

# 7 Different Types of Insomnia That Are Keeping You Up at Night

Insomnia is more complex than just trouble falling asleep—and overcoming insomnia takes much more than counting sheep. Here's what you need to know.

BY [CLAIRE GILLESPIE](#) JANUARY 11, 2018

## What is insomnia?



If you've followed all the [tips for the best sleep](#) but still find yourself unable to nod off or waking up throughout the night, it's time to figure out the causes of insomnia and what you can do about it. The [National Sleep Foundation](#) recommends that adults get between seven and nine hours of sleep per night, but for a huge number of us, that just isn't happening. According to the National Sleep Foundation's inaugural [Sleep Health Index](#), poor or insufficient sleep is affecting the daily activities of 45 percent of Americans. Symptoms of insomnia include difficulty falling asleep at night, waking up during the night, waking up too early, not feeling well-rested after a night's sleep, daytime tiredness or sleepiness, irritability, depression or anxiety, difficulty paying attention, focusing on tasks or remembering, increased errors or accidents, and ongoing worries about sleep. Insomnia can come in many different forms, depending on the length of time a person has insomnia and how it affects their sleep cycle. Here are seven different types of insomnia.

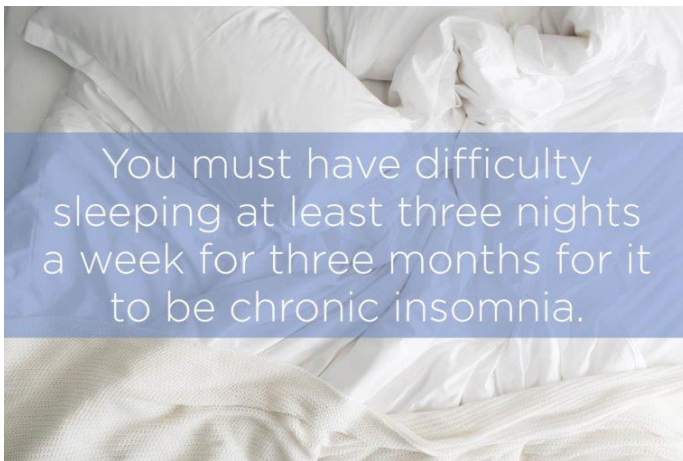
## Short-term insomnia



Short-term insomnia lasts for up to three months.

This is the name for insomnia that lasts for up to three months; it's also known as acute insomnia or "adjustment" insomnia. According to [James A. Rowley, MD](#), Detroit Medical Center Interim Chief, Division of Pulmonary, Critical Care & Sleep Medicine, this type of insomnia is usually triggered by a big life event, such as the death of a loved one, a new or stressful job, or planning a wedding. It normally resolves itself on its own, but if treatment is required, a low dose of a sedative-hypnotic medication such as Zolpidem or Temazepam may be prescribed for one to two weeks.

## Chronic insomnia

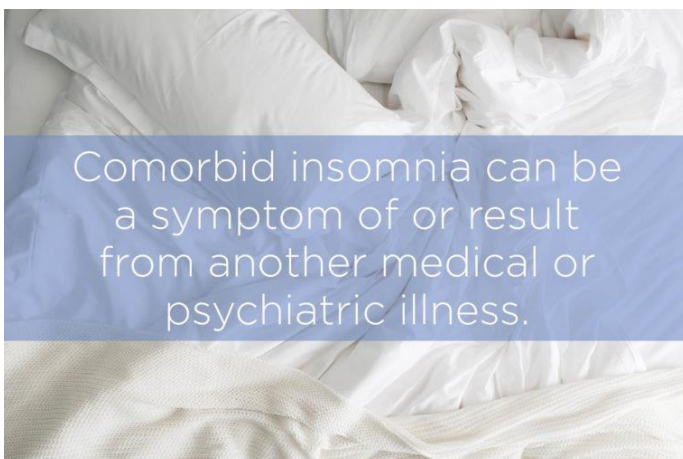


You must have difficulty sleeping at least three nights a week for three months for it to be chronic insomnia.

When a person has a pattern of difficulty sleeping at least three nights a week for three months or longer, it is described as chronic insomnia. Common causes include stress, poor sleep habits, medications, mental health issues, and too much caffeine, nicotine, or alcohol late at night. The best therapy for chronic insomnia is cognitive behavioral therapy (CBT), says Rowley. "This therapy essentially teaches a patient how to sleep again naturally," he explains. Frequent components of CBT are generally practicing good sleep hygiene (for example, no TV in bed), stimulus control (not

staying in bed if awake), sleep restriction (spending just the amount of time in bed that one actually sleeps), and relaxation therapy.

## Comorbid insomnia

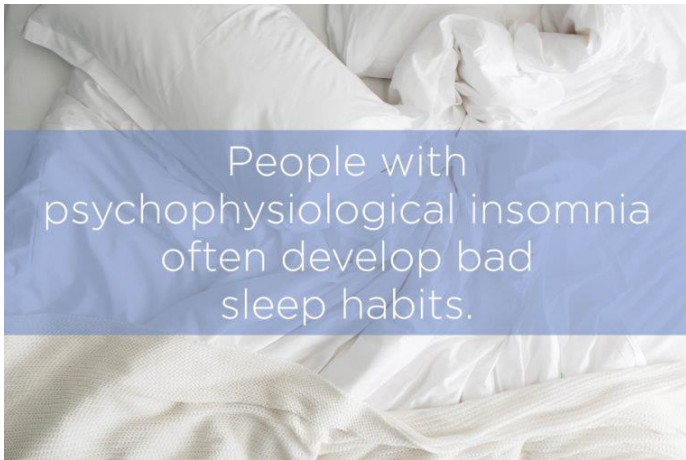


Comorbid insomnia can be a symptom of or result from another medical or psychiatric illness.

Comorbid insomnia, also known as secondary insomnia, can be a symptom of or result from another medical or psychiatric illness. According to the [National Sleep Foundation](#), comorbid insomnia may occur with psychiatric disorders like anxiety, depression or substance abuse, general medical issues such as cardiopulmonary disease, painful musculoskeletal conditions, gastrointestinal disease, chronic renal failure, and neurological disease, or substance abuse, for example alcohol, tobacco, prescription medication, or over-the-counter medications. Doctors normally treat comorbid

insomnia directly, to improve the outcome of the primary condition and prevent relapse.

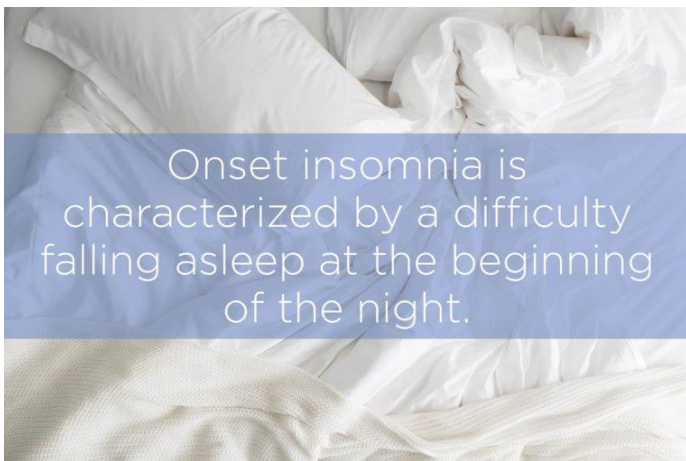
## Psychophysiological insomnia



People with psychophysiological insomnia often develop bad sleep habits.

While there are several subtypes of chronic insomnia, the most common is psychophysiological insomnia. "The patient with this type of insomnia is generally sleepy at bedtime but as soon as they begin their bedtime routine 'wake up' and struggle to fall asleep," explains Rowley. "When the patient gets into bed, they toss and turn frequently and often look at the clock and try to 'force' themselves to sleep, which paradoxically, makes their insomnia worse." People with this type of insomnia often develop bad sleep habits such as watching TV, looking at their phone or reading in bed, and may start to have stressful feelings during the day about their sleep as they worry about getting to sleep.

## Onset insomnia

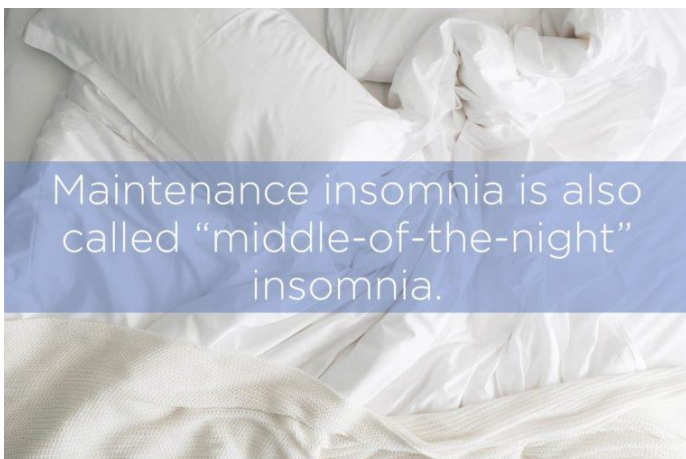


Onset insomnia is characterized by a difficulty falling asleep at the beginning of the night.

Psychophysical insomnia is one type of onset insomnia, which is characterized by a difficulty falling asleep at the beginning of the night. According to the *Journal of Sleep Medicine*, other conditions which can lead to onset insomnia include periodic limb movements in sleep (PLMS), restless legs syndrome (RLS), obstructive sleep apnea-hypopnea syndrome (OSAS), congestive heart failure (CHF), and delayed sleep phase syndrome (DSPS). While most people with onset insomnia do fall asleep eventually, the effects can be far-reaching: mood swings, irritability, inability to

concentrate, feeling constantly tired throughout the day, loss of sex drive, increased clumsiness, and feelings of anxiety and depression. Common treatments include pharmacological sleep aids, over-the-counter sleep aids, behavioral therapy, and homeopathic or alternative therapies.

## Maintenance insomnia

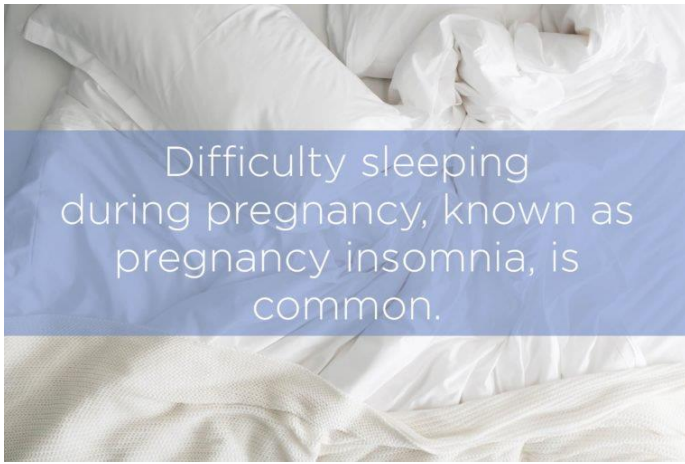


Maintenance insomnia is also called "middle-of-the-night" insomnia.

Insomnia isn't always a problem falling asleep at the beginning of the night. Difficulty staying asleep and getting back to sleep after waking up during the night is referred to as maintenance insomnia or "middle-of-the-night" insomnia. Focusing on good sleep hygiene can help with this type of insomnia. If you wake up needing to urinate, avoid drinking after 7 p.m. and completely empty your bladder before going to bed. Keep your bedroom quiet, dark, clutter-free, and at a temperature of 65 degrees F, which is believed to be the optimum temperature for a long, deep sleep. **Adam Splaver, MD, from**

**NanoHealth Associates** recommends stress-reduction techniques such as yoga, meditation, tai chi, and chi gong—here are some other [relaxation techniques to try before bed](#), too.

## Pregnancy insomnia



Difficulty sleeping during pregnancy is common—according to the [American Pregnancy Association](#), insomnia affects about 78 percent of pregnant women. Common causes are discomfort due to the increased size of the abdomen, back pain, heartburn, frequent urination during the night, anxiety about the pregnancy or arrival of the baby, hormonal changes, and vivid dreams. A warm bath or massage before bed may help, and you could also try relaxation techniques, such as those you have learned during birthing classes.

<http://origin-www.rd.com/health/conditions/types-of-insomnia-get-back-to-sleep/>