CONDITION

Insomnia

Insomnia is ongoing trouble falling asleep, staying asleep, or sleeping well enough to function during the day.

WHAT IT IS
Persistent difficulty sleeping despite enough opportunity

BODY SYSTEM
Nervous system and sleep-wake regulation

MAIN SYMPTOMS
Trouble falling asleep, waking often, early waking, daytime tiredness

WHAT CAUSES IT
Stress, habits, health conditions, medicines, or unknown factors

HOW IT IS DIAGNOSED
Sleep history, daytime effects, and sometimes sleep diary

MAIN TREATMENT
Cognitive behavioral therapy, sometimes sleep medicines

CAN IT BE CURED?
Sometimes - often improves with effective treatment

IS IT AN EMERGENCY?
Sometimes - suicidal thoughts or dangerously impaired alertness

LONG-TERM OUTLOOK
Often manageable, but symptoms may return during stress

Overview

Insomnia means regularly having trouble falling asleep, staying asleep, or returning to sleep after waking. It can also mean waking earlier than planned. These problems happen even though you have enough time and a suitable place to sleep.

A poor night's sleep by itself is not insomnia. The condition also affects how you feel or function while awake. You may be tired, irritable, unable to concentrate, or worried about the next night.

Short-term insomnia may last for days or weeks. It often starts during stress, illness, travel, grief, or a change in routine. Chronic insomnia lasts longer. Formal definitions generally use a pattern of at least three nights a week for at least three months, with daytime effects.

Insomnia is different from choosing not to sleep or being unable to sleep because of work, caregiving, noise, or another outside demand. It can occur alone or alongside conditions such as depression, chronic pain, menopause, sleep apnea, or restless legs syndrome.

Sleep needs are individual. The diagnosis is based on sleep difficulty and its effects, not simply the number of hours you sleep.

Symptoms

Insomnia can affect both the night and the following day. Night-time symptoms may include:

During the day, you may notice tiredness, low energy, irritability, poor concentration, headaches, or reduced motivation. Some people feel sleepy, while others feel exhausted but cannot nap.

You may also become increasingly concerned about sleep. Watching the clock, calculating how many hours remain, or trying very hard to force sleep can increase alertness and make the pattern harder to break.

Symptoms can change from night to night. A few better nights do not rule out insomnia, and occasional poor nights do not mean that you have a chronic condition.

- Taking a long time to fall asleep
- Waking repeatedly or remaining awake for long periods
- Waking earlier than intended
- Feeling that sleep was light or unrefreshing

Causes and risk factors

Insomnia rarely has one simple cause. It often begins with a trigger and continues because the brain starts linking bedtime with wakefulness, frustration, or worry.

Common triggers include emotional stress, grief, illness, pain, travel, shift work, menopause, pregnancy, and changes in family or work responsibilities. Irregular sleep times, long daytime naps, or spending extended periods awake in bed can help maintain the problem.

Several health conditions can disturb sleep. These include anxiety, depression, post-traumatic stress, chronic pain, breathing problems, an overactive thyroid, reflux, and conditions that cause frequent urination.

Other sleep conditions may look like insomnia. Sleep apnea can cause repeated breathing

pauses, loud snoring, or gasping. Restless legs syndrome causes an uncomfortable urge to move the legs, usually when resting. A disrupted body clock can make sleep difficult at the expected time even when sleep is normal at other hours.

Caffeine, nicotine, alcohol, cannabis, and other substances may affect sleep. Alcohol can make you drowsy at first but often leads to lighter, more interrupted sleep later.

Some prescription and nonprescription medicines can also interfere with sleep. Examples include certain stimulants like methylphenidate or lisdexamfetamine , decongestants, corticosteroids like prednisone or hydrocortisone , and some medicines used for mood, breathing conditions, or blood pressure. Do not stop a prescribed medicine without discussing it with the prescriber.

Risk may be higher when sleep is frequently interrupted, work hours change, or stress remains unresolved. Having another physical or mental health condition does not mean insomnia is unavoidable.

Diagnosis

There is no single blood test or scan that confirms insomnia. A healthcare professional usually diagnoses it from your sleep pattern, daytime symptoms, medical history, and whether you have enough opportunity to sleep.

You may be asked about bedtime, wake time, night-time awakenings, naps, shift work, substances, medicines, snoring, leg discomfort, mood, and how sleep affects daily activities.

A sleep diary kept for one or two weeks can show patterns that are difficult to remember. It may record when you went to bed, when you think you fell asleep, awakenings, naps, and when you got up.

A wearable device can estimate sleep and activity, but it cannot diagnose insomnia by itself. Its estimates may differ from your actual sleep.

Blood tests may be used when symptoms suggest another cause, such as a thyroid problem. An overnight sleep study is not routinely needed for uncomplicated insomnia. It may be appropriate if sleep apnea, unusual movements, seizures, or another sleep condition is suspected.

Treatment and management

Treatment aims to improve sleep while reducing the worry and habits that keep insomnia

going. Any contributing pain, breathing problem, mood condition, substance use, or medicine effect may also need attention.

Cognitive behavioral therapy for insomnia, called CBT-I, is the main treatment for chronic insomnia. It is a structured therapy rather than general advice about sleep. It may be delivered in person, in a group, through telehealth, or through some guided digital programs.

CBT-I commonly includes:

The time-in-bed part of CBT-I is sometimes called sleep restriction, although it restricts time in bed rather than removing the need for sleep. It can temporarily increase tiredness. Professional guidance is especially important if you have bipolar disorder, epilepsy, a high risk of falls, or a job in which sleepiness could be dangerous.

Good sleep habits can support treatment, but they may not be enough on their own for chronic insomnia. Helpful steps include using the bed mainly for sleep, getting up at a regular time, limiting late caffeine, and keeping the bedroom dark, quiet, and comfortable. Trying to force sleep or going to bed much earlier after a bad night can be counterproductive.

Prescription sleep medicines may be considered when symptoms are severe, CBT-I is unavailable, or short-term relief is needed. Options act in different ways and have different risks. Choice depends on whether the main problem is falling asleep, staying asleep, or waking early, as well as your age, health, other medicines, and risk of falls or dependence.

Some sleep medicines can cause next-day impairment, memory problems, unusual sleep behaviors, or withdrawal symptoms. Alcohol and other sedating substances can increase harm. A medicine should be reviewed rather than continued automatically.

Over-the-counter antihistamine like cetirizine or loratadine sleep aids can cause dry mouth, constipation, confusion, and next-day drowsiness. Their effect may weaken with repeated use. Melatonin may be more useful for certain body-clock problems than for chronic insomnia, and supplement quality can be inconsistent.

Medicines commonly used for this include daridorexant , eszopiclone , lemborexant and suvorexant . Which one suits you, if any, is a decision for you and your doctor.

- Keeping a consistent wake time
- Rebuilding the connection between bed and sleep
- Adjusting time in bed to match actual sleep more closely
- Changing unhelpful beliefs and fears about sleep
- Learning ways to reduce physical and mental arousal

Complications

Persistent insomnia can reduce concentration, memory, reaction time, work performance, and quality of life. It may contribute to driving or workplace accidents, particularly when combined with sedating medicines or alcohol.

Insomnia and mental health affect each other. Poor sleep can worsen anxiety or depression, while those conditions can make sleep more difficult. Severe or prolonged sleep loss may be especially concerning in people with bipolar disorder because it can occur with mania, a period of unusually elevated or irritable mood and increased energy.

Research links chronic insomnia with several long-term health problems, including high blood pressure and cardiovascular disease. An association does not prove that insomnia alone caused the condition, because stress, health conditions, medicines, and lifestyle factors may overlap.

Treatment complications can also occur. Sedating medicines may increase falls, impaired driving, dependence, or unusual behaviors during sleep. These risks should be considered separately from the effects of insomnia itself.

Prevention

Insomnia cannot always be prevented. Illness, grief, hormonal changes, pain, mental health conditions, and necessary medicines may disrupt sleep despite good habits.

After a short period of poor sleep, maintaining a steady wake time and avoiding long compensatory naps may reduce the chance that the pattern becomes established. Addressing pain, stress, mood symptoms, or breathing problems early may also help.

Protecting time for sleep is useful, but perfect sleep is not a realistic goal. Occasional difficult nights are normal. Treating every poor night as a crisis can increase sleep-related worry.

If shift work or caregiving regularly interrupts sleep, prevention may be limited by circumstances. Practical changes to schedules, light exposure, noise, and shared responsibilities may be more relevant than standard sleep advice.

Living with it and what to expect

Short-term insomnia often improves when its trigger settles. Chronic insomnia can continue for months or years, sometimes with periods of good sleep followed by recurrence during stress, illness, travel, or schedule changes.

Improvement is not always immediate or perfectly steady. During CBT-I, sleep may temporarily feel harder before it becomes more consistent. Progress may mean less time awake, less fear about bedtime, or better daytime function rather than sleeping well every night.

Many people learn to manage insomnia with skills they can reuse when symptoms return. Others need further assessment for another sleep condition, ongoing treatment for a related health problem, or periodic review of medication.

Insomnia does not necessarily mean that your body has lost the ability to sleep. People often sleep more than they believe because brief periods of sleep can feel like wakefulness. Even so, the distress and daytime effects are real and deserve appropriate care.

When to get medical help

Arrange a routine appointment if sleep difficulty lasts for several weeks, keeps returning, or affects work, study, relationships, driving, or mood. You should also seek assessment if you rely regularly on alcohol, cannabis, over-the-counter products, or prescription sedatives to sleep.

Routine assessment is also appropriate if you have loud snoring, breathing pauses, gasping, an urge to move your legs, persistent pain, or symptoms of anxiety or depression. These features may point to a contributing condition that needs separate care.

Seek urgent medical help if you have gone with very little sleep and develop unusually high energy, racing thoughts, severe agitation, hallucinations, confusion, or risky behavior. These symptoms may reflect a mental health or medical problem rather than ordinary insomnia.

Get emergency help if you have thoughts of suicide or feel unable to keep yourself safe. Do not drive or operate machinery if sleep loss or a sleep medicine has made it difficult to stay alert. If dangerously impaired alertness is immediate, arrange safe transport and urgent assistance.

Common questions

How many hours of sleep means I have insomnia?

There is no single number. Insomnia is diagnosed from difficulty sleeping despite enough opportunity, together with distress or daytime impairment. Some people naturally sleep fewer hours without symptoms.

Why am I tired all day but wide awake at night?

Your sleep drive, body clock, stress response, habits, substances, and health can all play a role.

Worrying about sleep may also make the brain more alert at bedtime. A sleep diary can help reveal the pattern.

Can insomnia go away on its own?

Short-term insomnia may settle when stress, illness, or a schedule change improves. If it persists, targeted treatment such as CBT-I can help. Symptoms may return during future periods of stress without meaning treatment has failed.

Is melatonin a treatment for insomnia?

Melatonin can help some body-clock disorders and may help selected people with sleep difficulty. It is not equally effective for every form of insomnia. Product strength and purity may differ between supplements.

Should I stay in bed when I cannot sleep?

Remaining in bed while frustrated or fully awake can strengthen the link between bed and wakefulness. CBT-I often teaches people to leave the bed briefly for a quiet activity and return when sleepy. Safety matters if getting up at night could lead to a fall.

Can I catch up after a bad night?

Extra sleep may reduce short-term tiredness, but sleeping very late or taking long naps can make the next night's sleep more difficult. A consistent wake time usually supports a steadier pattern. Avoid driving or hazardous work when you are too sleepy to perform safely.

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