

Psychological Therapy for Insomnia Patients

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DESCRIPTION

Insomnia is defined as having difficulty falling asleep or having difficulty falling asleep with impaired daytime function, and is a common complaint among the general public. Insomnia can be classified in several ways. For example, it may be primary (not due to another sleep disorder or underlying psychiatric, medical, or substance abuse disorder) or comorbid (along with another medical condition). It can also be classified as acute (ie, less than 4 weeks) or chronic (eg, longer than 4 weeks). In addition to being a general condition, the consequences of insomnia are significant and include health problems, access to health services, absenteeism, reduced productivity, and increased risk of non-car accidents.

According to the National Institutes of Health, Cognitive-Behavioral Therapy (CBT-I) and drug therapy (benzodiazepine receptor agonists) are two types of treatment that currently meet the criteria for use in clinical management of insomnia. Polysomnography may help identify sleep-disordered breathing in the elderly, as snoring and apnea self-reports may be unreliable in this population. Conversely, subjective measurements such as sleep diary are more important in assessing the symptoms of insomnia. A sleep diary is a daily self-reported measurement of sleep that requires an individual to document specific information about sleep the night before (for example, bedtime, minutes awake). Given the subjective nature of insomnia symptoms, self-reporting is necessary to properly assess an individual's subjective sleep experience.

Sleep-restricted therapy

Sleep-restricted therapy consists of limiting the amount of time you spend in bed to your actual sleep time. Sleep restriction therapy is contraindicated for people with a history of mania, obstructive sleep apnea, seizures, parasomnia, or at risk of falling.

Sleep compression therapy

A variant of sleep restriction therapy is called sleep compression therapy. Sleep-restricted therapy sharply reduces the amount of

time a person can go to bed, while sleep compression therapy gradually reduces the amount of time (for example, bedtime is gradually reduced to 5 weeks instead of 1 week).

Relaxation training

Relaxation training helps relieve the mental and physical tensions of many people with insomnia. These methods are especially useful for insomniac individuals who exhibit high levels of hypervigilance or physical condition that can interfere with adaptive sleep patterns. The most common types of relaxation used to treat insomnia are progressive muscle relaxation, autogenic training, imaging, and meditation. A passive form of progressive muscle relaxation can be used that eliminates the tension stage of this particular method. In all relaxation techniques, doctors instruct a person to take a calm and passive posture and consistently use relaxation to evoke a parasympathetic response before bedtime and/or during awakening after falling asleep increases. Clinicians encourage the person to be an active consumer and discover the most effective mitigation methods based on their own self-awareness. Finally, the importance of exercise to elicit a relaxation response is emphasized. Relaxation training often plays an important role in a multi-component approach to treating insomnia.

CONCLUSION

Insomnia is associated with a variety of physical and mental health disorders. Continued sleep deprivation increases the risk of health problems such as high blood pressure, heart disease, diabetes, and chronic pain. Several medications, including over-the-counter medications, can also contribute to insomnia. If you have any medical conditions or medications related to insomnia, talk to your doctor about the best way to manage them along with your sleep problems. Insomnia is unlikely to improve without treatment.

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