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University of Michigan
Depression Center

Michigan Depression Outreach and Collaborative Care (MDOCC)

Sleep and Depression

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It has been found that 60-80% of patients with depression report sleep disturbances¹. Persistent sleep disturbances are associated with a significant risk for depression relapse, increased risk of suicide and may also delay a depressed patient's response to therapy¹. The majority of depressed patients report insomnia as the primary sleep disturbance, however, as many as 30% report hypersomnia¹.

When people are deprived of sleep they have less energy, memory problems, have difficulty concentrating, experience low mood, and become more irritable and anxious, resulting in difficulty functioning in their daily life. Making sleep problems a priority in treatment is crucial to maintaining mental and emotional well being.

The first step in treating insomnia is to help patients improve sleep hygiene practices. Below are some recommendations from the Behavioral Sleep Medicine Clinic here at the University of Michigan.

Tips to get a good night sleep:

1. **Go to sleep and wake up at the same time very day.**
2. **Do not consume caffeinated products in the evening.** Eliminate caffeine within 8 hours of bedtime.
3. **Do not nap during the day.** Napping makes it harder to fall asleep and stay asleep at night.
4. **Exercise regularly, but do not participate in activities that raise body temperature (e.g., warm bath) within 3 hours of bedtime.** Regular exercise can improve sleep quality. The best time to exercise to help sleep is in the late afternoon or early evening.
5. **The temperature of your bedroom should be comfortable and on the cool side (around 65°F).** Extreme temperatures at either end of the range will disrupt sleep.
6. **Make sure that your bedroom is dark and quiet.** Darkness signals the biological clock that it is night time. Creating constant background noise in the sleep environment (e.g., a fan, humidifier) will eliminate unexpected sounds that would otherwise wake you up.
7. **Spend time outside in the light each day.** Exposure to sunlight helps to set the biological clock.

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734-936-8706

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referral@med.umich.edu

¹Armitage, R., (2000). Can J Psychiatry;45: 803-809

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Services for Primary
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For answers to questions
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Another option is Cognitive Behavioral Therapy for Insomnia.

The Behavioral Sleep Medicine Clinic at the University of Michigan is a multidisciplinary clinic focusing on the treatment of patients with several different causes of chronic insomnia. The treatment emphasizes cognitive behavioral therapy as opposed to long-term use of medications. Patients are seen initially by a medical sleep medicine specialist and by a psychologist who specializes in insomnia and psychological approaches to managing sleep problems. Subsequent visits may involve the physicians, the psychologist, or both depending on the patient's needs. Todd Arnedt, Ph.D. is the Director of the Behavioral Sleep Medicine Clinic and he has developed their cognitive behavioral therapy program to treat insomnia. This therapy usually involves six to ten clinic visits, either privately or in a group setting. The large majority of patients who have chronic insomnia can be treated successfully.

If you would like to make a referral you can fax the referral to 734-763-5580 and then direct your patient to call 800.525.5188 or 734.764.0321 to schedule an appointment.

Antidepressants and sleep

It is important to assess for baseline sleep disturbances prior to starting antidepressants primarily because some antidepressants may contribute to sleep disturbances. Medication adherence may be improved by choosing an antidepressant that does not contribute to existing sleep disturbances.

Selective serotonin reuptake inhibitors (SSRI's)

Celexa, Lexapro, Zoloft, Prozac, Paxil

- Can cause sleep disturbances, but may cause sedation in some individuals.
- May exacerbate preexisting conditions such as restless leg syndrome, bruxism (teeth grinding), etc.
- Paxil tends to be the least alerting SSRI

TCA's

Pamelor, Norpramin, Elavil, Tofranil

- All TCA's tend to cause sedation
- Norpramin(desipramine) is the least sedating and can sometimes be stimulating

Others

Wellbutrin, Remeron, Effexor, Cymbalta, Desyrel(trazodone)

- Wellbutrin can be somewhat activating; can be a good choice for patients who are having difficulty with decreased energy and hypersomnia.
- Effexor can be similar to SSRI's effect on sleep
- Remeron can be very sedating and is often used as an augmenting medication
- Desyrel (trazodone) has mild antidepressant properties; often a first choice sleep aid because of sedative side effects.

Sleep aids

hypnotics, benzodiazepines (Ambien, Lunesta and Sonata)

- Short term use is preferred
- May be useful when anxiety is prominent
- Good for patients who have significant sleep disturbances, difficulty tolerating medication side effects and who are starting an alerting antidepressant

For more detailed information about antidepressants and sleep read the article by Roseanne Armitage, PhD "The Effects of Antidepressants on Sleep in Patients with Depression" located in the Canadian Journal of Psychiatry 2000; 45: 803-809. The Care Managers would be happy to share a copy.

For online information on Sleep Medicine go to <http://www.aasmnet.org/MedSleep.aspx>

Sleep Disorders Center home page: www.med.umich.edu/neuro/Sleeplab/index.htm

Book recommendations: [The Insomnia Answer](#) by P. Glovinsky & A. Spielman or
[No More Sleepless Nights](#) by P. Hauri & S. Linde

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