



Dr. Bill Moorcroft



Sleep Problems Update

Number 10

Case Study: Insomnia Affecting a Psychological Disorder

Patient: M.A., 41 y/o housewife, mother, and part time fitness instructor

Problem Sleep problems started for M.A. 5 years ago when her father died. She would awaken during the night and often would not be able to quickly return to sleep because her mind was a “busy radio station.” She had tried several sleeping pills in the recent past, settling on the combination of Restoril and Seroquel. However they were no longer working well for her. She was also on medications for Bipolar II but side effects from these drugs were beginning to be a problem.

through the night” with the combination of Lunesta and CBT. She also eventually stopped the psychiatric drugs.

Outcome: M.A. feels that her waking life has improved greatly now that she is consistently sleeping better. Her attitude about her sleep has changed from despairing to positive. At the moment she wants to continue with the Lunesta but said that eventually may want to try sleeping without it. She wants to wait until she is more proficient with the cognitive-behavioral techniques before tapering off of the Lunesta. Or she said she may decide to just keep using the Lunesta with the cognitive-behavioral techniques.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia, children’s sleep problems, and sleep problems from shift-work. Offices in Fort Collins, Loveland, Greeley, and Denver.

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M.A. feared that she “had lost the ability to fall asleep” and loathed going to bed because “night-time is the enemy.” The poorer her sleep the more she suffered during

the next day from fatigue, sleepiness, memory problems, and depression. She felt that if she could sleep well she would not need her psychiatric drugs.

Diagnosis: Psychophysiological Insomnia (307.42-0) and Hypnotic-Dependent Sleep Disorder (780.52-0)

Treatment: Treatment began by having her (with the cooperation of her physician) taper off the Restoril and Seroquel while switching to the more mild Lunesta. Simultaneously she was acquiring Cognitive-Behavioral techniques for sleep improvement from me. Quitting the Restoril caused rebound sleep problems for about a week and acquiring the CBT skills went slowly for her, but eventually she started “sleeping

Did You Know?

Surveys show that about 1 out of 3 people say they experience insomnia; 1 out of 10 say it is serious; yet most people do not mention their sleep problem with their health care providers. Also, research shows that insufficient sleep because of insomnia exacerbates medical and psychological problems in addition to generally diminishing quality of life. For these reasons the NIH recommends two simple questions be included in a review of systems:

- *How is your sleep?*
- *How do you function when awake?*

Discovering and treating insomnia can significantly improve patients’ lives.

Comment: Depression and insomnia go hand-in-hand and feed upon one another. The most effective remedy is to treat both the depression and the insomnia simultaneously