INSOMNIA MANAGEMENT KIT
Bedtime Restriction Therapy

The Insomnia Management Kit is intended to be used in conjunction with your GP.
To access further instructions on the use of this fact sheet and other components of the Insomnia Management Kit, go to 'Insomnia management' on the SA Health website: www.sahealth.sa.gov.au.

Bedtime or Sleep Restriction Therapy

A pattern of sleeplessness (being unable to sleep) can develop due to a stressful or disturbing life event or simply because of poor sleep habits. This can lead to feeling tired / fatigued during the day, resulting in the belief that more time needs to be spent in bed to try to catch up on lost sleep.

However, more time in bed doesn't get more sleep, it gets more time awake feeling worried or frustrated at being unable to sleep. It makes the problem worse. Spreading a night's sleep over too long a period of time will lead to sleep that is shallow and fragmented, resulting in negative feelings and more alertness at night and fatigue during the day. This fatigue is possibly a result of body tension and mental stress brought on by the worry and frustration of poor sleep.

This cycle of sleeplessness continues and strengthens the association of the bed environment and attempt to sleep with alertness and worry. This results in the development of conditioned insomnia, an involuntary response of becoming alert in bed.

If you completed the Sleep Diary, it has probably highlighted that you are spending much more time in bed than you are asleep.

Can the cycle be changed?

YES! If you spend less time in bed, your sleep will improve and the amount of deep sleep will actually increase. What decreases is the shallower and less restorative, light sleep.

You will also fall asleep more quickly, have fewer and shorter night time awakenings and maintain sleep until it is time to wake up. Therefore, you will spend less time worrying about sleep so you will have more energy during the day.

By using Bedtime Restriction Therapy, the amount of time spent in bed will reduce. This will ensure that sleep only occurs between the set bedtime and wakeup time. Your sleep will then be of higher quality over a shorter period.

Bedtime Restriction Procedure

Example: If a patient reports sleeping 6 hours on average a night, out of 8 hours spend in bed. The initial recommended sleep window is restricted to 6 hours. Periodic adjustment is made to this sleep window until optimal sleep duration is reached. This creates mild sleep deprivation and then lengthen sleep time as sleep efficiency improves.

A good starting point is the total sleep time recorded on your Seep Diary.

This is what you do…

Step 1

Work out your average amount of actual sleep per night (from the Sleep Diary if completed). Be sure not to include the hours you spent lying in bed awake.

Plan to stay in bed for only the length of your calculated average sleep time.

Step 2

Choose a regular wake-up time (to suit your own personal circumstances), and stick to it seven days a week.

Step 3

Set your bedtime. To do this, start from your wake-up time and subtract the number of sleep hours you calculated in Step 1.

You may find it helpful to document your planned bedtime restriction schedule.

My average total sleep per night is.....hours.

My wake-up time will be.....

My bedtime will be.....

For example, if you are to have five hours of time in bed and selected a wake-up time of 6 am then your bedtime needs to be 1 am.

Step 4

After a week, assess how well you are sleeping. If you are now falling asleep sooner and sleep more soundly through the night than before and if you are starting to feel very sleepy before your bed time (struggling to stay awake), you can increase your time in bed by 30 minutes, by going to bed 30 minutes earlier.

As a guide, if you are now awake in bed for less than 30 minutes (this includes both the time taken to fall asleep and time spent awake during the night), then you can extend your total time in bed. However, if you are awake for more than 30 minutes, do not extend your time in bed just yet. Continue the initial time in bed routine for another week.

Step 5

After the second week, if you are falling asleep easily and staying asleep, increase your bedtime by 30 minutes by going to bed 30 minutes earlier.

Step 6

Keep repeating Step 5 at the end of each week until you reach a point where you feel you are now getting adequate sleep (ie less sleepy and fatigued) and your sleep is still good quality (ie less than 30 minutes of wake time).

If, however, you find that excessive wakefulness in bed has returned, you have extended your bed period too long, too quickly. Decrease your bed period again by going to bed 30 minutes later and go back to Step 4.

Once you find your ideal bedtime and sleep schedule, stay with it. Consider the extra time gained from reducing your total time in bed as a positive outcome. Use this new found time that was not available to you before in a productive or enjoyable way.

What will happen?

In the beginning, this management technique is not easy to follow. However, the severe bed restriction in the first few weeks is not permanent. It is used to build up sleep pressure that will help ensure better quality sleep when you are in bed and strengthen the bed as a trigger for sleep rather than alertness and worry.

By the end of the first week, you should feel sleepier, especially before your designated bed time. Avoid falling asleep before bed (eg while watching TV or reading) as this will decrease the sleep pressure that should be used for the bed period. You will probably feel sleepier than usual when you wake-up in the morning and during the day. You will start to need an alarm clock in the morning to ensure you do not sleep past the designated wake time. It is important to stick to the new schedule and do not nap during the day. Maintaining some 'sleep pressure' from insufficient sleep in the early days of this technique will help your improvement.

If you follow the bedtime restriction routine it will work and the effects are long-term.

For more information

Refer to 'Insomnia management' and 'Sleep problems' on the SA Health website: www.sahealth.sa.gov.au.

Non-Pharmacological Management of Insomnia. U. Vyas. British Journal of Medical Practitioners 2013; 6(3)a623.

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