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# Sleep Problems Update

Number 16

## *A Previously “Untreatable” Insomnia*

Insomnia presents in various ways. Typically it is one or a combination of a) not being able to quickly fall asleep, b) waking too much and/or not being able to quickly fall back to sleep, and c) awakening too early resulting in daytime performance, emotional, and fatigue problems. These symptoms of insomnia often respond to treatment with hypnotic drugs and/or cognitive behavioral treatment for insomnia.

However, there is a fourth symptom that qualifies a person for a diagnosis of insomnia, namely “non-restorative sleep.” In this situation the primary complaint is of poor quality sleep using such phrases as “light sleep,” “twilight sleep,” “in and out of sleep continuously,” and even “not really sure I was asleep at all.” A variation of this is sometimes seen in the sleep lab when the polysomnogram shows that the person has been asleep for a considerable period of time but the person denies being asleep at all. This used to be called Sleep Stage Misperception but is now labeled Paradoxical Insomnia (307.42). However it is described, these people get up in the morning complaining that their sleep was just not refreshing.

Although non-restorative or paradoxical sleep is listed in the official diagnostic criteria for insomnia, usually little mention of it is made in consideration of treatments for insomnia. Es-

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entially it seems to often be ignored. In fact, recent reports state that there is little that can be done for

this type of insomnia. That is, medications, cognitive behavioral treatments, and alternative treatments have been dismal treatment failures.

One pattern of symptoms that some of my colleagues and I have frequently noted is this. Some patients say they fall asleep quickly and sleep reasonably well for 3 to 5 hours. They then wake up and do not sleep well the rest of the night. When they get up in the morning they feel unrefreshed and

suffer the rest of the day from this poor sleep. It has been frustrating to try to treat them.

This summer I accompanied a patient with just such a pattern to the sleep disorders center of Dr. Barry Krakow, MD, a diplomat in sleep medicine, in Albuquerque, NM. Dr. Krakow has seen many such patients and has discovered what is causing this kind of poor sleep pattern and how to treat it. (He also did a presentation on this at a seminar at the American Academy of Sleep Medicine annual meeting this past June, 2006.)

**Did You Know?**  
*Many people with insomnia feel that it is ruining their ability to enjoy life, prevents them from doing what they want, and is detrimental to their health.*

Essentially, Dr. Krakow sees two main problems that cause poor sleep in these patients. First, they have a primary sleep disorder, often occult – typically some form of sleep disordered breathing such as obstructive sleep apnea (327.23), sleep hypopnea, or upper airway resistance syndrome, or sometimes periodic limb movement disorder (327.52). Second, importantly, they “think too much” to the exclusion of feeling emotions and using imagery. As a result, they struggle with sleep for a few hours because of the breathing or movement problem, after which their body is reluctant to continue the struggle and thus resists deep sleep. Meanwhile, because of their dominant thinking mode, their brain activity tends to be too fast and active to easily slow down enough for deep sleep - especially when the body is reluctant to sleep anyway.

The treatment is to first diagnose and treat the primary sleep disorder. But it is also necessary to help the patient utilize more of their imaging capability and to feel their emotions more when awake. Imaging and feeling both result in slower, less active brain waves and are more conducive to getting deep, restful sleep.

With this new treatment I can now successfully treat the once refractory problem of non-restorative sleep / paradoxical insomnia after the primary sleep disorder is under control.