CONDITION

Sleep disorders

Sleep disorders are conditions that disrupt sleep quality, timing, breathing, movement, or daytime alertness.

WHAT IT IS
Conditions affecting sleep quality, timing, breathing, movement, or alertness

BODY SYSTEM
Nervous system and breathing

MAIN SYMPTOMS
Trouble sleeping, daytime sleepiness, unusual movements, breathing pauses

WHAT CAUSES IT
Biology, health conditions, medicines, sleep habits, or environment

HOW IT IS DIAGNOSED
History, sleep diary, examination, and sometimes sleep testing

MAIN TREATMENT
Behavioural therapy, breathing support, medicines, or schedule changes

CAN IT BE CURED?
Sometimes - some causes resolve; others need ongoing management

IS IT AN EMERGENCY?
Sometimes - blue lips, severe breathing trouble, or immediate danger

LONG-TERM OUTLOOK
Most disorders improve with correct diagnosis and appropriate management

Overview

Sleep disorders are a group of conditions that affect how well, how long, or when you sleep. Some interfere with breathing or movement during sleep. Others cause excessive sleepiness even when you appear to have enough time in bed.

Common types include:

An occasional poor night does not necessarily mean you have a sleep disorder. Sleep can be disturbed by stress, illness, travel, caring responsibilities, or a temporary change in routine. A disorder is more likely when symptoms continue, repeatedly affect daytime life, or create a safety risk.

Sleep matters because it supports attention, memory, mood, physical recovery, and safe

reaction times. The effects of a sleep disorder depend on its type and severity. For example, untreated sleep apnoea has different risks from insomnia or sleepwalking.

- Insomnia , meaning ongoing difficulty falling asleep, staying asleep, or waking too early
- Obstructive sleep apnoea , in which the throat repeatedly narrows or closes during sleep
- Circadian rhythm disorders , in which the body clock is out of step with the required schedule
- Restless legs syndrome , which causes an urge to move the legs, usually during rest
- Narcolepsy and other hypersomnolence disorders , which cause severe daytime sleepiness
- Parasomnias , such as sleepwalking, night terrors, or acting out dreams

Symptoms

Symptoms may happen during the night, during the day, or both. You may not notice nighttime symptoms yourself. A partner or family member may be the first to report them.

Possible nighttime symptoms include:

Daytime effects can include sleepiness, reduced concentration, irritability, low mood, headaches, or feeling unrefreshed after sleep. Children may appear overactive, have behaviour changes, or struggle at school rather than looking sleepy.

Sleepiness and fatigue are not quite the same. Sleepiness means you are likely to fall asleep. Fatigue is a lack of energy or stamina. They can occur together, but fatigue can also result from anaemia, thyroid problems, infection, pain, depression, medicines, and other conditions.

- Taking a long time to fall asleep
- Waking often or too early
- Loud snoring, gasping, choking, or pauses in breathing
- An uncomfortable urge to move the legs
- Kicking, walking, shouting, eating, or acting out dreams
- Sleeping at times that do not match work, school, or family life
- Vivid experiences or an inability to move while falling asleep or waking

Causes and risk factors

There is no single cause of sleep disorders. Each type has its own pattern.

Insomnia can begin during stress, illness, pain, menopause, pregnancy, or a major life change. It may continue because the brain becomes more alert around bedtime or because long periods awake in bed strengthen the link between bed and wakefulness. Anxiety, depression, alcohol, caffeine, nicotine, and some medicines can contribute.

Obstructive sleep apnoea occurs when the upper airway repeatedly narrows or closes during sleep. Risk is affected by throat and jaw structure, larger tonsils, age, family history, alcohol, and some sedating medicines. Higher body weight is an important risk factor for many people, but sleep apnoea can occur at any body size.

Circadian rhythm disorders involve the body's internal clock. Shift work, jet lag, limited daylight exposure, or a naturally early or late sleep pattern can create a mismatch between this clock and required sleep times.

Restless legs syndrome can run in families. It is also associated with low iron levels, pregnancy, kidney disease, and some medicines. The exact cause is not always found.

Narcolepsy affects the brain systems that control sleep and wakefulness. One form is linked to loss of brain cells that produce hypocretin, also called orexin, a chemical that helps maintain wakefulness. It is not caused by poor sleep habits.

Parasomnias may be more likely with sleep loss, fever, stress, alcohol, certain medicines, or another sleep disorder. Some, such as sleepwalking, are more common in children and may become less frequent with age.

Diagnosis

Diagnosis begins with a detailed sleep history. You may be asked about your sleep schedule, bedtime routine, snoring, movements, medicines, substance use, work pattern, and daytime symptoms. Information from someone who has seen you sleep can be useful.

A sleep diary usually records bedtimes, estimated sleep time, awakenings, naps, and daytime sleepiness over several days or weeks. A wearable movement monitor called an actigraph may help assess sleep timing, especially when a circadian rhythm disorder is suspected.

Not everyone needs an overnight sleep study. Testing is chosen according to the suspected condition.

Polysomnography is an overnight study that records breathing, oxygen level, heart rate, brain activity, and body movements. It can help diagnose sleep apnoea, unusual sleep behaviours, and some movement disorders. A home sleep apnoea test may be appropriate for certain

adults with signs of obstructive sleep apnoea, but it does not assess every sleep disorder.

If narcolepsy is suspected, an overnight study may be followed by a multiple sleep latency test . This measures how quickly you fall asleep during planned daytime naps and whether rapid eye movement, or REM, sleep begins unusually early.

Blood tests do not confirm most sleep disorders. They may identify contributing problems such as iron deficiency or thyroid disease.

Treatment and management

Treatment depends on the specific disorder. General sleep advice can support care, but it is not a substitute for targeted treatment.

For long-term insomnia, cognitive behavioural therapy for insomnia , or CBT-I, is the main behavioural treatment. It helps change thoughts and habits that keep insomnia going. It may include adjusting time in bed, strengthening the connection between bed and sleep, and learning ways to reduce nighttime alertness. It is more structured than basic "sleep hygiene."

Obstructive sleep apnoea may be treated with positive airway pressure, often called PAP or CPAP. A machine gently moves air through a mask to keep the airway open. Depending on the person and the cause, other options may include a fitted oral appliance, weight management support, positional treatment, or surgery.

Circadian rhythm disorders may be managed through carefully timed light exposure, changes to the sleep schedule, and sometimes melatonin. Timing is important: taking melatonin or using bright light at the wrong time can shift the body clock in an unwanted direction.

Restless legs syndrome treatment may involve correcting iron deficiency when tests show it, reviewing medicines that may worsen symptoms, and using condition-specific medication when needed.

Narcolepsy management may combine planned naps, adjustments at school or work, and medicines that improve wakefulness or reduce cataplexy. Cataplexy is a brief loss of muscle strength triggered by emotion while the person remains conscious.

Parasomnia management focuses on safety, regular sleep, avoiding known triggers, and treating related conditions such as sleep apnoea. Medicines are sometimes used for frequent or dangerous episodes.

Sleeping tablets may have a limited role in some situations. Their benefits and risks differ. Some can cause next-day drowsiness, falls, dependence, or unusual sleep behaviours, so they should not be shared or combined with alcohol.

Complications

Complications are different for each disorder and are not inevitable.

Ongoing daytime sleepiness can increase the risk of road or workplace accidents. Poor concentration may affect work, education, relationships, and decision-making.

Untreated obstructive sleep apnoea can place stress on the heart and circulation. It is associated with high blood pressure and other cardiovascular and metabolic problems, particularly when apnoea is more severe.

Persistent insomnia is linked with reduced quality of life and can occur alongside anxiety or depression. The relationship works both ways: mental health symptoms may disturb sleep, and poor sleep may make those symptoms harder to manage.

Sleepwalking, dream-enactment behaviour, or sudden sleep episodes can lead to falls or injuries. Safety measures may include securing windows and doors, removing sharp objects, and avoiding driving when sleepy.

Prevention

Not every sleep disorder can be prevented. Narcolepsy, inherited sleep patterns, airway anatomy, and some movement disorders are not caused by a lack of effort or poor habits.

You may be able to reduce some sleep disruption by keeping a reasonably consistent sleep schedule, allowing enough time for sleep, and limiting caffeine close to bedtime. Alcohol may make you drowsy at first but can fragment sleep and worsen snoring or sleep apnoea.

Treating nasal blockage, pain, iron deficiency, or another contributing health problem may reduce symptoms. If you work shifts, planned light exposure and protected sleep time may help, although shift work disorder cannot always be avoided.

Preventing injury is especially important if you sleepwalk, act out dreams, or have sudden sleep attacks. This can include changing the sleep environment and avoiding driving or hazardous work while sleepy.

Living with it and what to expect

The course of a sleep disorder depends on its cause. Short-term insomnia may settle after stress or illness improves. Chronic insomnia can last for months or years, but many people gain lasting improvement from structured behavioural treatment.

Sleep apnoea often needs ongoing management. PAP or an oral appliance controls the airway problem while it is being used rather than permanently removing it. Symptoms and treatment needs may change with age, body weight, menopause, surgery, or other health changes.

Circadian rhythm problems may improve when schedules can be aligned with the body clock. Symptoms may return after shift changes, travel, or a return to an incompatible routine.

Restless legs symptoms can come and go. They may improve when an underlying iron deficiency or medicine trigger is addressed. Narcolepsy is usually long term, but treatment and practical adjustments can make school, work, travel, and family life more manageable.

Follow-up is usually routine when symptoms are stable. Review may still be needed to check whether treatment is working, whether equipment fits properly, or whether daytime sleepiness continues. New symptoms do not always mean the original disorder has worsened; another sleep, medical, or mental health condition may be contributing.

When to get medical help

Arrange a routine appointment if sleep problems persist, interfere with daily life, or continue despite enough opportunity to sleep. Assessment is also appropriate for loud habitual snoring with breathing pauses, repeated leg discomfort, unusual nighttime behaviour, or daytime sleepiness that is difficult to control.

Seek prompt medical advice if you:

Do not drive if you feel at risk of falling asleep. Stop somewhere safe and arrange another way to travel.

Call emergency services for severe breathing difficulty, blue or grey lips, prolonged unresponsiveness, or a serious injury. Emergency help is also needed if sleepiness has created immediate danger, such as repeated loss of control while driving.

- Fall asleep unexpectedly during conversations, meals, work, or other activities
- Have repeated choking or gasping during sleep
- Injure yourself or someone else during a sleep episode
- Develop new dream-enactment behaviour, especially later in adulthood
- Remain very sleepy despite treatment for a known sleep disorder

Common questions

How many hours of sleep do I need?

Most adults need around seven to nine hours, while children and teenagers usually need more. Individual needs differ. Regularly feeling sleepy during the day can matter even if your recorded sleep time appears typical.

Does snoring mean I have sleep apnoea?

No. Many people snore without having sleep apnoea. However, loud snoring with breathing pauses, choking, morning headaches, or daytime sleepiness should be assessed.

Can I test myself for a sleep disorder at home?

Home tests can help diagnose obstructive sleep apnoea in selected adults. They do not reliably diagnose insomnia, narcolepsy, restless legs syndrome, circadian disorders, or most parasomnias. Consumer watches and apps may show patterns, but they cannot confirm a diagnosis.

Why am I tired when I sleep for eight hours?

Time in bed does not always equal restorative sleep. Breathing interruptions, frequent brief awakenings, medication effects, circadian mismatch, or another health condition may be involved. Fatigue may also have a cause unrelated to sleep.

Will melatonin fix my sleep?

Melatonin may help some circadian rhythm problems and selected cases of insomnia, but it is not a general cure. The timing, formulation, and product quality matter. It does not treat obstructive sleep apnoea or replace assessment of severe daytime sleepiness.

Can a sleep disorder go away on its own?

Some temporary problems improve when stress, illness, travel, or a schedule change resolves. Other conditions, including narcolepsy and many cases of sleep apnoea, usually need long-term management. Persistent or safety-related symptoms should not simply be waited out.

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