



**Dr. Bill Moorcroft**



# Sleep Problems Update

Number 2

## *Case Study: Phase Delay Syndrome*

**Patient:** T.W. 43-year-old systems analyst and project manager in a major high tech company

**Problem:** Presented with insomnia. “I haven’t slept well since I was a teenager, and lately it’s been even worse.” He said that it typically took him more than two hours to fall asleep (usually at around 2 a.m.), but he had to get up before 6 to get to work. Some nights he reported that he never slept at all. His blood pressure was up and he was occasionally missing work because he had to sleep in. Sleeping pills were mostly ineffective. Going to bed earlier only meant more sleepless hours in bed. “I sleep best during the day.”

**Diagnosis:** His kind of insomnia is called “phase delay syndrome.” His body’s circadian clock was giving the message that it was not time to sleep until the early morning hours. Try as he might, he could not get the clock to move his sleep time earlier.

**Treatment:** Treatment was based on the fact that although he could not go to sleep earlier, he could go to sleep later. So his “days” temporarily became 26 to 27 hours long by going to bed later and later and getting up later and later.

**Outcome:** After a little more than two weeks (he was able to get a leave from his job), he worked his way around the clock so that he is now going to bed at 10

p.m., falling asleep in less than an hour and sleeping soundly until his 5:30 wake up time. His blood pressure is lower. He feels alert and rested. “Its amazing. I haven’t felt this rested in years.” He will have to rigidly maintain this bedtime and wake time schedule seven days a week for a couple of months to make sure his body clock is firmly on this new schedule. Later he can try being a bit flexible as circumstances require, but he will have to be careful not to slip back to his old pattern.

**Comment:** Not everybody with phase delay syndrome can arrange this schedule of treatment. However, for these people there are other, less disruptive alternatives that can be implemented.

### Did You Know?

- *Most people with insomnia need not suffer or have to rely on sleeping pills for symptom relief. Using Cognitive Behavioral Treatments, such as that in the case above, many people can be cured of their insomnia.*
- *Complaints of difficulty falling and staying asleep are common among most patients with PTSD (posttraumatic stress disorder) and are one of the symptom criteria for this disorder. PTSD symptom criteria also include recurring distressing nightmares of the traumatic event. Both the sleep complaints and the nightmares can be greatly reduced in just a few weeks with appropriate Cognitive Behavioral Treatments.*
- *The majority of complaints that parents have about their children’s sleep can be quickly resolved using behavior approaches. Often this is done in one session of informing the parents about the source of the problem and instructing them how to help their child sleep better.*

**Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for insomnia, nightmares, and children’s sleep problems. He has offices in Fort Collins, Loveland, Greeley, and Boulder.**

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