Tips For Managing Sleep Problems (Insomnia)

What is insomnia?
Insomnia, or trouble sleeping, is a common problem for patients with cancer. Symptoms of insomnia include difficulty falling asleep, waking up often during the night or early morning and being unable to fall back to sleep. Insomnia can lead to fatigue, memory and concentration problems, mood disturbances and psychiatric disorders.

What causes insomnia?
- Risk factors include: personal or family history of insomnia, depression, anxiety, advanced age, and female gender.
- Causes can include: medications, recent or prolonged hospitalization, chemo, radiation, or hormonal therapy, pain, hot flashes, nausea and vomiting.
- Easily-modifiable (changeable) causes include: irregular sleep schedule, too much time spent in bed, napping, doing things that interfere with sleep in bed (TV watching or reading), and unrealistic sleep expectations.

How should insomnia be treated?
- Treat the underlying cause of insomnia, including pain, nausea, depression and hot flashes.
- A mix of prescription medication and psychological therapy may help with short-term relief.
  - Hypnotic medications are most commonly used, but they can have next-day effects, as well as a risk of dependence and rebound insomnia (even worse insomnia) when stopped.
  - These medications should not be taken for more than 2-4 weeks and should not be taken with other sedating agents or alcohol.
- Over-the-counter "sleep aids" should be used with caution.
  - Many of these agents contain antihistamines, which can cause sleepiness, but may be less effective than prescription medications and may have additional side effects.
- Over-the-counter herbal products such as melatonin, kava-kava, and valerian should be used with caution and not without first talking with your provider.
  - Herbal products are not required to undergo the same rigorous testing as prescription medications. Their side effects and interactions with other drugs or medical conditions are not well understood.

Non-Pharmacologic Treatments
- Associate bedtime and the bed/bedroom with sleep. Create a bedtime routine and have a regular sleep-wake cycle (consistent bedtime and wake time).
  - Use the bed for sleep and sexual activities only.
  - No TV watching, reading or eating in bed.
  - Don’t use tablets or your cell phone in bed. If your cell phone causes anxiety, keep it away from your bedside and placed on silent.
- Go to bed only when sleepy.
  - If unable to fall asleep, leave the bedroom and return when sleepy.
- Try not to nap. When needed, limit naps to 30 minutes and not after 3 pm.
- Use relaxation techniques such as deep breathing, stretching, meditation or prayer prior to bed.
- A warm bath, warm glass of milk or cup of chamomile tea at bedtime can help to induce a restful state.

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• Avoid excess alcohol—it may cause initial tiredness, but then leads to disrupted sleep.
• Avoid caffeine, nicotine, heavy or spicy meals, and alcohol for 4 to 6 hours before bedtime.
• Exercise (as little as 20 minutes, three times a week) can promote better sleep, although this should not be done too close to bedtime.
• Keep the place where you sleep dark, quiet, cool, and comfortable.
• Reduce anxiety.
  ◦ If having a clock nearby causes anxiety, remove it or put it where it is more hidden.
  ◦ Be realistic about sleep requirements and managing insomnia.

Getting enough sleep is a very important part of taking care of yourself. If you are having issues with sleep you should speak to your provider.

For more information on insomnia, go to Insomnia Overview on OncoLink.

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