

Sleeping Better with Chronic Pain

Pain makes it harder to sleep. In fact, more than half of chronic pain sufferers have difficulty falling asleep, staying asleep, or both. The reasons for this are many:

- Pain can make it more difficult to find a comfortable position for falling asleep.
- Pain can flare up during sleep from staying in certain positions for too long or from moving in ways that aggravate the pain.
- Because of worry about medical, financial, or other pain-related issues, it may be difficult to relax enough to fall asleep.
- The depressed mood that often accompanies chronic pain can interfere with sleep.
- Being frustrated about inability to sleep can make falling asleep even more difficult.

Often, the ineffective pain coping strategies that people use unintentionally result in more difficulty sleeping:

- One of these ineffective pain coping strategies is napping excessively during the day. People with chronic pain often nap out of boredom or an attempt to escape from pain or unhappiness. They may nap because drowsiness is a side effect of many pain medications or because they're trying to make up for poor sleep the night before. Unfortunately, napping too much disrupts the brain's built-in clock, making it harder to fall asleep at night.
- Another ineffective pain coping strategy is staying indoors too much and not getting enough exposure to bright morning light. Excessive time indoors disrupts the brain's built-in clock, which relies upon natural cycles of light and dark to stay calibrated.

Abridged from **Bouncing Back: Skills for Adaptation to Injury, Illness, Aging, and Pain**
by Richard Wanlass, Ph.D. © 2017 Oxford University Press Book chapters cover skills for managing chronic pain, reducing anger, improving mood, managing stress and anxiety, improving memory, increasing motivation, and improving social relationships.

- Many people with chronic pain spend too much time in bed during the day, passing time by watching TV, reading, or using tablets, smartphones, or laptops. This excessive time in bed while awake weakens the association the brain makes between bed and sleep, so the head hitting the pillow at night no longer serves as a trigger to fall asleep.
- And some people with chronic pain drink alcohol at night, hoping this will allow them to fall asleep despite their pain. The trouble with this pain coping strategy is that alcohol consumed to help fall asleep often makes it more difficult to sleep soundly throughout the night.

Unfortunately, lack of restful sleep makes it harder to cope with pain, setting up a vicious cycle in which pain leads to difficulty sleeping, which leads to greater pain suffering and even more difficulty sleeping.

The way out of this vicious cycle is to learn and apply skills for improving sleep, while also using the other pain self-management strategies described in my book, **Bouncing Back: Skills for Adaptation to Injury, Aging, Illness, and Pain**.

As you sleep better, you'll cope better with the pain you still have, and as you manage pain better, you'll sleep better. Research-proven strategies for improving sleep are explained below.

Create a Proper Sleeping Environment

Most people sleep better in a cool and dark bedroom. A fan or air conditioner may help during hot times of the year, and the thermostat should be set to a cool temperature at night during cold times of the year.

Unless there's a safety reason requiring a night-light, it's best to keep the bedroom very dark, even to the point of covering or turning away illuminated displays on clocks. If there are lights outside of the bedroom windows, close the blinds or curtains and, if necessary, use room-darkening curtain liners.

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Most people also sleep better in a quiet bedroom. If a bed partner snores, or if other noises are present, earplugs may be necessary for restful sleep. If a bed partner snores loudly, makes gasping sounds, and still seems tired in the morning, this might indicate a serious but correctible problem. Encourage him or her to ask a healthcare provider whether an evaluation for **obstructive sleep apnea** is warranted. Incidentally, if you've been told you have this same type of snoring problem, you should also ask about being evaluated. Uncorrected obstructive sleep apnea can leave you feeling more fatigued and make it harder to cope with chronic pain, in addition to causing other serious health problems.

If you have trouble falling asleep due to physical discomfort, ask your healthcare providers about changing your sleep position, using support pillows, or switching to a better mattress for your condition.

Many people with chronic pain develop habits that interfere with sleep. For example, they may watch TV in bed either to help fall asleep or to pass time when they lie awake in pain. Or they may spend time during the day resting in bed due to pain.

Unfortunately, the more activities of this type occur in bed or in the bedroom, the less likely the brain is to form a strong association between the bedroom and sleep. It generally works best to watch TV, read, and use smartphones and other electronic devices in another room so the brain more strongly links being in bed with sleep.

Be Smart about Foods, Beverages, and Medicines

If you have trouble sleeping, avoid stimulants, such as caffeine, in the afternoon and evening. Caffeinated drinks include coffee, tea, colas and some other soft drinks, energy drinks, and some weight-loss products.

Many people with chronic pain develop the habit of consuming alcohol before going to bed with the belief that this will help them sleep. While it's true that for many people alcohol does help with falling asleep, it also reduces the quality of sleep, causing people to get less deep and restful sleep.

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Alcohol also commonly causes people to have difficulty remaining asleep through the night. Therefore, alcohol should not be consumed within 3 hours of going to bed and should be consumed in moderation, if at all, before then.

No heavy meals or snacks should be consumed within 2-3 hours before bedtime because digestion interferes with sleep. If hungry before bed, try a light snack of carbohydrates, perhaps with a little protein.

The old-time remedy of a glass of warm milk before bed doesn't appear to have any special chemical magic, but warm milk still may help those who find it psychologically relaxing.

Talk to your healthcare providers about a safe plan to decrease nighttime urination. This might involve changing medications or the time of administration of some medications, as well as decreased fluid consumption before sleep. This can help to reduce the problem of difficulty falling back asleep after you've gotten up to use the bathroom.

Talk to your healthcare providers and do your own research regarding any prescription or over-the-counter sleep medications you take, as many of these are only designed to be used for short periods of time and have potentially serious side effects.

Antidepressant medications may help with sleep in persons for whom sleep disturbance is a symptom of depression. Certain antidepressant medications have sedating side effects and may also help with sleep even for those who are not clinically depressed. If interested, talk to your healthcare providers about whether these might be helpful for you.

Relax and Unwind Before Bed

Exercise is generally helpful for sleep, especially exercise early in the day with exposure to bright daylight. It's not usually wise, however, to do strenuous exercise within 3-4 hours of going to bed, as this tends to make it more difficult to fall asleep.

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Sleep researchers have discovered that exposure to light from certain electronic devices, such as TVs, computer screens, and smartphones, can make it harder for the brain to fall asleep. Therefore, it's best to discontinue these activities an hour or two before bed and instead do calming activities such as reading or listening to relaxing music.

If you have the time, a warm bath can also help your body and mind feel ready to drift off to sleep.

Relax While in Bed

Once you're in bed, it helps to practice some of the relaxation skills described in my chapter on **Stress and Anxiety Management**. For example, relaxing your muscles or visualizing soothing imagery can help you drift off to sleep. Slow, rhythmic breathing from the diaphragm also helps. You'll know if you're doing this correctly if your belly rises each time you inhale and falls back down when you exhale. Meditation can be combined with muscle relaxation and breathing by mentally repeating "relax" or some other calming word each time you exhale.

As you're relaxing, allow sleep to come naturally. Don't try too hard to fall asleep, as this effort actually makes falling asleep more difficult. You may remind yourself that, even if you don't fall asleep, you're still gaining valuable rest through your practice of relaxation and meditation.

If worrisome thoughts come to you as you're falling asleep or sometime during the night, you might try jotting them down on a notepad by your bed. This sometimes allows the mind to temporarily let the worries go, knowing they'll be dealt with the next day.

Limit Your Time in Bed

Many people with chronic pain spend excessive amounts of time in bed. Because they have trouble falling asleep or remaining asleep, they sleep well past their normal awakening time or take long naps during the day.

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While it's understandable why people would do this to try to catch up on missed sleep, research has shown that this is actually not a wise strategy. Even though it seems counter-intuitive, restricting time in bed actually eventually results in better sleep quality.

Here are some guidelines for limiting your time in bed:

- Go to bed only when you feel sleepy.
- If you don't fall asleep within about 20 minutes, leave the bedroom and do something relaxing, such as reading, until you feel sleepy again. Watching TV or playing video games is generally not a good idea because it's likely to be too stimulating and because light from the TV or computer screen can interfere with sleep. The reason to get up and leave the bedroom is so that your brain doesn't learn to associate the bed with frustration over inability to sleep. Return to bed only when you feel drowsy.
- Limit your total time in bed to 7 hours or less while you're trying to reestablish a healthy sleep-wake cycle. Once you're sleeping better, you can increase your sleep time to around 8 hours. Research generally supports 7-8 hours as the optimal amount of sleep for most adults, while adolescents and young adults seem to function best with about 9 hours of sleep. Talk to your healthcare providers about this in case your particular health condition requires a different amount of sleep.
- Make sure you get up at approximately the same time every day, including on weekends, whether you slept well or not. This helps keep your brain's internal clock regulated.
- Try to minimize naps during the day, and especially try not to nap longer than 30 minutes, as long naps disrupt the sleep-wake cycle. Afternoon naps are generally better for you than morning or evening naps.

Sleep Improvement Worksheet

For at least two of the categories below, list one or more sleep improvement methods you think might help you. Write a specific plan for trying each method out over the next few weeks.

Create a Proper Sleeping Environment:

Be Smart about Foods, Beverages, and Medicines:

Relax and Unwind Before Bed:

Relax While in Bed:

Limit Your Time in Bed:

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