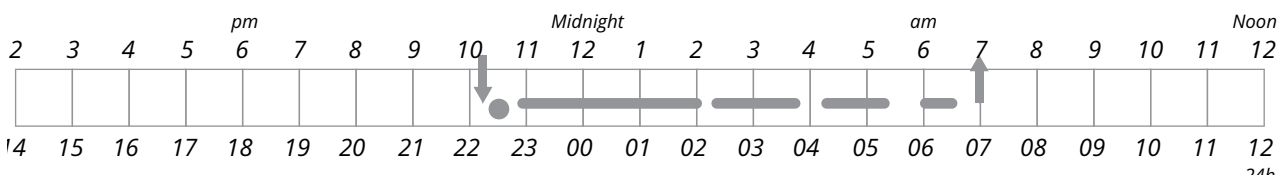


11

Bedtime Restriction Therapy (Restricting Time in Bed)

This therapy is very effective for Sleep Maintenance Insomnia but may also be used for those with some sleep onset difficulties as well as awakenings across the night.

People who experience time awake during the night often extend their overall time in bed in an attempt to get more sleep or to catch up on lost sleep. However, spreading the time in bed over too long a period will lead to shallow, fragmented sleep and more time awake in bed worrying about sleep and will strengthen your insomnia. Instead, by restricting the amount of time spent in bed, sleep pressure will increase (see Chapter 4). This will consolidate your sleep and you will spend less time in bed awake. This effect will increase the association of the bed environment with sleep rather than alertness and help to reduce the insomnia response.



Step 1

From your one-week sleep diary, work out the total amount of sleep you get each night. After the week, add these up and divide by 7 to get your overall average amount. As you will notice, you may get more sleep on some nights than others so it is important for this step that you work out your average over the entire week. In the example above, the total sleep time for that night is about 6 hours. However, you will notice that the total time spent in bed was 8.5 hours!

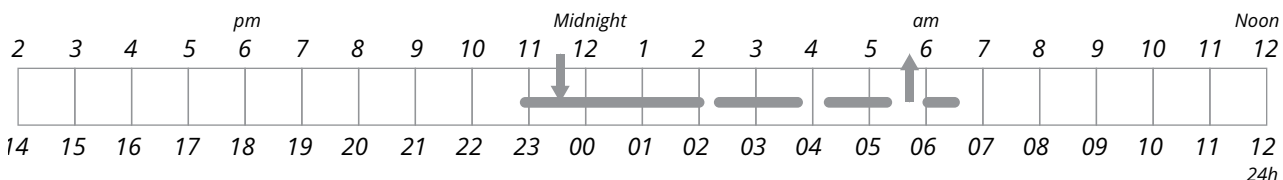
Step 2

Plan to stay in bed for only the average length of time you sleep. For example, in the sleep pattern above, the person felt they only had about six hours of sleep. The plan, therefore, will be to stay in bed for no more than six hours.

Step 3

Choose the times that you will go to bed and get out of bed - for example, between 11:45 p.m. and 5:45 a.m. This means going to bed later or getting out of bed earlier than normal, or both.

You could choose the times 11:30 p.m. to 5:30 a.m. or perhaps 12:30 a.m. to 6:30 a.m. The main point is that your time in bed needs to be restricted to a total of 6 hours in this example. You can choose the actual bed times and out-of-bed times that are most convenient for you as long as the total period is 6 hours. From our clinical experience it is unnecessary to restrict anybody's time in bed to less than 5 hours even if they report on their diaries less than 5 hours sleep on average.

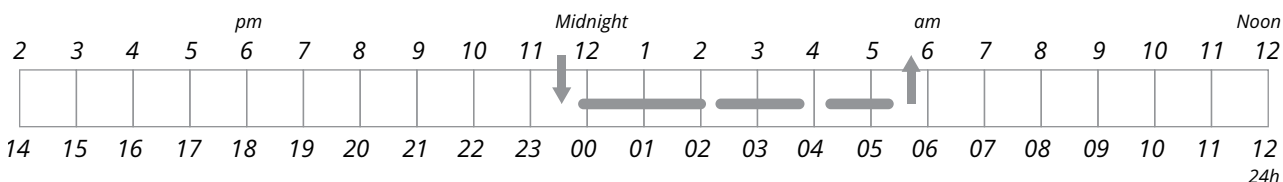


Maintain this new bed every night for a week, even on week ends.

Step 4

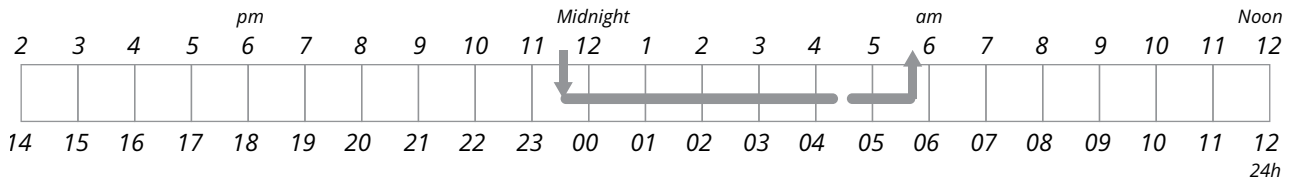
Keep a sleep diary during this week. You can use the sleep diaries at the end of this book that include calculations.

On the first few nights you will still experience some awakenings – therefore your actual total sleep time will be quite a bit less than usual (see the example below). Don't be concerned at that sleep loss, it will help to make you sleepier. (See Sleep Deprivation Experiments in Chapter 4) and on later nights help to fill up your bed period with sleep.



Step 5

At the end of the week, again work out the average time you were asleep. If you are still awake for more than 45 minutes on the average, then maintain this fixed bed period for another week. Typically we find that by the end of the first or second week that sleep is occupying almost all the time you are in bed as shown in the example below.



Step 6

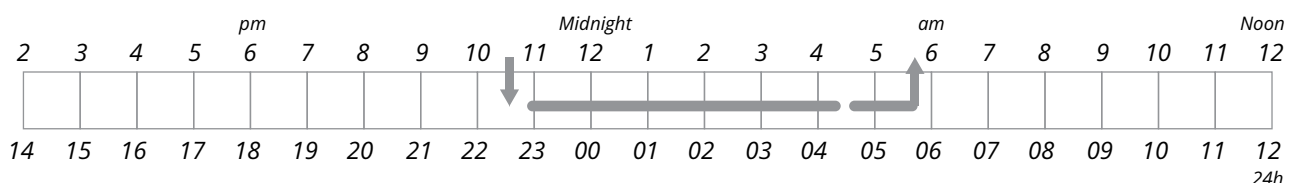
If your sleep quality has improved, that is like the example above, and you are awake for less than 45 minutes, the difference between your time in bed and time asleep, then you can extend your time in bed by 30 minutes for the next week. Using the above example, when the sleep time is nearly 6 hours for 6 hours time in bed (or less than 45 minutes awake), then you can extend your time in bed by 30 minutes, either going to bed at 11:30 and getting up at 6:00 or perhaps keep getting up at 5:45 a.m. but go to bed earlier – 11:15 p.m.

Step 7

Continue working out your average time in bed and average actual sleep time at the end of each week. If the amount of time you slept that week is close to the time you spent in bed (difference of less than 45 minutes), then you can again extend your bedtime by 15 to 30 minutes for the next week.

Step 8

Continue this progressive gradual lengthening of time in bed on a weekly basis as long as your sleep continues to be reasonably consolidated until you feel you are getting adequate sleep. Then don't increase time in bed any more. If you extend time in bed to the point where you are spending more than 45 minutes of time awake, then reduce your time in bed by 30 minutes until this difference decreases below 45 minutes. Hold your time in bed at that point for a week or two. If you are still experiencing strong sleepiness during the day, then extend your time in bed again by 30 minutes. The aim is to find the right balance between minimising your time awake in bed with getting enough total sleep to feel reasonably refreshed and alert during the day.



While sleepiness increases over the first few weeks of restricted bedtime, and this is the aim of the therapy, sleepiness then decreases as the bed period gradually is lengthened. In the end (after 3-6 weeks) your sleep quality and length will be improved and you will feel more energetic and happier during the day. Below is a typical diary of the sleep pattern at this final stage.

⚠ Note

At first, this technique won't be easy to follow. You'll need to develop extra activities to occupy your time in the evening before you go to bed such as watching TV, DVD movies, reading, or quiet hobbies. In the morning, if you get up earlier have a nice leisurely breakfast, cup of tea and read the paper in peace!

During the initial therapy period you will probably experience some daytime and evening sleepiness. This increased sleep pressure will help you will fall back to sleep more quickly during the night after awakenings.

If you are feeling very sleepy during the day, a 10-15 minute nap will improve your alertness for 2-3 hours and may help you get through the rest of the day. You will need to set an alarm to ensure you sleep no longer than 15 minutes. And this brief nap should only be used during the day, many hours before your intended bedtime.

Bedtime restriction therapy, after a week or two, almost always produces strong sleepiness in the hour or two before the agreed bed time. You should take reasonable measures to avoid falling asleep during that period! Do not nap then! It will reduce the sleep pressure we are trying to build up with this therapy. Remember, the sleepier you are at night, the more likely you are to fall asleep quickly and back to sleep quickly after an awakening. You may need to set an alarm for the time you have agreed to get out of bed because after a week or two your sleep pressure will be stronger and you are likely to sleep past your agreed time out of bed without an alarm.

The overall aim of this bedtime restriction therapy is not to eliminate awakenings. That would be unrealistic and unnecessary. Remember, brief awakenings are a normal part of the sleep period and will not impair your feelings or functioning the following day. The aim is to help you fall asleep more quickly, have fewer and shorter night-time awakenings which will increase the time you spend asleep in bed and reduce your time awake.

You will get increasingly confident that the normal pattern after awakenings is that you will fall back to sleep quickly on almost all occasions. Even good sleepers have an occasional long night time awakening. However, these do not usually result in a poor daytime experience. That is what our clients also tell us after their sleep has improved consistently. They now find that the occasional longer night time awakening no longer affects them badly as it had before treatment.

You will also spend less time worrying about sleep, particularly at night because you have less time awake to worry. You will have more energy during the day mainly from the reduced time spent worrying or feeling frustrated.

This is not an easy therapy to follow. It requires changing your habits about your bed period, changing your desire about trying to get as much sleep as possible, and experiencing a few weeks of increased sleepiness. Interestingly, our patients often report reduced fatigue as their sleepiness increases. It was fatigue and exhaustion that was most annoying and the major motivation to seek treatment. Sleepiness feelings are typically not common in the insomnia patients and when sleepiness increases during the therapy, it can actually be reassuring that their sleep mechanism does respond appropriately to the reduction of sleep during therapy and the increased sleepiness is associated with better quality sleep.

From many research studies and our own extensive clinical experience, we have found this therapy to be very effective. But it is essential to follow the instructions conscientiously for it to be effective. Those who have had insomnia for many years will have a strong insomnia habit. You should expect it to take at least a few weeks to reverse this strong habit. It's worth the investment of a few weeks of effort to obtain a long-term improvement in sleep and daytime feelings.