insomnia that continues for a month or longer is considered chronic. If you regularly take more than 30 minutes to fall asleep, wake repeatedly and struggle to return to sleep, or wake too early, those patterns also suggest that this deserves attention rather than endless improvising.

Still, the calendar is only part of the decision. What happens after sunrise matters just as much. Poor-quality sleep can affect your thinking, physical and mental health, and ability to function through an ordinary day. You do not need to prove that every night is terrible before asking for help.

Your days cast the deciding vote

Insomnia does not stay politely in the bedroom. It can leave you sleepy and short of energy, anxious, depressed or irritable. Concentration, attention, learning and memory may become harder. When that begins to shape how you work, study or manage everyday tasks, waiting for an arbitrary breaking point is not useful.

Drowsy driving is the hard stop. Insomnia can make you sleepy behind the wheel and contribute to a crash. If you are struggling to remain awake at the wrong times during the day, the problem is no longer merely an unpleasant night; it has become a safety issue that warrants medical attention.

There is another useful distinction. Feeling worn out does not always mean you have insomnia. Some people with daytime tiredness have another sleep disorder, while others simply do not get enough sleep. Most adults need about seven to nine hours each night, although individual needs depend on age, lifestyle, health and sleep patterns.

That is why impact matters alongside hours. Sleep quality counts, too. When your sleep is repeatedly interrupted, you may not spend enough time in certain stages of sleep. A full stretch in bed can still leave you feeling unrefreshed, and that mismatch is worth describing to a health care provider.

Drowsy driving is the hard stop.

Listen for clues beyond insomnia

Sometimes "I can't sleep" is only the visible edge of a different problem. Loud snoring, snorting, gasping, choking sounds or pauses in breathing can point toward a sleep-related breathing disorder such as sleep apnea. If someone who shares your room notices these, bring that account to a medical appointment.

Sensations matter as well. Creeping, tingling or prickling in your legs or arms-especially in the evening, when you are trying to fall asleep-may come with a strong urge to move. Repeated jerking of the arms or legs during sleep is another detail that can steer the conversation away from insomnia alone and toward a movement-related sleep disorder.

Falling asleep at inappropriate times, frequent daytime naps or extreme daytime sleepiness also changes the picture. So can vivid, dreamlike experiences while dozing, brief inability to move or speak on waking, or sudden muscle weakness brought on by strong emotion. These are reasons to seek an evaluation rather than assuming you simply need better bedtime habits.

Your schedule may hold clues, too. Shift work, travel across time zones and irregular hours can interfere with sleeping and waking at the right times. Caffeine, alcohol and tobacco may contribute, while medicines, pain, heart or lung disease, nerve disorders, depression and anxiety can also sit behind persistent sleep trouble. Sometimes, though, the cause remains unknown.

The appointment is an investigation

A medical visit does not begin with a sleeping pill. Your provider can review your medical history, ask detailed questions about your sleep habits and perform a physical exam to look for other problems that might explain what is happening. That process matters because chronic

insomnia is often a symptom or side effect of something else.

You can make the conversation more useful by arriving ready to describe the pattern plainly: whether the trouble is falling asleep, staying asleep or waking early; how long it has continued; and what it does to you during the day. Mention schedule changes, substances, medicines and anything a bed partner has noticed.

A sleep study may be recommended, but it is not automatic. Overnight studies can record brain-wave activity, eye movements, breathing, blood pressure, heart rate and electrical activity in the heart and other muscles. Other studies assess how quickly you fall asleep during daytime naps or how well you remain awake.

The point is not to earn a test. It is to separate problems that can look similar from your side of the pillow. Insomnia, sleep apnea, restless legs, extreme daytime sleepiness and disturbances of the body's sleep-wake timing do not call for the same response. A careful history may change the question before any treatment is discussed.

Help is more than a pill

For short-term insomnia, changes in sleep habits and other parts of daily life may make falling asleep and staying asleep easier. Chronic insomnia deserves a more deliberate plan. If another medical condition, medicine or sleep disorder is contributing, addressing that problem is an important part of addressing the lost sleep.

Cognitive behavioral therapy for insomnia, often called CBT-I, has demonstrated beneficial results for chronic insomnia. Clinical guidelines strongly recommend multicomponent CBT-I for adults with the disorder. It is designed in part to reduce the anxiety that can gather around sleep, turning bedtime into another place where you feel you must perform.

The evidence becomes thinner for many popular alternatives. Relaxation therapy has a small amount of low-quality supporting evidence and receives only a conditional guideline recommendation. Guidelines have found insufficient evidence to recommend yoga, tai chi or mindfulness meditation for insomnia, while many acupuncture studies are small and low quality.

A 2022 review of 13 studies involving 1,007 adults found that music may improve people's reports of sleep quality. But the evidence was not good enough to establish an effect on insomnia severity or how often people woke. Pleasant is not the same as proven, and trying something soothing should not postpone an evaluation when the warning signs are already present.

Medicines can have a role, but most sleep aids are generally intended for short-term use.

Check with your provider before taking any sleep medicine or supplement. This week, notice the pattern, the daytime cost and the clues another person can hear or see. If the problem has lasted a month, disrupts your functioning, threatens driving safety or comes with breathing, movement or unusual daytime-sleep symptoms, make the appointment.

Where this comes from

- Sleep Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/sleepdisorders.html
- Insomnia

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/insomnia.html
- Sleep Science and Sleep Disorders | NHLBI, NIH

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/science/sleep-science-and-sleep-disorders
- Sleep Disorders - National Institute of Mental Health (NIMH)

  National Institute of Mental Health · https://www.nimh.nih.gov/health/trials/sleep-disorders
- Psychological and Physical Approaches for Sleep Disorders | NCCIH

  National Center for Complementary and Integrative Health · https://www.nccih.nih.gov/health/providers/digest/psychological-and-physical-approaches-for-sleep-disorders