

Tailored Approach to Sleep Health Education Materials—Other Sleep Disorders

The following intervention materials, which provide information about sleep disorders other than sleep apnea, were developed by faculty in NYU Langone’s Department of Population Health as part of their Tailored Approach to Sleep Health Education study.

What Are Sleep Disorders?

Sleep disorders are problems that make it hard to get enough sleep and to have restful sleep. Sleep disorders are very common. About 50 to 70 million people in the U.S. have a sleep disorder. Talk to your doctor if you are having problems sleeping. In some cases, your doctor may refer you to a sleep specialist.

Restless Legs Syndrome

What is it? Restless legs syndrome, also known as RLS, can make it hard to fall asleep and stay asleep. RLS starts as a bad feeling in the legs, but it can also happen in the arms or other parts of the body. This feeling, which some describe as the “creepy crawlies,” or a buildup of energy, happens only in the evening. This feeling causes a strong urge to move the legs. Moving the legs makes the bad feeling go away, but only for a few seconds. People who have RLS will move the legs and change position trying to get rid of the bad feeling. If they get up and walk, the RLS goes away, but only to return after a few minutes. Falling asleep also makes the RLS go away. But in some people, RLS turns into very frequent leg kicks when sleeping that can make it hard to stay asleep.

What are the symptoms? People who have RLS may feel tired and sleepy during the day. RLS can happen a few days a week, or sometimes all day long.

What causes it? Doctors are not sure what causes RLS but a few things are:

- Low iron in the blood: Low iron in the blood may be the cause in some people. Iron is an important mineral that your body needs for many functions.
- Low iron in the brain: Another cause may be due to low iron in the brain. Within the body, there is a system to transfer iron to the brain. But sometimes this doesn’t work well and causes low iron in the brain.
- Genetic factors—meaning that it is passed from parents to their children.
- Sex: RLS can be found more often in women.
- Age: RLS can be found more often in older persons.
- Medications: Use of medications like antidepressants can sometimes worsen RLS.
- Other causes: Smoking, overexertion, and pregnancy can also worsen RLS in some people.

How do you get tested for RLS? After a physical exam your doctor can tell you if you have RLS.

How do you get treated? If you have RLS the treatment starts with your doctor looking for causes like low iron or use of certain medications. Your doctor will talk with you about lifestyle changes like quitting smoking and avoiding overexertion to help with the control of your RLS.

Narcolepsy

What is it? People with narcolepsy feel sleepy all the time. Standing, exercising, or doing any of the other things we do to stay awake will not help them. Their sleep is not restful. Their sleep is divided up by vivid dreams, as they are falling asleep. They wake up often in the middle of the night and describe feeling being paralyzed when asleep. Some people with narcolepsy also have cataplexy. Cataplexy are episodes of falling asleep with sudden loss of strength in the legs, arms, neck or back muscles. This is brought on by emotions like happiness, fear, anger, or even pleasure. About one in 2,000 people have narcolepsy.

What causes it? Narcolepsy is caused by the death of special cells in the brain that produce a hormone called Orexin. Orexin helps us stay awake. When these cells don't work well, cataplexy appears. People who have narcolepsy may find it hard to function at school, work, home, driving, and in social situations. Narcolepsy is sometimes mistaken for learning problems, seizure disorders, or laziness, especially in school-aged children and teens.

How do I get tested for narcolepsy? A doctor will suspect narcolepsy when you complain of sleepiness that lasts all day long. If you have vivid dreams at the beginning of sleep, and sleep paralysis, talk to your doctor. Sleep paralysis happens when your body is unable to move while asleep. If your doctor thinks you have narcolepsy, you will most likely be referred to a sleep specialist.

Sleep study: You may have to do an overnight sleep study (see the section on overnight sleep study). This is called a polysomnogram.

Multiple Sleep Latency Test: You may also be asked to take a Multiple Sleep Latency Test. During this test, you may be asked to take naps every two hours. These tests will show the doctor how sleepy you are. These tests will provide the doctor with information to assess that you do not have another sleep disorder like sleep apnea or RLS. Narcolepsy is usually diagnosed during the teen years. Some people aren't diagnosed until they are adults.

How do I get treated? Narcolepsy has no cure, but medicines that stimulate the brain can help the sleepiness and cataplexy. In some people, taking a 20-minute nap a couple of times a day can help. Research is being done on the causes of narcolepsy and new ways to treat it.

Insomnia

What is it? People who have insomnia have trouble falling asleep, staying asleep, or both. They may get too little sleep or do not have restful sleep that makes it hard to function during the daytime. It affects women more often than men. Insomnia can occur at any age. However, older adults are more likely to have insomnia than younger people.

What causes it? Most people with insomnia usually have other sleep disorders and common medical and mental health problems.

How do you get tested? Your doctor will likely diagnose insomnia based on your medical and sleep histories and a physical exam. He or she also may recommend a sleep study (see section on sleep study).

How do you get treated? Treating your other medical and mental problems can improve insomnia. Here are some tips:

- **Lifestyle:** Lifestyle factors can also affect sleep. For example, for people with insomnia, stopping or limiting use of caffeine might make it easier to sleep. Other lifestyle changes, including better sleep habits, often help short-term insomnia.
- **Cognitive Behavioral Therapy (CBT):** For chronic and long-lasting insomnia, your doctor may recommend cognitive-behavioral therapy (CBT). CBT is a type of treatment that focuses on examining the relationships between thoughts, feelings, and behaviors.
- **Medicine:** There are medications that treat insomnia. Talk with your doctor about all of the available options.

Delayed Sleep Phase Syndrome

What is it? People who suffer from delayed sleep phase syndrome are also called “night owls” because they go to bed late and usually wake up late. In delayed sleep phase syndrome, the clock in the brain that determines when we sleep and when we are awake is set late. These people cannot fall asleep when others go to bed, they might get the wrong diagnosis and don’t get the right treatment. Delayed sleep phase is more common among teens. In adults, delayed sleep phase is often caused by staying up late working or playing and not getting bright light in the morning. Delayed sleep phase syndrome affects school and work because these people cannot get to work on time or cannot stay awake in the morning while at school.

How do you get tested? The diagnosis of delayed sleep phase syndrome can be made using a simple sleep diary. In the diary, you write down the times that you go to bed and the time that you wake up. In some cases, your doctor may refer you for a sleep study to rule out other sleep conditions.

How do you get treated? Treatment is simple and fast.

Bright light: It involves exposure to bright light. You will be asked to spend time outside without wearing sunglasses for 30 minutes after you wake up. This will advance the brain clock by about one hour a day.

Medication: The use of very low doses of melatonin (0.5 to 1.5 mg) can also help. Melatonin is available over-the-counter. The combination of bright light after you wake up and low dose melatonin can help. If you use over-the-counter melatonin, talk with your doctor.

Jet Lag Disorder

If you have difficulty adjusting to a new time zone, you are suffering from jet lag disorder. This happens when you travel across time zones. Natural signals from sunlight in your new location may tell you it is 8 a.m. and you should be active, but your body is telling you it is more like 4 a.m. and you should sleep. The end result is jet lag—sleepiness during the day, difficulty falling or staying asleep at night. You may also have trouble concentrating, feel confused, and feel irritable. Be aware that adjusting to a new time zone may take several days.

Tips for Jet Lag Disorder:

- During the 2–3 days before a long trip, get enough sleep.
- If you are traveling west, go to bed later and wake up earlier little by little. For instance, go to sleep 20 to 30 minutes earlier or wake up 20 to 30 minutes later.
- If you are traveling east, wake up 10 to 15 minutes earlier each day for a few days, and try to go to sleep 10 to 15 minutes earlier each night.
- Avoid alcohol and caffeine. If you drink alcohol, you're more likely to sleep lighter and wake up in the middle of the night.
- Caffeine can make it harder for you to fall asleep if the caffeine effects haven't worn off by the time you are ready to go to bed. Caffeine can make sleep hard for 6 hours or longer after drinking it.

Shift Work Disorder

A shift worker is someone who does not work the 9-5 work schedule. They tend to work different hours like 5 at night to 6 in the morning; 33% of all workers in the U.S. are shift workers. Examples of shift workers are doctors, nurses, police officers, truck drivers, and fast food workers. Shift workers tend to have problems with sleep. They find it difficult to fall asleep or stay asleep during the daylight hours.

Shift workers often feel sleepy on the job and find it hard to concentrate. Some people have “micro sleep.” Micro-sleep is a sudden moment of sleep. This can last for a few seconds. For instance, truck drivers who work at night feel sleepy when driving. They may fall asleep behind the wheel. Shift workers tend to have mental health and medical health problems like heart disease. People who are shift workers also feel down or depressed and irritable. Shift workers may have other sleep problems like insomnia.

Tips for Shift Workers:

- If you are at work, take breaks for short 20-minute naps.
- Try to work with other people to help keep you awake.
- When possible, avoid several nights of shift work in a row.
- Take breaks for activity, like playing basketball or taking a walk.
- Drink caffeine like coffee or soda to help you stay awake at work.
- When your shift is over, wear dark sunglasses on your way home from your shift. The sunlight will tell your body that you should stay awake.
- Avoid alcohol. More than 1-2 drinks close to bedtime may make it hard to stay asleep.
- Avoid caffeine close to bedtime. Caffeine can make sleep hard for 6 hours or longer after drinking it.
- Use eye masks or blackout blinds and earplugs when trying to sleep.
- Ask your family and friends not to call, text, or visit you when you are trying to sleep.