



Core Clinical Services

North Bristol **NHS**  
NHS Trust

# The Pain Management Programme: Pain and Sleep



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## Pain and Sleep

Getting a good night's sleep is often a problem for people who live with long-term pain. Lack of sleep should be taken seriously because sleep loss can add to the difficulties that already occur as a result of the pain; it can cause fatigue, stress and poor concentration. Fortunately, there is a lot that you can do to help your sleep: it mostly relates to the three factors that are involved in getting off to sleep.

- Your 'body clock' has to tell you it is time to sleep.
- It should be long enough since you last slept (you should be tired).
- The mind and body should be calm.

In practical terms, as will be explained, this means that you need to have good routines and habits, to have ways to relax and calm the mind, and (the difficult bit) to create an expectation of sleeping when you are in bed. There will be a lot of advice to take in and some of it might seem odd. This is because even a "bad" habit can be associated with getting off to sleep. Some advice might be difficult to follow because of where you live, who you live with, what you do, etc. Like all other advice given in a pain management programme, you may need to adapt it to fit your circumstances.

### A bit of science

In order to worry less about sleep and to understand how it can be improved it may help to know a little of the scientific background.

- 'Normal' hours vary between people and decrease as we get older; young adults sleep on average for about 7 or 8 hours, whilst older people may need about 6½ hrs.
- It is common to wake up several times a night but you will only remember waking if something happens to catch your attention (for example, hearing a noise outside or feeling pain) and to keep you awake.

- There really is a 'body clock' deep in the brain: it is a group of cells that, for example, controls the release of hormones throughout the day. It works on a cycle of just over 24 hours and is regulated by daylight in the morning, as well as by the maintenance of routines such as regular eating and exercise.
- Your body will naturally try to compensate for lost sleep by taking more of the restorative deeper sleep in the night. You might still feel like you have not had enough sleep but this is how your body helps you cope.

## What can you do to improve your sleep?

You have probably done all you can to ensure that the conditions are right for you but it is worth checking, for example, that:

- The bed is comfortable.
- The temperature and ventilation in the bedroom are right for you.
- There are no noises disturbing you which you could do something about.
- There is no unnecessary light in the bedroom.

However, the most important things you can do are to:

**Get into a routine**

**Create an expectation of sleep**

**Wind down before bedtime**

## 1. Habits and routines

Your body clock needs to be 'reset' daily and you can do this by getting up at the same time every day. It may be tempting to sleep in at weekends, for example, but if you seriously want to establish a good sleep habit you should always get up at the same time. This also increases the chance that you will be ready for sleep at bedtime, as long as you have not had a sleep in the daytime. If you want any chance of sleeping for a good length of time at night, do not sleep during the day; (if you do sleep in the day, take no more than a 20 minute nap). Of course, you could decide that you will sleep for two hours in the afternoon but you must be aware that sleep at night will be delayed and you will probably sleep for less time. It could also put you 'out of step' with family and friends.

If you have ever lived with small children you will be aware of the importance of routines in settling down for the night. Adults are no different: it is worth establishing a routine that ends in the bed (and, hopefully, sleep). Part of the routine is about winding down (see section 3) and part of it is linked with creating the expectation of sleep (see section 2). What goes in your routine is up to you. It may involve a bath or shower (but not too near the bedtime as it raises the body temperature when it should be cooling down); it may involve a milky drink and a little to eat but you should remember that while a big meal can make you feel tired, digesting a lot of food could keep you awake.

## 2. Expectations and associations

This is linked with routines, but it is essential to create an association in you mind between the bed and sleep. This is not easy to achieve for people who live in a bed-sitter but you should try to keep all daytime activity out of the bedroom: the bed should be only for sleep and sex (the only late night exercise that promotes sleep). This means that you should not watch TV in bed. Ideally, you would not have a computer or desk in the bedroom. It may be unwise to spend time in or on your bed when you have a flare up of pain: this could create an unhelpful association – could you rest elsewhere at these times?

This association between the bed and sleep is so important that people who have insomnia are advised to get out of bed if they are not sleeping 20 minutes after settling for the night or if they wake in the night and do not return to sleep within 20 minutes.

If you do not go to sleep in about 20 minutes (this should be an estimate – do not time it), you could try getting out of bed and going to sit somewhere else and do something quiet until you feel sleepy again. Return to bed. If you are not asleep within a further 20 minutes or so, repeat the process. The same applies if you wake in the night: move around in bed if it helps you to get comfortable, and then give yourself about 20 minutes to get to sleep again; if you do not sleep, get out of bed. This is not an easy strategy but it has been found to work with people with insomnia: it is important to stick to the regular getting up time in the morning, and to keep trying.

If you are waking very late in the night (e.g. 5 or 6 o'clock), it may not be worth trying the getting out of bed strategy. Staying in bed until the alarm goes off might be better on the premise that you are likely to get some further sleep – probably more than you think because when sleep is measured in a laboratory, even 'normal' sleepers tend to underestimate how sleep they have had. On the other hand, if you know that you are wide-awake at that time, you could get up and start your day early.

### **3. Winding down**

Winding down has been mentioned as part of a bedtime routine but it is important in its own right. You will not sleep if the levels of arousal in your mind or body are high; you will not sleep, for example, if you are anxious, angry or excited about something. You can do a lot to help the winding down process including the following:

## a) Stop worrying

This is obviously much easier said than done but if you cannot switch off from your worries, perhaps you are not ready to go to bed yet. Some people say that they do their worrying at night when everyone else is asleep but if you want time to think things through on your own, it is better to do this before going to bed.

Plan to spend some time in the day thinking about your problems – perhaps in the early evening. Write down what you can do about each of them and when you are going to do it. That way, if you worry at night, you can remind yourself that you have already done as much about the problems as you can and there is no value in thinking about them in the middle of the night. Think about something else instead. Do not try to “empty your mind” but think about something that is “emotionally neutral” – nothing that provokes anxiety or anger and nothing that is too exciting.

A common concern for people who are sleeping badly is how they will cope the next day. The frustration of being awake in the middle of the night, and the level of concern about coping, can become a problem in itself. It may be worth reminding yourself that even “normal” sleep is broken (you just don’t remember the awakenings when there is nothing to gain your attention) and that, however difficult and uncomfortable it feels, people can get by on just a few hours sleep. During a pain management programme you will also look at the way that thoughts and feelings interact: the techniques you learn then can also help to deal with intrusive thoughts and feelings at night.

## b) Learn to relax

As part of a pain management programme you will have been shown how relax. Tension in the body will make getting to sleep much more difficult so it is well worth practising relaxation. However, it is best to learn how to relax, using a CD (or tape), at other times in the day rather than using the CD to try to send you to sleep. Learn the skill so that you can let go of tension in your body when you are in bed, or at other times, without the CD.

### **c) Watch your caffeine intake**

While a hot milky drink can be part of a winding down routine, drinks with caffeine in them can be unhelpful. Caffeine is a stimulant that blocks or disturbs sleep. The effect can last for several hours after drinking it. If you have sleep difficulties you should consider cutting down, perhaps by trying decaffeinated drinks (coffee, tea, cola). If you take over-the-counter painkillers, check that they do not have added caffeine. It will help if you have no caffeine in the five hours before bedtime although some people sleep even better if they cut out stimulant drinks after midday, or stop them completely.

### **d) Watch your alcohol intake**

Alcohol can also affect sleep but in a very different way from caffeine. It is a nervous system depressant, (the opposite of caffeine). A late drink might help you get off to sleep, hence the idea of a small "nightcap". The relaxing effect can help you to settle into sleep (although, as with milky drink, it is possibly more help as part of a routine). A larger amount of alcohol will not help your sleep although it might 'knock you out'; as the effect of the alcohol diminishes, it is likely to wake you up early. Furthermore, too much fluid before bedtime will probably disturb you more often in the night to go to the toilet.

In the long term, overuse of alcohol could affect your sleep pattern (as well as causing other health problems) and it should not be used as an aid to sleep.

### **e) Watch your smoking**

The nicotine in tobacco is a stimulant, like caffeine, and evidence shows that smokers cannot get off to sleep as easily as non-smokers. Happily, one of the first benefits for those who give up smoking is that they get off to sleep more easily within days of stopping. For those who don't want to stop but are having problems getting off to sleep it is worth trying not to smoke in the three or four hours before bedtime. This will probably make sleeping worse to begin with as your body gets used to not having the nicotine, but you will adjust.

## f) Exercise

There are strong links between exercise and good sleep. Exercise is a factor that affects the body clock: if you take less exercise in the day, it will make sleeping harder. Research suggests that afternoon exercise helps sleep more than morning exercise but late evening exercise tends to liven people up when they should be winding down. Gentle exercise such as stretching might help some people to reduce their stiffness before they sleep.

## g) Use medication wisely

Pain itself causes arousal and it is worth looking at your medication plan to ensure it helps your sleep as much as possible. Does your medication have enough time to work before you go to bed? Some tablets (like Amitriptyline or Nortriptyline which help with sleep as well as easing some pains), need to be taken up to two hours before bedtime in order to work best. It can help to plan to use less medication by day so as to have some to use if required at night. Slow-release painkillers (giving a more even dose over a longer period) may help. If you have any doubts about medication, get advice from your doctor or chemist.

## “Breaking the rules”

The trouble with advice about sleep is that it is tempting to ignore a lot of it because of having a regular routine. A person might, for example, take the dog for a long walk in the evening and come home for a cup of tea and a cigarette before going to bed and sleeping soundly. However, if that person were not sleeping well, they should try a different routine – taking a much shorter walk, cutting out the cigarette and having a different drink. Similarly, the sleep experts say that reading in bed is not a good idea (a waking activity, like watching television) but many people read in bed and happily drift off to sleep. On the other hand, if you read in bed and do not sleep, you could try reading in a chair before going to bed and putting the light out straight away.

Try to use the advice given here to find the best strategy for you, taking account of your own circumstances.

**Remember:**

- Routine is important: set your alarm clock every day.
- Avoid sleeping in the day.
- Cut down caffeine after midday.
- Have a wind-down routine in the evening.
- Use relaxation to encourage sleep.
- Use strategies to worry less.
- Do not spend long periods awake in bed - if you are not sleeping, get out of bed for a while.

**Everyday Sources Of Caffeine**

Item	Approximate Caffeine Content
"Real" coffee (1 cup)	120 mg
Red Bull (250 ml can)	80 mg
Instance coffee (1 cup)	70 mg
'Anadin Extra' or similar (1 tablet)	45mg
Tea (made from teabag)	60 mg
Tea (made from loose leaf)	45 mg
Cola drinks (12oz can)	45-65 mg
Chocolate (4oz bar)	25 mg
Cocoa (1 cup)	15 mg

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