



FOCUS ON INSOMNIA



Helen Harper of Spire Norwich Hospital discusses insomnia with Clinical Psychologist Annie Beresford.

With the influx of technology in our lives, recent studies have concluded that looking at mobile phones and laptops before bed is not conducive to a good night's sleep.

It wasn't that long ago that after a day's work you headed home and that was it, until you returned to work the next day. However, nowadays we are surrounded by temptation not to 'switch off' and often fall into the trap of 'I'll just check my emails before bed'.

So is it any wonder our body isn't in a state of relaxation by the time our heads hit the pillow?

Sleep deprivation can be tortuous (as any new parent would testify!), but with approximately one in ten adults suffering with insomnia there are plenty of us not getting enough quality sleep.

I caught up with Annie Beresford, Clinical Psychologist at Spire Norwich Hospital to find out more about the sleep condition.

What is insomnia?

Difficulty getting to sleep is extremely common particularly during any stressful periods in our lives. Our inability to 'switch off' can sometimes cause general anxiety, which can affect our sleep, but it doesn't always result in insomnia. Insomnia is typically diagnosed when people are unable to get to sleep, or remain asleep, for more than three nights a week, for a duration of three months or more.

Symptoms can include:

- Lying awake for long periods at night before falling asleep.
- Waking up several times during the night.
- Waking up early in the morning and not being able to get back to sleep.
- Feeling tired and not refreshed by sleep.
- Irritability.
- Not being able to function properly during the day and finding it difficult to concentrate.

What causes insomnia?

Some people are more predisposed to develop insomnia than others. Most of us experience poor sleep at some time in our lives but, for some people, the problem doesn't naturally resolve even after the stressor has faded.

Alcohol or drug misuse, as well as anxiety, depression or some medications can be the trigger, but the period of time the condition lasts can depend on the individual's ability to break the cycle the insomnia creates.

It sounds like insomnia can be worsened by one of its possible triggers – worry?

Worrying about not sleeping effects of lack of sleep, along with trying unsuccessfully to remedy matters can lead to a state of increased arousal and therefore a continued inability to sleep. In other words, a vicious cycle develops, which makes the insomnia worse rather than better. So how an individual responds to the initial sleep difficulty determines, to a large extent, whether sleep will improve again over time.

How does insomnia affect people?

Often insomnia sufferers complain of feeling exhausted and as a result they may be irritable and moody. It's not pleasant for everyone involved as we all know how difficult a day at work or with the kids can be after just one disturbed night.

What would you class as a good night's sleep?

It's difficult to define what 'normal sleep' is because everyone is different. Many things influence the amount of sleep you need, including your age, lifestyle, health, diet and environment. As a rule most healthy adults sleep for about seven to nine hours a night and if they feel refreshed upon waking, it's likely they've had a quality sleep.

What's the best way of ensuring a good night's sleep?

Trying to relax before going to



Approximately one in 10 adults suffering with insomnia

Picture: GETTY IMAGES/ISTOCKPHOTO

bed, perhaps a warm bath and milky drink (but not caffeinated or alcoholic). Fixed times for going to bed and waking up, as well as keeping the room as dark as you can, help your body to get into a good sleep pattern. Don't try to catch-up on sleep by napping during the day.

Exercise can help you sleep better, but makes you feel more awake so avoid it within three hours of the usual time you go to bed. Avoid using mobile phones or tablets in bed - as well as being too engaging when you're trying to wind down, the light from the screen stimulates the brain so it doesn't want to go to sleep. Finally, it's easier said than done, but avoid watching the clock throughout the night as this will help alleviate anxiety.

If someone is worried they are suffering from insomnia, what advice would you give them?

I would encourage them to see their GP as there is so much support available. Keeping a sleep diary will also be useful as it may be helpful in pinpointing any specific triggers for the insomnia. It will also help to talk about anything that

is worrying them as sometimes just the act of talking something through will help.

There is good evidence that Cognitive Behavioural Therapy (CBT) techniques work in the long, as well as the short term. It is often our thoughts, behaviours and emotional distress that stop us from sleeping. Since CBT deals with these issues, it can provide the tools needed to stop the vicious cycle referred to above.

If you require support or advice on mental health issues visit your family doctor or call 01603 255 614 to arrange a private appointment with Annie Beresford.

For further details regarding Clinical Psychologist, Annie Beresford, please visit www.spirenorwich.com and 'click' on her consultant profile.

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ASK THE SPECIALIST

Consultant Plastic Surgeon, Mr Guido Guido Köhler discusses prominent ears.



I am very self-conscious about my ears, which stick out a lot - what options are available to me?

Prominent ears are usually caused by a combination of factors, most commonly part of the cartilage has not folded over properly, which makes the ear protrude forwards.

Sometimes the bowl part of the cartilage inside the ear is enlarged and this causes the lower part of the ear to stick out as well. Prominent ears can be distressing for children and adults alike, but they can be easily improved through corrective surgery.

The medical name for this operation is a pinnaplasty and it is typically performed for adults under a local anaesthetic, so you'll be awake during the procedure. The surgery normally takes between 60-90 minutes and the correction should be life-long.

Correcting prominent ears usually involves refolding part of the cartilage and occasionally reducing the size of the bowl part of the cartilage.

The cartilage is refolded and stitches inside the ear are used to hold it in place, and if required a piece of cartilage is removed from the bowl part of the ear. The wound is stitched up with dissolvable stitches and a bandage used to protect the ear. The bandage stays on for a week, then your consultant will check on the wound.

If you decide to have a pinnaplasty you will need to wear a sweat band (like John McEnroe) at night time for six weeks to stop the ears accidentally being folded forward during sleep.

Recovery times vary between patients, but most should be able to go back to work a day or two after surgery. The ears will be a little swollen and bruised for about two-three weeks and can feel a little tender for up to six months following surgery.

For further information on prominent ear correction surgery arrange an appointment with your family doctor, or call 01603 255 614 to make a private appointment with Mr Guido Koehler.

All surgery carries an element of risk and the content of this page is provided for general information only. It should not be treated as a substitute for the professional medical advice of your doctor or other healthcare professional.

Do you have a health question? Please send any questions into Ask the Specialist, Helen Harper, Spire Norwich Hospital, Old Watton Road, Colney, Norwich NR4 7TD. Questions will be handled with discretion and you will remain anonymous. Specialists cannot enter into direct correspondence.



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