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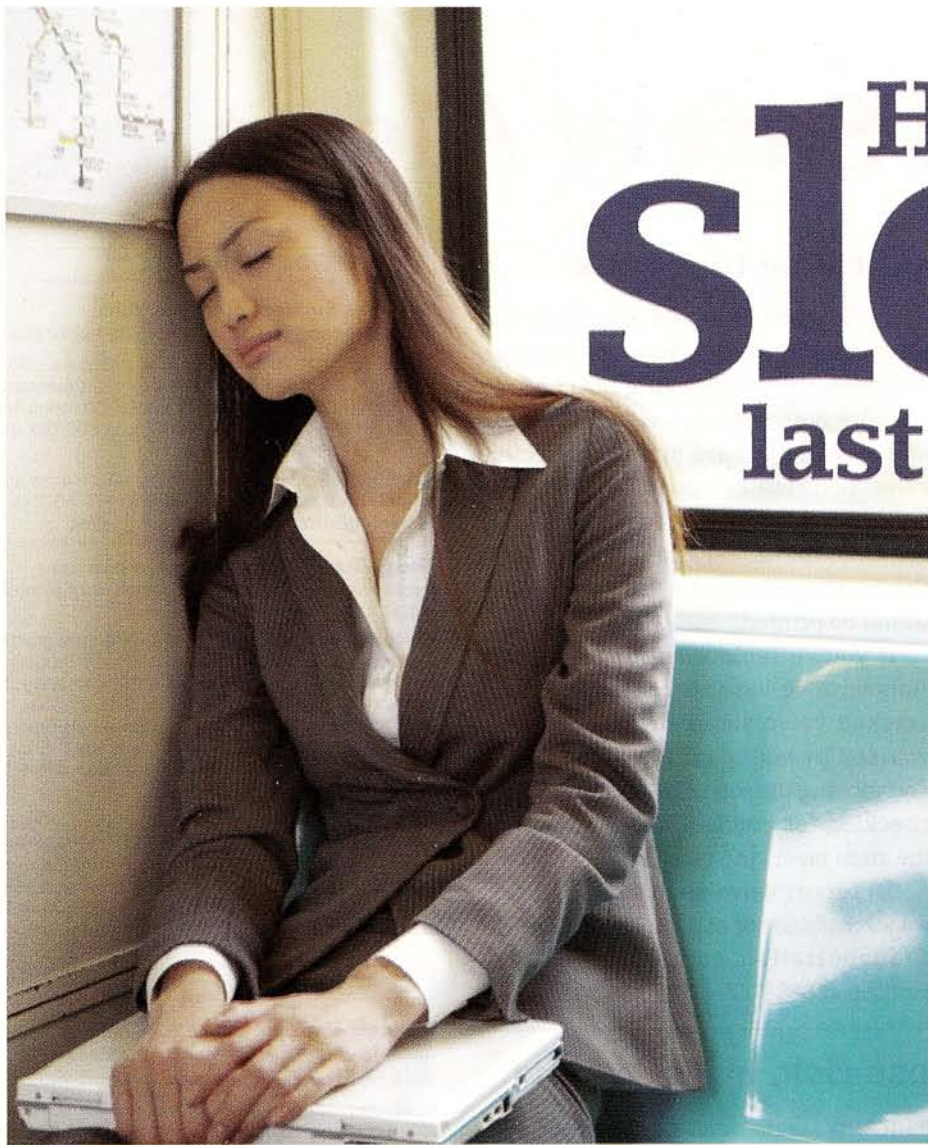
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How did you sleep last night?

Not so well, according to half of those we asked in a sweeping survey of the nation's sleeping habits.

Trouble falling asleep, difficulty staying asleep, and awakening too early afflict a lot of Americans these days. Fifty percent of those we asked about their most recent night of sleep reported those problems, and for many, they occur repeatedly. When asked about the previous month, 44 percent said they had one or more of those issues on at least eight nights, making them “problem sleepers.” Our survey was a nationally representative sample of 1,466 adults conducted by the Consumer Reports National Research Center in April 2008.

The 24/7 nature of today's world, along with continuous access to enter-

tainment and activities, is one reason for the problem, according to the National Institutes of Health. It estimates that as many as 70 million Americans may be affected, with annual health-care expenses of \$16 billion.

Another reason: health issues that interfere with sleep. For instance, 57 percent of survey respondents who said they suffered from conditions such as arthritis, back pain, or neck pain said that those ailments disrupted their sleep during the previous month.

People with sleep problems are turning heavily to medications, with some frightening results. Consider our main survey findings:

- Almost one in five Americans took pre-

scription or over-the-counter medicines at least once a week to help them sleep better. Although sleep medications are usually recommended for no more than two weeks or so, 14 percent of our respondents took some type of pill on at least eight of the past 30 nights, and 5 percent turned to prescription drugs every night of the month.

- Drug side effects occurred in 63 percent of those who took sleep medications; 24 percent became dependent on the medication they used, and 21 percent indicated that repeated use reduced the drug's effectiveness. The most common side effect was daytime drowsiness, noted by more than a third of respondents.

- In a parallel survey of 1,093 insomniacs, or those with chronic sleep loss, 7 percent of respondents who took a sleeping pill during the previous month reported bizarre and dangerous behavior such as sleepwalking, sleep driving, and sleep eating. Last year the Food and Drug Administration began requiring prescription sleeping-pill manufacturers to include strongly worded warnings about such possible side effects.

- There are better ways to battle sleeplessness. Sound machines were a viable alternative to drugs when it came to treating some cases of sleeplessness, our respondents said. The machines, which emit soothing sounds such as water, wind, or chirping birds, were highly effective most of the time for many people,

working almost as well as sleeping pills, minus the dangerous side effects.

WHY WE CAN'T SLEEP

Overall, more than a quarter of our survey population said it took them 30 minutes or longer to fall asleep the previous night, and one quarter awakened in the middle of the night and couldn't go back to sleep for at least a half-hour. Much of the time, respondents' sleep was interrupted because they had to use the bathroom. Also, a third woke up much earlier than they had hoped. Such problems weren't anomalies: Three-quarters of the respondents told us that was a typical night.

Among problem sleepers, 71 percent took at least 30 minutes to nod off; 59 percent woke up in the middle of the night and couldn't fall back asleep for a half-hour or longer; and 65 percent awoke much too early.

No single reason stood out as a cause of chronic sleeplessness. Our survey uncovered six characteristics that problem sleepers had in common, the most prevalent being high stress levels. Most of the time, respondents were anxious over family or money concerns, health issues, or work woes. Issues most often linked to sleep loss were worries about commuting, personal health, problems with children, and reactions to news events.

Besides stress, problem sleepers had other issues that exacerbated their insomnia. Almost 65 percent suffered from physical pain caused by arthritis or other conditions, 38 percent suffered from a respiratory condition such as asthma or a cold, and 50 percent suffered from mood disorders, including depression.

Other factors associated with sleeplessness are heart disease, Alzheimer's disease, Parkinson's disease, hyperthyroidism, attention deficit hyperactivity disorder, and menopause.

Insomnia can strike at any age, including in childhood. Those 55 and older are more likely to have other illnesses or aches and pains that can disrupt sleep; they're also more likely to be taking medications that can keep them from falling and staying asleep. Also, as we age our bodies tend to secrete lower amounts

Sound machines

USING NOISE FOR A GOOD NIGHT'S SLEEP

Sound machines, which can make you feel like you're in a forest or at the beach, worked almost as well as drugs at putting survey respondents to sleep. We put three models at three price points to the test.

A group of panelists who said they had trouble sleeping tried the devices for 10 nights and evaluated whether the machines blocked out most intruding noises and helped them fall asleep faster and stay asleep longer. Each machine was tested by at least 10 panelists.

For the first seven days, the panelists set the machines to white noise or a comparable setting that sounds like a fan or a soft waterfall. Then the group had three additional days to use the machine with any of the other sounds offered, such as a steady rainfall or a flowing stream.

Research shows that white noise can increase sleep quality by reducing the time it takes to fall asleep and the number of times you're awakened while sleeping.

"You don't need to have a bad sleep problem to benefit from white noise in the background," says David N. Neubauer, M.D., associate director of the Johns Hopkins Sleep Disorders Center. "I'm sort of an evangelist about these machines."

Perhaps Neubauer is on to something: In our tests, all three of the units blocked out at least some unwanted sounds, and most of the people left the devices on all night. Plus, all of the machines were small and could easily be plugged in and placed on a nightstand or dresser.

If unwelcome sounds keep you awake, try turning on your air conditioner's fan, a regular fan, or an air cleaner. And check out what our panelists thought of these sound machines:

Brookstone Tranquil Moments Sound Therapy System, \$129

This machine, a favorite among the 12 panelists who tested it, masked most unwanted sounds when on the white-noise setting, and eight of our panelists said they would buy it assuming cost was not a factor. But it isn't cheap at \$129. This machine has a timer and 12 sound settings. Half of the panelists fell asleep more easily, and five said they stayed asleep longer. A downside: Some people found the operation light distracting, but it can be dimmed. No outlet available? This model also works on four AA batteries.

Marpac SleepMate 980A, \$60

Most of the panelists thought this machine had only two volume settings (high and low) and one type of sound, similar to a fan, but the machine can actually create a variety of tone and volume selections. Only three of the 10 panelists reported they fell asleep more easily, but six said they stayed asleep longer. Half of the testers said they would buy this machine if cost were not a factor.



PEACE AT A PRICE

This \$129 Brookstone model was a favorite among our panelists.

The directions recommend placing it between where you sleep and where noise comes in, such as a window. This machine does not use batteries.

Homedics SoundSpa SS-2000, \$20

This model has a timer with six sounds, including rainforest and heartbeat options. But only two of 13 testers said they would buy it, with several panelists describing the sounds as unnatural or annoying. Three people reported they fell asleep more easily, and five said they stayed asleep longer. Like the Brookstone unit, this machine can also run on four AA batteries.

Listen for yourself

To hear these machines, go to ConsumerReportsHealth.org.

of substances that promote deep sleep and regulate our internal body clocks, according to the Mayo Clinic.

Certain activities and behaviors, such as drinking alcohol or caffeinated drinks too close to bedtime, exercising late at night, following an irregular morning and nighttime schedule, shift work, and too much mental stimulation before settling in, can disrupt sleep, too. Traveling, especially shuttling across time zones, can affect sleep. And environmental factors, such as a room that's

too hot, cold, noisy, or bright, can block a good night's sleep.

THE TROUBLE WITH DRUGS

For many people, insomnia treatment starts with medicine. But nondrug techniques can also work, and three approaches worked well for some of our respondents, including the use of sound machines, cognitive behavioral techniques, and sleep routines. Even so, pills remain popular. Last year, 24 million prescriptions were written for the four

best-selling sleep drugs alone, and drug-makers spend hundreds of millions of dollars yearly trying to persuade Americans to fix their sleep issues with medicines. In fact, the two most heavily advertised drugs last year were sleep aids Lunesta and Ambien CR, which had a combined direct-to-consumer ad budget of almost \$500 million.

Among the 15 percent of respondents who had taken a prescription drug during the preceding month, 38 percent said they'd been on the medication for more



I gaze straight ahead, eyelids half-closed, and keep staring at one point until things go out of focus. This puts me to sleep in 20 minutes.

Kevin Lewis,
survey respondent
San Marcos, Texas



Without pills, I'd be in a tough spot. But I still have to read myself to sleep.

Vickie Whitley,
survey respondent
Wilson, N.C.

Dream on

NINE MYTHS ABOUT SLEEP

Getting one hour less sleep per night than needed won't affect you.

REALITY Getting even slightly less sleep can leave you feeling less energetic, hinder your ability to think properly and respond quickly, affect cardiovascular health, and make it more difficult for your body to fight off infections, particularly if the lack of sleep continues.

Your body quickly adjusts to different sleep schedules.

REALITY Our biological clocks are programmed so we're more alert during the day and more drowsy at night. Most people can reset their internal clock by one or two hours a day, but it can take a week or longer to adjust to dramatically altered sleep/wake cycles, such as when traveling across time zones or switching from the day shift to working overnight.

You need less sleep as you age.

REALITY Older people need just as much sleep as other adults, but they often get less or find it less refreshing because they spend less time in deep, restful sleep and might be easily awakened. They also tend to suffer from aches, pains, and medical conditions that can disrupt sleep.

Extra sleep can prevent daytime fatigue.

REALITY It's not just how much you sleep but how well. Some people sleep eight or nine hours but don't feel well rested because of poor-quality sleep.

You can make up for sleep loss by sleeping more on weekends.

REALITY This pattern will help relieve part of the sleep deficit, but it won't completely make up for it. Nor will it make up for impaired weekday performance.

Sleeping later on weekends can make it more difficult to fall asleep on Sunday night and get up early on Monday.

Naps are a waste of time.

REALITY Naps aren't a substitute for a good night's sleep, but they can be restorative. Napping after 3 p.m., though, can make it tougher to fall asleep at night. It can also be difficult to shake off the cobwebs if you nap for more than an hour.

Snoring is normal.

REALITY It's common, especially as we age. But snoring on a regular basis might make you sleepy during the day and more susceptible to heart disease and type 2 diabetes, according to growing evidence. Loud snoring could be a sign of sleep apnea, a serious condition in which breathing can stop during sleep for as long as a minute. Untreated, sleep apnea can lead to high blood pressure and other cardiovascular disease, headaches, impotence, memory problems, and weight gain.

Children who don't get enough sleep will show signs of sleepiness during the day.

REALITY Unlike adults, children who are sleep-deprived typically become more active during the day, behaving improperly and having difficulty paying attention.

The main cause of insomnia is worry.

REALITY Although stress can cause short bouts of insomnia, a persistent inability to fall or stay asleep generally stems from a number of factors: a reaction to medication, depression or anxiety, or asthma, arthritis, or other medical conditions with symptoms that worsen at night.

Sources: Department of Health and Human Services, National Institutes of Health

than two years. Most sleep drugs are supposed to be taken for no longer than two weeks or so, and continued use could lead to serious side effects or dependency; “rebound” insomnia, in which sleeplessness returns and might actually worsen; memory lapses; and hallucinations. The most commonly reported side effect was daytime drowsiness.

Many people were treating their insomnia with drugs primarily used for other illnesses. Forty-nine percent of pill-takers took anti-anxiety medications such as alprazolam (Xanax) or antidepressants such as trazodone (Desyrel), which have sleep-inducing properties. A smaller group relied on anticonvulsants such as gabapentin (Neurontin) or pain relievers such as Darvocet.

Forty percent who used drugs took heavily advertised pills such as Ambien, (and Ambien CR), Lunesta, Rozerem, and Sonata, which are marketed exclusively as sleep aids. They pose a lower risk of dependency and addiction and a smaller chance of minor side effects than benzodiazepines and prescription sedatives such as estazolam (the generic version of ProSom) and temazepam (Restoril), which have been around for decades. Still, the newer sleep drugs might cause next-day sleepiness, temporary amnesia, hallucinations, and worse, rare cases of sleepwalking, sleep driving, and sleep eating.

Other respondents used over-the-counter medications such as Nytol, Sominex, Tylenol PM, and Unisom. Promoted as sleep aids, they contain antihistamines, which are primarily used to treat allergies but can also induce drowsiness. But they can cause side effects, including next-day drowsiness, dry mouth, and increased urine retention. And while they might help you fall asleep faster, they might be less effective at helping you sleep longer.

Some studies show that two supplements, melatonin and valerian root, might be mildly effective sleep aids. But they’re not well regulated, and there’s no guarantee that they contain the ingredients listed on their labels.

In general, our survey found that on most nights, over-the-counter drugs and supplements helped 57 percent of the problem sleepers we surveyed. They sur-

Techniques that work best

Counting sheep. Taking pills. Changing your diet. There are as many treatments for insomnia as there are causes.

To gauge the effectiveness of the most commonly used tactics, we analyzed the experiences of 2,021 problem sleepers and confirmed insomniacs, who used a specific approach for at least eight days in the month before they were surveyed.

Three-quarters of respondents found prescription medications worked most of the time, but there are downsides to their

continued use, including dependency, rebound insomnia, and behaviors such as sleep driving, as well as diminished effectiveness of the drugs. Nondrug options are a more sensible first approach, and sound machines proved almost as effective as pills for many.

For the most severe cases, two-thirds of the panel said they were helped by prescription drugs on most nights, while just over half said sound machines helped them most nights.

Technique	Helped most nights	Didn't help most nights
Prescription medication	75%	12%
Sound machines	70	14
Over-the-counter drugs or supplements	57	19
Consistent sleep and wake routine	50	29
Muscle relaxation	40	31

Percentages don't total 100 because the chart does not include responses to techniques that helped about half the time.

passed behavior therapy and muscle-relaxation techniques but were less effective than prescription drugs and sound machines.

WHAT YOU CAN DO

We all experience occasional restlessness, but the first step need not be a drug. If you have even a short-term sleep problem, examine your routines. Bad habits such as long or late-day naps, watching TV in bed, drinking alcohol or caffeinated beverages close to bedtime, eating large meals at night, allowing pets or children to share your bed, or varying bedtimes and wake-up times can cause problems.

Your bed is one source of sleep problems you might have overlooked. If you’ve slept on the same mattress for more than eight years, it could be time for replacement. Worn-out mattresses don’t supply the same comfort and support as newer ones. Also, if you’re older than 40, your mattress needs might have changed since your previous purchase. As we grow older, our bodies become

more sensitive to pressure points, so a cushiony mattress might provide a better night’s sleep than a rock-hard bed. You might also try using a sound machine.

If sleeplessness persists several nights a week for at least three months, it’s probably time to see a doctor.

One way to change your habits can be learned from a cognitive behavior therapist, who can set up a sleep schedule, help correct poor sleep habits, and teach you to use relaxation, breathing, and mental techniques to help with sleep. Cognitive behavioral therapy has been shown in trials to be effective in treating intermittent and chronic insomnia. About half of the respondents who practiced at least some aspects of the therapy found that it helped most nights.

If your doctor suggests prescription medication, new pills such as Ambien CR, Lunesta, and Sonata aren’t necessarily better than the older, cheaper drugs such as estazolam or temazepam for many people who need a sleep aid for just a night or two.