

3 Real Women With 3 Real Sleep Problems

We asked WebMD's sleep expert to help these tired ladies learn to get some shut-eye again.

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You take your shut-eye for granted, until you find yourself staring at the bedroom ceiling at 2:33 a.m. one predawn too many. And then -- finally -- it hits you: Could this be more than an off night? Could you have a sleep problem?

If you do, getting to the bottom of the problem is important. Not catching enough ZZZs regularly can leave you feeling drained, depressed, anxious, stressed, and generally miserable. And it's a vicious circle: The more stressed you are about being exhausted, the less likely you are to nod off. Over time, poor slumber has a dramatic impact on you and those around you, especially your family. Research shows that lack of shut-eye causes 1,500 deaths in vehicle crashes each year. Women sleeping five or fewer hours per night also are 32% more likely to gain weight -- as much as 33 pounds or more over 16 years in one study -- and 15% more likely to become obese than women who sleep at least seven hours per night. Moreover, a consistent lack of sleep raises the risk of high blood pressure, diabetes, depression, heart attack, and stroke.

Read on for the stories of three women who, for various reasons, just couldn't sleep. We posed their situation to WebMD's slumber expert, Michael Breus, PhD, a clinical psychologist with a specialty in sleep disorders and the author of *Good Night: The Sleep Doctor's 4-Week Program to Better Sleep and Better Health*. Breus weighs in with advice for each about how to finally reach the land of sweet dreams tonight - and every night.

Insomnia: Too stressed to sleep

Embarking on a new career as a nurse while caring for her two young children, Tammy Stewart, 38, of Portland, Tenn., was too harried, and often too stressed, to sleep. Worse, when she did finally find her way to bed, sleep eluded her.

While she might fall asleep, she would wake up again and again throughout the night. And with each waking episode, she spent up to an hour trying to get back to sleep. She used the computer to occupy her mind during the evening and watched TV when she couldn't doze off. For Stewart, sleep was a mentally draining experience that made her feel more tired than rested the next day.

"My life was so busy I didn't have time to focus on being tired," says Stewart of her early 30s. "But the exhaustion was always there. Most of the time, I felt like I hadn't been to bed at all."

After living with little to no sleep nightly for almost seven years, and relying on soda and tea to revive her during the day, the fatigue finally took over. She couldn't do things spontaneously with her teenage daughter and son. Instead, time with her kids was scheduled around her naps. The trickle-down effect of her sleeplessness on her family turned into a flood. "My daughter would ask me to go shopping, but I just couldn't do it," says Stewart. "I'd have to wait until I could nap for a little while to have the energy to just walk through the mall. It was a horrible feeling."

In 2007, Stewart's doctor sent her to the St. Thomas Health Services Center for Sleep in Nashville, where she underwent an overnight sleep study. The results were glaring: Stewart was waking up 12 or 13 times a night, and she wasn't getting the deep sleep she needed to feel refreshed and energized. She had insomnia.

Ever wonder what insomnia is? Simply put, it's a medical condition that occurs when a person can't get the sleep she needs at night to feel rested throughout the day because she can't fall asleep, stay asleep, or sleep long enough to make it count. Many Americans -- in a culture that thrives on busy schedules and stress -- fall into this category. The National Center on Sleep Disorders Research at NIH reports that 30% to 40% of adults say they have some symptoms of insomnia within a given year, and 10% to 15% of

adults say they have chronic insomnia. For most of us, sleepless nights -- more frequent when we're stressed or anxious -- come and go. But if you notice that you're having trouble falling asleep, returning to sleep, or sleeping until your normal bedtime -- or if you're irritable or having trouble concentrating -- for more than a few weeks, you might have a case of insomnia. Schedule a chat with your doctor to find out.

The Sleep Doctor's Rx for Insomnia

When we asked Michael Breus, PhD -- WebMD's Sleep Expert -- for advice on Stewart's insomnia, he noted that "an inability to sleep at night is like not being able to breathe. Lack of sleep starves a person of the energy she needs to perform well, stay healthy, and enjoy life. Over time, the more sleep Stewart misses, the higher her likelihood of developing heart disease, diabetes, and depression."

Breus' advice for Stewart focused on making simple lifestyle changes and maximizing her mental health to jump-start her sleep. To do that, he said, she should:

Say no to joe. "Stewart should start by cutting back on caffeine -- a central nervous system stimulant that winds the body up and gets in the way of sleep," Breus says. "A good rule is to avoid any caffeine after 2:30 in the afternoon. That way it will have eight or nine hours to clear her system before she winds down for the night."

Balance it out. Next, "she needs to find more balance in her life, especially between career and family," Breus advised. "Working overtime as a nurse should be the exception, not the rule, and time with her family should focus on quality. She can't do that if she's overbooked and stressed."

Make life changes. Breus also noted that some of Stewart's habits need to change. "Instead of logging on in the evening, she should 'power down' and move her mind closer to a sleep state by shutting off the TV an hour before bed, not working on the computer, and dimming the lights to relax," Breus says. Too much light and mental stimulus signals the neurons in the brain that help control the sleep-wake cycle to stay active.

"And there's nothing wrong with asking for help," he added. "As a working mom juggling a career, a marriage, and two kids, Stewart should ask her husband to pitch in during the evening so they can both relax their way into a restful night's sleep."

Try therapy. Finally, Breus said, Stewart might try cognitive behavioral therapy, which teaches a person how to recognize certain thoughts and situations that dictate behavior. "In Stewart's case, it could change the shut-eye habits and nighttime routines that might be getting in the way of her slumber," Breus adds. "This type of therapy can be more effective than sleeping pills -- with better results that last longer."

The Results

Today, Stewart lives -- and sleeps -- by many of Breus' recommendations, such as avoiding caffeine in the afternoon, winding down away from her computer in the evening, minimizing stress, and relying more on her husband for support.

"My sleep has improved significantly since I was diagnosed and started making changes in my life and my nighttime habits," says Stewart. Living with insomnia, however, is no bed of roses.

While Breus notes that most people have a short bout of the disorder for a week or two and then return to a more normal shut-eye pattern, Stewart is one of the 10% to 15% of U.S. adults with chronic insomnia. Breus describes that condition as "the continual battle for better sleep." But Stewart sounds as if she is on the right track, says Breus. "She might consider cognitive behavioral therapy to take it one step further, but she's making many of the right moves now to maximize her sleep."

Restless Leg Syndrome: Like Bugs Under the Skin

Lynne Kaiser's earliest memory from her childhood is walking into the family bathroom, filling up a hot water bottle, and bringing it to bed with her. It was the only way she could keep the muscles in her legs

relaxed, so they wouldn't move and she could fall asleep. She was 4 years old and she already had restless leg syndrome.

Forty-one years later, Kaiser, who lives in Dallas, was still taking a water bottle to bed, but the uncontrollable urge to move her legs wasn't her only problem. "I could feel it throughout my body, like the sensation of bugs crawling under my skin on my head and shoulders, and a tension in my muscles." Kaiser's symptoms were a nightmare: The exhaustion, pain coursing through her body, and constant movement in her legs would force her into a shallow state of relaxation, usually after 5 a.m. She was so tired, she says, that exercising, relaxing, and other healthy habits didn't feel like an option for her. Even the occasional drink to celebrate a special occasion like a birthday made sleep unbearable.

"The sleep deprivation was just becoming a slow death," says Kaiser. "It was eating away at my health, and honestly, there were times when I never thought I would make it."

Kaiser finally learned her nocturnal symptoms had a name: restless leg syndrome (RLS), a neurological disorder of the part of the nervous system that affects the legs, usually at night. For this reason, RLS is also considered a sleep disorder.

The Sleep Doctor's Rx for Restless Leg Syndrome

The cost of sleepless nights is enormous for people with RLS, so finding relief is essential. Kaiser's case in particular is more rare and extreme, Breus says, because of the bodywide symptoms. But although there is no cure, RLS can be mastered. Doctors still aren't sure what causes RLS in the first place.

Go for iron. "I'd start by getting her iron levels evaluated, including ferritin, a protein that binds to iron," Breus says. "Some studies show RLS symptoms are mimicked by low ferritin. Anything lower than 60 ng/mL (nanograms/milliliter) might be making her symptoms worse. Certain brain receptors that help cells absorb iron may have gone awry, which is one cause of RLS. Boosting iron may mean less leg movement and more sleep for Kaiser."

Boost the brain. Medications (usually dopamine agonists) for RLS can be a further sleep solution for Kaiser. Dopamine is a chemical in the brain that controls body movements. If dopamine signals aren't working properly between nerve cells, RLS can result. A dopamine agonist might get these important receptors back on track.

Get active. Even though Kaiser says exercise is hard for her now, "it's an important part of her prescription for sleep," Breus says. "She should try to push through her fatigue, because activity will reduce her symptoms as soon as six weeks after she starts a routine and builds muscle strength."

Keep in mind. With her iron in check, the next step is "mind over muscles" when her head hits the pillow -- that is, the more engaged her mind is, the less her muscles will move. "To do that, she could try reading or working Sudoku or crossword puzzles in the evening to occupy her mind," Breus suggests. "That sort of mental focus will allow her to relax and minimize the restless feeling."

Ditch the drinks. Finally, Kaiser should skip alcohol. Drinking can make RLS symptoms up to three times worse.

The Results

Today, at 45, Kaiser's RLS is under control (the symptoms are never entirely gone, just lessened), and she's getting more sleep. She has learned to control her symptoms by painting in the evening to get a mental edge over her body and walking several times a week for her physical health and her RLS. She works closely with her doctor to manage her medication, supplements her iron intake with prescription iron pills, and has given up social drinking.

"Before I was diagnosed, sleep was something that was totally foreign to me," says Kaiser. "Now, I am sleeping better and feeling better -- and that makes all the difference in my ability to enjoy my life."

Sleep Apnea: The Robber of Sleep

Stephanie Torrez, 56, of Stanwood, Wash., juggles her personal schedule as well as the daily timetables of two surgeons at Western Washington Medical Group. But being unable to get a good night's sleep made the surgery scheduler's life and work increasingly difficult. Her exhaustion was so overpowering that even small things such as driving to the store were starting to feel like a monumental task.

One day she almost fell asleep behind the wheel. "I was driving home from running errands, and I had my granddaughter in the car," says Torrez. "But I was so tired, I just couldn't stay awake and drive anymore, so I pulled over."

The next thing she knew, her husband was knocking at the window. She had fallen asleep on the side of the road with her granddaughter in the backseat.

Luckily, her husband happened to drive by -- but the experience scared them into seeking help. "I had been living with a lack of sleep for about six years, and it was making my life miserable," Torrez says.

She wasn't able to travel with her husband because she was too tired to enjoy it, and her over-the-top snoring was keeping him up at night. She had visited her doctor, who suggested she try weight loss. She had gained more than a few pounds and was considered overweight, but getting slimmer didn't help her snoring -- or her exhaustion.

After the driving incident with her granddaughter, she made an overnight appointment at a sleep center, which uncovered the culprit: Torrez had obstructive sleep apnea, a disorder in which a person stops breathing during sleep because the airway collapses, causing snoring and disrupting sleep.

The Sleep Doctor's Rx for Sleep Apnea

"Sleep apnea can give new meaning to the word 'snoring,'" Breus says. "As the muscles in the body relax and the airway closes, air can't get in or out, and what little air does escape comes out as a snore. People with sleep apnea periodically stop breathing while sleeping, which interferes with their ability to get restful sleep." But it doesn't have to stay that way, Breus emphasizes. His advice for Torrez includes:

Try CPAP. A CPAP -- or continuous positive airway pressure machine -- is a mask that fits over the face to help increase air pressure in the throat, keep the airway open, and ensure free breathing during sleep. "This will be an immediate fix to her problem, improving her sleep and energy levels right away," notes Breus, "and also her husband's."

Take it with you. The downside to the CPAP is that it's a treatment, not a cure, and Torrez will benefit from it only as long as she wears it. "When she packs her bags for travel, the CPAP should go in right after her toothbrush," Breus says.

Fortunately, CPAPs have come a long way. Now they're lighter -- some less than 10 pounds -- with portable batteries. So there's no reason Torrez can't be mobile and get the sleep she needs to enjoy traveling.

Hit the scales. For Torrez, weight management is also key -- the more weight she gains, the worse sleep apnea becomes. She has two things working against her and both involve hormones.

First is menopause. Her sleep problems started right around the time menopause hit, when fluctuating hormones lead to a slowing of metabolism, which in turn can cause weight gain.

Second, certain hormones key to controlling metabolism are usually released during sleep. If Torrez's sleep is disrupted and the hormones don't release, she's more likely to gain weight.

The Results

The doctor Torrez worked with at the sleep center recommended a CPAP machine, and it turned out to be a perfect fit -- she immediately started to feel the benefits of using it every night.

She's also keeping her weight where it belongs through exercise and a healthier diet.

Torrez is traveling again with her husband and recently encountered another person with sleep apnea at the airport. The telltale sign? The portable CPAP machine.

"My life went from sad and depressing to fantastic and wonderful," says Torrez. "I don't know what I would do if it wasn't for the CPAP," she adds. "It's like a miracle, and it's helped me feel great about myself and my health."