

How to seek professional support to help with chronic sleep disorders



Why read this?

Whether you work shifts or 9-5, if you are not sleeping well, this information sheet will help you to decide what to do next, and who you can contact for professional support.

I'm not sleeping well what should I do?

1. Let your supervisor know, particularly if you are a safety critical worker.

If you are in a safety critical role, you should let your supervisor know when you have had a short or disrupted sleep period, so they can help you to manage the risk. Sleep disturbance is a 'normal' short-term response to a challenging period. We all experience sleep disturbance occasionally as a result of a busy lifestyle, working a difficult shift pattern or going through a difficult period at home or at work or a combination of these factors. We may have trouble falling asleep, staying asleep or we may not feel satisfied with our sleep as we don't feel refreshed after we wake up and feel tired during the day. As occasional sleep disruption is normal, try not to over-think the occasional bad night. Overly focusing on sleep can promote anxiety and make things worse.

2. Self-help to improve your sleep

If you want to improve your sleep, there may be some simple changes you can make, such as investing in blackout blinds or avoiding caffeine in the evening. For advice see the info sheets on our website:

- 'How to adjust my thoughts and beliefs about sleep'¹
- 'How to adjust my daily patterns of light exposure, meals and exercise to improve sleep'²
- 'How to change my sleep habits in order to get more sleep'³

When to seek professional help for sleep problems

If the advice in the information sheets is not relevant to your situation, or you have tried following it and it was not effective, you should discuss your sleep difficulties with your doctor, a psychologist or, where available, utilise the employee assistance programme (EAP).

There are many health concerns that can affect your ability to fall asleep or sleep well, such as menopause⁴, enlarged prostate, mood disorders, flu, arthritis, and the side effect of medication. Improving the management of an underlying health concern may be necessary to resolve your difficulties with sleep.

What are sleep disorders?

About 25-30% of the population encounters a sleep disorder in the USA.⁵ Sleep disorders are long-term sleep problems that last at least 3 months and cause significant daytime impairment. Sleep disorders have different causes including lifestyle factors, physical and mental illnesses, medications, and genetics. Table 1 summarises the different categories of sleep disorders, which can be diagnosed by a qualified health professional.

Table 1. The classifications of Sleep-Wake Disorders (DSM-V)⁶

Classification of Sleep-Wake disorders (DSM-V)	
3 Broad Categories	10 Categories
Problems with: - quality of sleep - amount of sleep - timing of sleep	1. Insomnia disorder
	2. Excessive sleepiness disorder
	3. Narcolepsy
	4. Breathing-related sleep disorders (e.g., sleep apnea)
	5. Circadian rhythm sleep-wake disorder
Unusual behaviours occurring during: - just before falling sleep - during sleep or - when waking	6. Non-rapid eye movement sleep arousal disorder
	7. Nightmare disorder
	8. Rapid eye movement sleep behaviour disorder
	9. Restless legs syndrome
Substance/medication related problem	10. Substance-/medication-induced sleep disorder

Insomnia

The most common sleep disorder is insomnia, defined as difficulty falling asleep, staying asleep or waking up too early on at least 3 nights per week for at least 3 months accompanied by daytime complaints.⁶ It is estimated that about 10% of the population meets the full clinical criteria for insomnia at any given time, and one third of the population are likely to develop insomnia each year.⁷ Insomnia can occur alongside other mental disorders such as anxiety and depression. To find out more about insomnia see the information sheet titled 'How to cope with insomnia'.⁸

What are the symptoms of other sleep disorders?

Table 2. Risk factors and Symptoms of three sleep disorders⁹

Obstructive Sleep Apnoea (OSA)	
Risk factors	Symptoms
Being male	Loud snoring
Being overweight	Pauses in breathing
Having a neck size of 17 inches or more	Laboured breathing
Cause	Gasping for air
Collapse of the soft tissue at the back of throat partly obstructs upper airway	Waking up with a headache
	Feeling sleepy during the day
Restless Leg Syndrome (RLS)	
Causes	Symptoms
No obvious cause in most cases	Itching or tickling sensations in the legs while resting
Iron deficiency in some cases	Moving legs while asleep
	Can occur rarely to every day
	Poor, fragmented sleep
	Feeling sleepy during the day
Circadian Rhythm Sleep Disorder (CRSD)	
Causes	Symptoms
Shift Work	Frequent sleep disruption due to circadian misalignment
Lifestyle	Feeling extremely sleepy during the day
Extreme evening or morning type	Struggle to function properly

1. Obstructive Sleep Apnoea (OSA)

Loud snoring followed by a choking sound or repeatedly stopping breathing for a few seconds or more is an obvious sign that you may be suffering from OSA. There are many supposed treatments for OSA, such as mouthguards and pillows, which have not been shown to be effective. The use of a Continuous Positive Airway Pressure or 'CPAP' machine is the most effective treatment. CPAP machines work by opening up the airways and maintaining a constant level of air flow to the lungs through a facial mask. Further information on snoring and OSA can be found here <https://britishsnoring.co.uk/>.

It may be helpful to record your snoring and take the recording to your doctor. You can easily do this using your smartphone and there are many different apps you can use, for example the app 'Snore Lab'.

2. Restless Leg Syndrome (RLS)

RLS is a condition of the nervous system associated with the urge to move the legs. In most cases there is no obvious cause, but it can run in families and some women (1 in 5) experience it during the last 3 months of pregnancy. The syndrome will disappear after giving birth. In some cases, there is an underlying cause for RLS such as iron deficiency, which can be treated by taking medication. Treatment for mild cases is lifestyle changes, including good sleep habits² and stopping smoking.

3. Circadian Rhythm Sleep Disorder (CRSD)

CRSD are disorders associated with sleep patterns that are not in sync with the natural rhythm of sleeping at night and being awake during the day. When we sleep in this way our sleep is likely to be shorter and more fragmented. Shift work is a typical example of when sleep and wake occur at the wrong time of day.

Because shift work is varied in terms of working hours, patterns, number of days off, minimum rest between schedules and how people cope with schedules, there is no 'one size fits all approach' for coping with shift-work. Appropriate strategies should be tailored to the individual and discussed with a doctor or psychologist who specialises in sleep disorders. Changing to daytime work is likely to improve sleep, and if your symptoms of excessive sleepiness do not improve, you may be suffering from insomnia or another sleep disorder.

How can I get help to improve my sleep?

If you think you may be suffering from a sleep disorder, it is important you reach out to one of the services listed below for support and potentially treatment.

- Make an appointment with your doctor to discuss your concerns about your sleep. They are usually the person who is in the best placed to advise you as to what to do next, and they can refer you to the relevant specialist, for example a 'sleep' psychologist if you are worried about insomnia, or a respiratory physician if you are concerned about snoring.
- To find a practitioner who specialises in sleep disorders in your country, visit the website of the World Sleep Society, and view the Current Associate Society Members.

<https://worldsleepsociety.org/membership/societymembership/membersocieties/>

To Summarise

Although sleep disorders are common, they are often under diagnosed or misdiagnosed. For example, less than 20% of people with insomnia and less than 10% of people with restless leg syndrome are correctly diagnosed and treated.¹⁰

Many people continue to suffer from impaired performance at work and mental health problems because of undetected or misunderstood poor sleep and daytime sleepiness. It is therefore important, if you think you may have a sleep disorder, to get the right diagnosis so you receive the correct treatment to improve your sleep and wellbeing.

References:

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Our Fatigue Risk Management Team help organisations manage the risks associated with fatigue and workload and specialise in delivering fatigue risk management solutions for companies whose employees are involved in safety critical work, such as aviation, the petrochemical industry, road transport and the emergency services. Their work provides organisations with the evidence needed to ensure that the business is operating within an acceptable risk threshold.

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