SLEEP & STRESS

How to Sleep Through the Night Again

Night waking is not one problem with one fix; here is how to spot what is keeping you awake and choose a sensible next step.

The ceiling knows you well

You wake in the dark, turn over and wait. The longer you lie there, the more important sleep begins to feel-and the less reachable it seems. By morning, the night has become a broken sequence rather than a place where you rested.

Waking during the night is not automatically a disorder. The line that matters is whether it happens regularly, you struggle to fall asleep again, and the result follows you into the day. Poor-quality sleep can affect your energy, thinking, mental health and ordinary functioning. It can also leave you irritable, anxious or unable to concentrate.

Sleep is active, not empty time. Your brain moves through different stages of non-REM and REM sleep, while your brain and body continue functioning. Repeated interruptions may reduce the time you spend in particular stages. That is why a night can look long enough on paper yet still leave you feeling as though you barely slept.

Most adults need about seven to nine hours, but there is no single correct number for everyone. Age, health, lifestyle and usual sleep patterns all matter. The better question is not whether your night looked perfect. It is whether your sleep is regularly broken and whether you feel restored when it ends.

Night waking has many doors

Insomnia is one door: difficulty falling asleep, staying asleep or both. A short spell can follow work stress, family pressure or a traumatic event and may last days or weeks. Ongoing insomnia lasts a month or longer and is often connected to another condition, a medicine, another sleep disorder or substances including caffeine, tobacco and alcohol.

Your schedule can also pull sleep apart. Night work, changing shifts, travel across time zones and irregular sleep times can disrupt when you fall asleep or wake. Aging matters too: older adults may spend less time in deep sleep and wake more easily. Pain, heart or lung disease, nerve disorders, depression and anxiety can contribute as well.

Then there are interruptions that are not simply insomnia. Loud snoring, gasping, choking

sounds or pauses in breathing can point toward sleep apnea. Tingling or prickling in the legs with a strong urge to move can fit restless legs syndrome. Frequent limb jerks, unusual nighttime behavior or overwhelming daytime sleepiness belong in the medical conversation too.

Alcohol deserves particular attention because its first effect can be misleading. It may make falling asleep easier, yet produce lighter sleep and make waking during the night more likely. Caffeine and nicotine close to bedtime may also contribute. A medicine intended for another problem-including some cold and allergy products-can disturb sleep, so changing the medicine cabinet without professional advice is not the answer.

Do not let frightening associations turn tonight into an emergency.

Start with the room, not a remedy

Before buying anything, look at the conditions surrounding sleep. A cool, quiet, dark bedroom supports sleep, while television and other electronic devices can disrupt the sleep-wake cycle through their light. Giving yourself enough time to sleep matters as much as making the room inviting.

Consistency can help anchor sleep. Going to bed and waking at roughly similar times, including on weekends, supports a regular sleep-wake pattern. That advice is simple but not effortless, especially if you work shifts or care for a new baby. It is a direction, not a test of discipline.

Daytime choices can reach into the night. Regular physical activity may help, while exercise close to bed can make falling asleep harder. Afternoon naps may reduce how long you sleep at night. Regular meals, avoiding late dinners and limiting fluids near bedtime may also reduce avoidable interruptions, including trips to the bathroom.

A wind-down routine can make the transition less abrupt. Reading, soothing music or a hot bath are among the suggested options; relaxation approaches may include meditation, massage or yoga. None is a guaranteed switch. The useful move is to choose a change you can actually observe, rather than rebuilding your entire life after one bad night.

Stop turning sleep into a performance

Once you begin monitoring every awakening, sleep can become something you feel you must achieve. Anxiety about not sleeping may then become part of the problem. Cognitive behavioral therapy for insomnia, or CBT-I, is designed to address that loop and is generally recommended as the first option for long-term insomnia.

CBT-I is more than a list of bedroom tips. It combines education with cognitive therapy to reduce nervousness about sleep, relaxation or meditation skills, and methods that reconnect bed with sleeping. Stimulus control, for example, involves going to bed when sleepy, leaving the bed if you cannot sleep and reserving it for sleep and sexual activity.

Another component limits time in bed and later allows more time as sleep improves. Because that is an individualized therapeutic method-not a do-it-yourself schedule-it is better undertaken with appropriate guidance. CBT-I can be delivered by a healthcare provider, nurse or therapist, in person, by telephone or online.

The distinction matters. Healthy habits can remove obstacles, particularly during short-term insomnia. But when wakefulness has become persistent and fear of another bad night arrives before bedtime, adding more rules may only make sleep feel like another job. A structured therapy gives that pattern somewhere more useful to go.

A pill is not a neutral shortcut

Sleep medicines can help some people when improved habits and other therapies have not been enough, but they are not interchangeable or risk-free. A 2023 network meta-analysis of 117 randomized trials found that several prescription hypnotics improved particular measures of sleep in adults aged 18 to 65. It also found that zolpidem was associated with greater odds of daytime drowsiness.

Prescription options may cause dizziness, fatigue, confusion or muscle weakness, depending on the medicine. Rare effects reported for some include walking, eating or driving while asleep. Benzodiazepines can be habit-forming, may interact dangerously with other medicines and are intended only for short use. Many sleep medicines should not be taken long term.

Over-the-counter does not mean consequence-free. Antihistamine sleep aids can be unsafe for some people. Melatonin products may vary in dose and purity between brands, and reported effects include excess sleepiness, headache, changes in blood pressure, stomach upset and worsening depression symptoms. Medicines and supplements deserve a conversation with your healthcare provider before you take them.

Do not let frightening associations turn tonight into an emergency. A 2025 meta-analysis involving more than nine million people linked insomnia overall with dementia, but results varied and substantial differences between studies remained. Crucially, its subgroup analyses did not find sleep-maintenance insomnia-the problem of staying asleep-associated with dementia risk. Observational associations do not tell you what one broken night means for you.

This stops being merely a lifestyle experiment when awakenings are regular, you cannot return

to sleep, or daytime sleepiness, poor concentration or low energy is disrupting your life. Loud snoring, gasping, breathing pauses, strong urges to move your legs or drowsiness while driving also call for medical assessment. A clinician may review your health, medicines and sleep history, examine you and, when appropriate, recommend a sleep study.

For the next week, make the bedroom darker, quieter and cooler; notice alcohol, caffeine, naps and late fluids; and keep your sleep and wake times reasonably steady. Choose one or two changes, not ten. If the pattern persists or the warning signs fit, use what you noticed to begin a clear conversation with your healthcare provider.

Where this comes from

- Sleep Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/sleepdisorders.html
- Insomnia

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/insomnia.html
- Sleep Health

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