

Insomnia and psychological causes in adolescents



**ASSIGN
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Insomnia and Its Psychological Correlates in Adolescents

Sleep, in one form or another, is a biological necessity for all living creatures (Coveney, 2014). Insomnia is the most frequently occurring sleep disorder in which the whole body and brain are in a conflict between the desires of wanting to fall asleep and not wanting to go to the waking status (Mushtaq 2014). On the basis of occurrence of symptoms, insomnia can be classified as transient (no more than a few nights), acute (less than 3-4 weeks), and chronic (more than 3-4 weeks) (Kamel and Gammack 2005).

I chose insomnia to be the subject of my writing because I think that it is a serious though ignored health problem. Studies show that insomnia affects approximately 30% of the general population (Roth, 2007). While Johnson et, al. (2006), estimated that 10. 7% adolescents are affected among the general population according to the DSM-IV criteria (as cited in Abe & Germain, 2012). A study conducted in a Pakistani medical university revealed that 58. 9% of the adolescents slept less than 8 hours a day (Kazim & Abrar, 2011). Which means it is not only highly prevalent in our society, but also found worldwide in people of all ages and every gender but none of them tends to solve the issue on an earlier stage. This results in the severity of the disorder leading to various negative consequences. In this article we will focus mainly on the correlation of insomnia with the psychology of adolescents.

We will also discuss the causes and circumstances that could lead to the progression of insomnia and some possible management remedies which

could be helpful for the readers to diagnose and manage the problem at an earlier stage.

In the month of March, 2015, a 28 years old lady was admitted to the Karachi Psychiatric Hospital with complaint of insomnia. She verbalized that she was divorced 10 years back and currently was living with her mother. During her married life she felt that her brother in law used to eye her in an inappropriate way which she felt uncomfortable and she talked to her husband about that but he didn't believe her, instead divorced her. She was too depressed about the event, and since then she was having complain of insomnia. She didn't adhere to the prescribed medications and therefore was admitted to the hospital with relapse.

According to the criteria suggested by Diagnostic Statistical Manual of Mental Disorders edition 5 (DSM-V), a person is said to have insomnia disorder if the following symptoms are true for him; (A) dissatisfied with sleep quantity and quality. (B) One or more of these symptoms: difficulty initiating maintaining and returning to sleep after awakening, early morning awakening, non-restorative sleep and bed time struggles. (C) Major distress or impairment in daytime accompanies the sleep complaint (also reported by Kidwai & Ahmed, 2013). (D) Sleep difficulty occurs at least thrice a week and is present for at least three months. (E) The difficulty occurs despite of sufficient opportunities and age-appropriate circumstances for sleep (Abe & Germain, 2012). The criteria makes it easier to rule out the disease.

CAUSES AND RISK FACTORS

Carskadon discussed that during adolescence a range of biological, psychological and social factors interact, resulting in shortened sleep duration, that has been characterized as 'the perfect storm' (as cited in Hysing 2013). A study conducted in Bahawalpur, Pakistan concluded that 39.2% of the youth (aged 16-25yrs) experience insomnia while 33% suffer from sleeplessness (Mushtaq et. al., 2014). There are several determinants that could lead to insomnia.

I believe teenage is the most vulnerable stage of a person's life. Multiple hormonal changes occur (Mushtaq, 2014; Kamel & Gammack, 2005) and psychological distress acts as the key precipitating factor for sleep disorders. Problems in secular, personal or even religious life create great stress on a person's mind (Mydin, et. al., 2012). Family conflicts, long working hours requiring more hard work, academic challenges and spiritual distress are some of the stressors that make adolescents face difficulties to fall asleep, no matter they have to get up early in the morning, and most of them skip the daytime naps as well (Yen et. al., 2008). Beside this, uncomfortable, noisy or change in sleep environment also hinders in sleep (Mushtaq 2014). Hysing et. al., (2014) claim that such routines cause a sleep deficiency of ~2 hours on weekdays.

Some common habits including late night socializing activities, watching television or movies, surfing the internet (Coveney 2014; Yen et. al., 2008), excessive use of mobile phones (Mushtaq, 2014; Yen et. al., 2008), excessive use of substance like alcohol, caffeine, drugs, or side effects of some medicines like selective serotonin reuptake inhibitors (SSRIs) etc. (Mushtaq,

2014; Abe & Germain, 2012; Kazim & Abrar, 2011; Alhola & Kantola, 2007), also interfere with sleep quality and delay the bedtimes.

Furthermore, there could be some genetic or medical determinants as well that pose a risk towards sleep deficiency (Kidwai & Ahmed, 2013), while in some cases psychiatric issues may also be present that lead to secondary insomnia (Roth, 2007). Depression and anxiety are the two most common co-morbid that lead to insomnia and vice versa, as worrying about sleep deficiency itself exacerbates insomnia. Dauvilliers described that 72.7% of the patients with primary insomnia had a family history of the disorder (as cited in Abe & Germain, 2012).

EFFECTS

Adequate sleep is important not only for physical health but for cognitive and psychological wellbeing as well. On average, 7-8.5 hours of sleep per day is considered to be normal for adults. (Alhola & Kantola, 2007; Kazim & Abrar, 2011). While 6 hours/day, is thought to be short sleep duration (Bryan, 2011, as cited in Coveney, 2014). Insomnia, an underestimated disorder causes a number of effects that can disrupt a person's quality of life (Alhola & Kantola, 2007), for instance, chronic fatigue and malaise, aggressiveness, work absenteeism, increased risk of accidents (Cunnington, et, al., 2013; Abe & Germain, 2012) etc. A study revealed that in a period of 12 months, only 1% of non-insomniacs had industrial accidents as compared to 8% of insomniacs (Roth 2007). Additionally, I have also commonly observed that it causes emotional instability and mood lowering, that further increases psychological distress and lowers concentration ability (Kazim & Abrar, 2011). Decreased

memory, neurocognitive and academic performances are also highly affected that result in impaired performance on psychomotor tests and less productivity at workplace and schools/colleges (Coveney, 2014; Kamel & Gammack, 2005). Furthermore, depression and hypertension (Kamel and Gamack, 2005)

Such cognitive declines and stressors have their impact on a person's social life which can be seen as the quality and quantity of his time spent with his family and friends is disturbed. As a result, the person may experience suicidal ideations as severe depressive symptoms. Many people then look towards substance abuse like alcohol and drugs use, either to relieve this stress or to merely induce sleep (Mydin, et. al., 2012; Abe & Germain, 2012). Such people also have emotion focused problem solving strategies (Mydin et. al., 2012) i. e. they are less thoughtful about the situation and make emotional attempts to get rid of the

Williams argued that moving towards a global 24/7 society is making us utilize our sleep time in walking activities and social opportunities (as cited in Coveney, 2014). Late night social gatherings, connectedness to peers through media and high tech devices has increased too much in our society. This simply means that sleep and rest are not being given much importance which in turn calls for a need to take this matter more seriously especially for the younger generation who wouldn't want distressing effects of insomnia to affect their growing future.

MANAGEMENT

Sleep disorders especially insomnia is taken lightly and mostly remains undiagnosed and therefore, untreated. The disorder is treated so as to avoid relapses rather than treatment of current episodes or crisis (Cunnington, et al., 2013). Benzodiazepine is the most frequently used sedative hypnotic as the first line treatment of insomnia. It decreases reduces rapid eye movement (REM) sleep, sleep onset latency and nocturnal awakenings. Other pharmacological aids include non-benzodiazepines, anti-depressants, and anti-histamines. These medicines are used with the desired outcomes of improved sleep initiation, maintenance and improved next-day functioning (Kamel & Gammack, 2005).

Multiple approaches can help to control the situation from getting worse. One of them includes asking patients to maintain a 1-2 week sleep diary to assess their sleep pattern. This diary would be helpful to keep the record of the person's usual bedtime and duration of sleep along with the details about the meals taken, exercise, use of alcohol and medications (Kamel and Gammack, 2005). Maintain such a diary would help to review the activities and factors that may have hindered sleep and improve them accordingly.

Cognitive Behavioral Therapy (CBT) is another effective intervention with long-term efficacy. It targets the maladaptive behavior and thoughts that may provoke sleep disturbing conditions. This face to face interaction helps client and health care professional to particularly work on aspects and factors that are worsening the situation (Cunnington, et. al., 2013). One more approach known as 'stimulus control therapy' restricts the client and environment particular so as to induce sleep. For example, bedroom is confined to be used only for sleeping or sexual activity while sleep

incompatible stimuli such as reading, television and computer should be avoided in the room (Cunnington, et. al., 2013; Kamel & Gammack, 2005).

CONCLUSION

Insomnia's prevalence varies from 11.8% in Nigeria² to 27% in the United States and 37% in France and Italy (Kidwai & Ahmed, 2013). As far as I have observed, people now a days are concerned about being at the top and being number one, but in the long run they ignore their basic health needs including rest. Especially teenagers have multiple stressors from their personal and secular/professional life which causes distressing emotions and they tend to skip their sleep time in order to cope with the challenges. Inappropriate sleeping environment, substance abuse family conflicts, and some underlying medical or psychiatric illness can also interfere and disrupt their normal sleep pattern. Insomnia is a preventable and controllable disorder. Therefore, it is important not to ignore any sleep issues as they may lead to the severe consequences of insomnia.

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