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Sleep Problems Update

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Uniquenesses of Insomnia in Women

Women (57%) are more likely than men (51%) to report insomnia. Sometimes the start of a women's poor sleep is associated with menstruation, pregnancy, or menopause, but subsequently they may find that their poor sleep takes on a life of its own and continues. Fortunately, there are cognitive-behavioral approaches to improving poor sleep in such cases that do not require drugs.

The Menstrual Cycle In general, estrogen increases rapid eye movement (REM) sleep and progesterone may cause some women to feel sleepier. Women's sleep experiences vary greatly during the menstrual cycle and certain types of sleep problems are associated with each phase of the cycle.

Before Ovulation (days 1-12): Thirty six percent of women report their sleep is most disturbed at the beginning of the menstrual cycle. During the first two to three days of menstruation, many women tend to get less restful sleep than at other times. Many blame this on bloating.

After Ovulation (days 15-28): Women may find it more difficult to fall asleep toward the end of the phase, probably because of the rapidly falling levels of progesterone. Premenstrual syndrome symptoms may contribute to difficulty falling asleep, staying asleep, waking up too early, and/or unrefreshing sleep. (However, some women complain of hypersomnia during this time.)

Pregnancy Physical symptoms (body aches, nausea, leg cramps, fetus movements, heartburn) as well as emotional changes (depression, anxiety, worry) can interfere with sleep. Seventy eight percent of women report more disturbed sleep during pregnancy than at any other time. Sleep related problems also become more prevalent as the pregnancy progresses. Changes in sleep occur in 13-20% of women in the first trimester and increase to 66-90% by the third trimester.

First Trimester: The high levels of progesterone produce increasing feelings of sleepiness and thus the tendency toward more sleep than before they were pregnant, or later in pregnancy. Yet, the enlarged uterus can press up against the diaphragm making it more difficult to breathe and disturb sleep. Also, the frequency of awakening to urinate increases, and nausea at this time can also interfere with sleep. Interrupted sleep is lower quality sleep, which can contribute to daytime sleepiness.

Second Trimester: Although the need for frequent bathroom visits decreases, sleep quality is still worse than it was before pregnancy and many women become restless as they search for a comfortable sleeping position.

Third Trimester: Women experience the most pregnancy-related sleep problems at this time, although they may sleep longer and nap more by the end of the pregnancy. Physical discomfort, heartburn, leg cramps,

and sinus congestion are common reasons for disturbed sleep, as is increasing need to urinate. One study reported that by the end of pregnancy 97% of women were waking during the night.

Post-Partum: Mothers of newborn babies experience a lot of sleeplessness and daytime sleepiness, which may contribute to "postnatal blues." This usually improves as the baby develops and establishes regular, nighttime sleep. Primiparous women experience more sleeplessness than multiparous women.

Snoring and Severe Daytime Sleepiness: Pregnant women who have never snored before may begin doing so. About 30% of pregnant women snore because of increased swelling in their nasal passages. Their presenting complaint may be insomnia.

Restless Legs in Pregnancy: Up to 15% of pregnant women develop Restless Legs Syndrome (RLS) during the third trimester, making it difficult to fall and stay asleep. A contributing cause may be iron and/or folate acid deficiency. Fortunately, RLS symptoms usually end after delivery of the baby.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia and children's sleep problems. Offices in Fort Collins, Loveland, and Denver.
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Menopause From peri-menopause to post-menopause or removal of the ovaries, a high percent of women report sleeping problems as the production of estrogen and progesterone change and decrease. Menopause is often accompanied by hot flashes, mood disorders, and sleep-disordered breathing. Any or all of these can contribute to insomnia.

Generally, post-menopausal women are less satisfied with their sleep and up to 61% report insomnia symptoms.

Hot flashes may interrupt sleep by causing awakening and thereby contribute to less sleep efficiency. While total sleep time may not suffer, sleep quality does, and this may contribute to next-day fatigue.

While Hormone Replacement Therapy (HRT) has been found to help relieve menopausal symptoms, including insomnia, recent studies have shown problems with this therapy especially if long-term. Cognitive behavioral approaches to dealing with insomnia during menopause can be effective and safer than HRT.

Did You Know?
Research has consistently shown that while many things, such as those mentioned in this newsletter, can precipitate insomnia, poor sleep may continue well beyond the life of the precipitating cause. This means that even when the precipitating cause has been successfully treated or naturally remitted, the insomnia may persist and needs to be treated.