



Dr. Bill Moorcroft



Sleep Problems Update

Number 22

Case Study: Three Very Different Sleep Problems

Patient: H.S., a 25 y/o nurse on leave because of excessive fatigue on the job. Her sleep periods tended to be irregular (327.33) and unpredictable. Sleeping pills were of some help, but she felt they were contributing to her waking fatigue.

After teaching her several cognitive-behavioral techniques to help her fall asleep, I put her on a “chronotherapy” schedule in order to “capture,” then reset her circadian sleep clock,. Under this schedule, over the course of a couple of weeks, she gradually went to bed 1 to 3 hours later and got proportionately up later. I also had her use a bright light box prior to bedtime and dark glasses upon arising.

Once she arrived at her desired sleep period, she had to maintain a rigid, regular sleep schedule. Throughout I monitor her sleep daily and made adjustments to heighten success. To date she is doing well, but I will continue to monitored her sleep because she could easily slip back to her old pattern.

Patient: G.R., a 7-month-old boy whose parents brought him to me because he was waking several times per night “screaming mad” until he was picked up and nursed.

I had the parents focus on what they did when they put him down for the night. They eliminated the nursing just prior to bedtime; kept the attention they gave him “brief and boring” when he fussed but firmly lay him down if he was standing in his crib; and they gradually lengthened the time before they responded to him when he cried.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia, children’s sleep problems, and sleep problems from shift-work. Offices in Fort Collins, Loveland, Greeley, and Denver.

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Later I had them gradually reduce the duration of, then eliminate, the nursing periods when he a-wakened. Slowly but steadily his sleep has been improving.

Patient: T.T., a 42 y/o mother and graduate student who began to sleep poorly three months ago. Her main problem was getting to sleep, but she also had some problems with waking and not quickly returning to sleep. She attributed these problems to stress. She also stated that she was a “night owl.” She had become dependent on various sleeping pills but desired to sleep without them.

Did You Know?

From The state of insomnia and emerging trends in the The American Journal of Managed Care (2007;13(5 Suppl):S117-20):

- ◆ “Insomnia rarely occurs in isolation and is typically comorbid with other medical or psychological conditions.”
- ◆ “Rather than simply treating the primary disorder, whereby symptoms of insomnia may go unaddressed, now there is a push to acknowledge the existence of chronic insomnia as a disorder that itself merits treatment.”
- ◆ “This recognition is due to the identification of pathophysiologic changes and associated morbidity, which can be substantial.”
- ◆ “These trends reflect a change from considering insomnia a symptom to treating insomnia as a disorder.”

I taught her several cognitive-behavioral techniques to help her relieve her stress at bedtime. Additionally, I had her turn on a bright light box as soon as she got up in the morning and wear dark glasses prior to bedtime to help reset her circadian clock. After a few weeks she began tapering off of the sleeping pills. She is now sleeping well without sleeping pills.

Comment: Insomnia can have various and multiple causes, each of which requires somewhat different interventions.