

Editorial Note on Insomnia

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Description

Insomnia, also acknowledged as sleeplessness, is a sleep disorder in which people has trouble in sleeping. They may have struggle falling asleep, or staying asleep as long as needed. Insomnia is normally followed by daytime sleepiness, irritability, low energy, and a depressed mood. It may result in an amplified risk of motor vehicle collisions, as well as problems focusing and learning. Insomnia can be short term, lasting for days or weeks, or long term, lasting more than a month.

Insomnia can happen independently or as a result of another problem. Conditions that can result in insomnia include chronic pain, psychological stress, hyperthyroidism, heart failure, heartburn, restless leg syndrome, menopause, certain medications, and drugs such as caffeine, nicotine, and alcohol. Other risk factors comprise working night shifts and sleep apnoea. Diagnosis is based on sleep habits and an examination to look for underlying causes. Though their efficacy as first line treatments is not unequivocally established, sleep hygiene and lifestyle changes are typically the first treatment for insomnia. Sleep hygiene comprises a consistent bedtime, a quiet and dark room, exposure to sunlight during the day and regular exercise. Cognitive behavioural therapy may be added to this. While sleeping pills may help, they are sometimes related with injuries, dementia, and addiction. These medications are not suggested for more than four or five weeks. The efficiency and safety of alternative medicine is uncertain.

Symptoms of insomnia are difficulty falling asleep, including struggle finding a comfortable sleeping position, waking up during the night, being unable to return to sleep and waking up early, Not able to focus on daily tasks, difficulty in remembering, daytime sleepiness, irritability, depression or anxiety, feeling tired or having low energy during the day, trouble concentrating, Being irritable, acting aggressive or impulsive.

Sleep onset insomnia is trouble falling asleep at the beginning of the night, often a symptom of anxiety disorders. Delayed sleep phase disorder can be misdiagnosed as insomnia, as sleep onset is delayed too much later than normal while rising spills over into daylight hours. It is common for patients who have difficulty falling asleep to also have night-time awakenings with difficulty returning to sleep. Two-thirds of these patients wake up in the middle of the night, with more than half having trouble falling back to sleep after a middle-of-the-night awakening.

Early morning waking is an awakening occurring earlier (more than 30 minutes) than desired with a failure to go back to sleep, and before total sleep time reaches 6.5 hours. Early morning awakening is often a symptom of depression. Anxiety symptoms may well lead to insomnia. Some of these symptoms contain tension, compulsive worrying about the future, feeling overstimulated, and over analyzing past events.

Symptoms of insomnia can be prompted by or be linked with sleep breathing disorders such as sleep apnoea or upper airway resistance syndrome. Usage of psychoactive drugs or stimulants, comprising certain medications, caffeine, herbs, nicotine, amphetamines, methylphenidate, cocaine, aripiprazole, MDMA, modafinil, or excessive alcohol consumption. Use of or withdrawal from alcohol and other sedatives, such as anti-anxiety and sleep drugs like benzodiazepines, Usage of or withdrawal from pain-relievers such as opioids, Heart disease, Restless legs syndrome, which can cause sleep onset insomnia due to the painful sensations felt and the must to move the legs or other body parts to discharge these sensations.

Conflicts of the circadian rhythm, such as shift work and jet lag, can root an inability to sleep at some times of the day and excessive sleepiness at other times of the day. Chronic circadian rhythm disorders are categorized by alike symptoms. Certain neurological disorders such as brain lesions or a history of traumatic brain injury can lead to insomnia.

Medical conditions like hyperthyroidism, Abuse of over-the-counter or prescription sleep aids (sedative or depressant drugs) can produce rebound insomnia, Poor sleep hygiene, e.g., noise or over-consumption of caffeine, a rare genetic condition can root a prion-based, permanent and eventually fatal form of insomnia called fatal familial insomnia can lead to insomnia.

Conclusion

Sleeps studies by means of polysomnography have recommended that people who have sleep disturbance have elevated night-time levels of circulating cortisol and adrenocorticotrophic hormone. They also have an elevated metabolic rate, which does not occur in people who do not have insomnia but whose sleep is deliberately disrupted during a sleep study. Studies of brain metabolism by means of Positron Emission Tomography (PET) scans designate that people with insomnia have higher metabolic rates by night and by day. The question remains whether these changes are the causes or concerns of long-term insomnia.