



PREVENTING CHRONIC INSOMNIA

- **Short-term poor sleep (or acute insomnia) can lead to chronic insomnia**
- **The factors causing acute insomnia and chronic insomnia are likely to be different**
- **The 3Ps Model of Insomnia explains the factors that may lie behind acute and chronic insomnia**
- **There are things you can do to prevent chronic insomnia**

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au

Poor sleep has a habit of taking on a life of its own. You may know exactly when and why your poor sleep started, perhaps during a particular time of high stress. However, that stress may be over now, and you find that you are still not sleeping well on a regular basis. Often the reasons why the poor sleep continues has nothing to do with the factors that triggered the poor sleep in the first place.

Here we discuss how chronic insomnia can develop from a combination of factors (presented in the 3Ps Model) and what you can do to prevent acute insomnia from becoming chronic.

1. Almost everyone sleeps poorly sometimes

It's not unusual to have the occasional night of poor sleep. You may have trouble falling asleep on some nights, when usually you drop off straight away. You may wake up repeatedly during the night when this normally doesn't happen. Sometimes people will wake up too early in the morning and can't go back to sleep, even though they typically need an alarm to wake up. Other symptoms of poor sleep may include:

- Not feeling well-rested in the morning
- Daytime tiredness or sleepiness
- Irritability, depression or anxiety
- Difficulty paying attention, focusing on tasks or having some troubles with your memory

2. Acute insomnia versus chronic insomnia

We sometimes call short-term poor sleep 'acute insomnia'. Acute insomnia can last from one night to a few weeks. If short-term insomnia is in response to a particular situation (such as a bushfire emergency or death of a loved one) it is called 'situational insomnia'. You may worry that these nights of poor sleep are developing into chronic insomnia. The formal definition of chronic insomnia is when a person has insomnia at least three nights a week for three months or longer.

3. The 3Ps Model

The 3Ps Model explains how chronic insomnia can develop and become ongoing. Importantly this model can also inform us on how to prevent acute insomnia becoming chronic. The model outlines that *predisposing* factors (like your genetic make-up) are responsible for the occasional night of poor sleep. Acute (and/or situational) insomnia symptoms can occur when *precipitating* factors (like stress) also contribute. Chronic insomnia develops when *perpetuating* factors (like bad sleep habits) are also added in. It is the combination of all three factors which leads to chronic insomnia.

The figure below sets out the 3Ps Model.



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The 3Ps: a Model of Chronic Insomnia

No insomnia or occasional symptoms



Acute and situational insomnia



Chronic insomnia



INSOMNIA CHRONICITY

Predisposing factors: biological traits such as gender or age, psychological traits such as an anxiety-prone personality

Precipitating factors: Stressful life events, Medical illness, Depression/Anxiety

Perpetuating factors: Inadequate sleep habits such as spending excessive time in bed, Sleep hygiene issues such as screen time in bed, Napping.

Figure source: <https://sleeponitcanada.ca/sleep-disorders/chronic-insomnia>

(i) Factors that put a person at risk of insomnia.

In the 3Ps Model, **Predisposing** factors are characteristics that make you more likely to develop poor sleep. It may be your genetic make-up. We know insomnia can run in families. An individual's personality may make them more prone to anxiety or depression. Or they may have a strong perfectionist streak that leads to undue worry, unrealistic standards and a tendency to criticise themselves and/or others. Individuals with these types of personalities may find getting a good night of sleep more difficult.

We also know that being female may put you more at risk of poor sleep, although we don't fully understand why this is the case. As people get older their sleep often becomes lighter and more fragmented (especially in the over 60s group) and this is also a predisposing factor to insomnia.

(ii) Factors that can trigger acute insomnia.

We call these **Precipitating** factors and they include:

- Working long or irregular hours which disrupt your body clock (see [Shiftwork](#) or [Body Clock](#))
- A crisis, such as a period of emergency threat, such as bushfire
- Fragmented sleep due to caring needs, such as with a newborn baby or sick relative (see [Sleep Tips for New Mothers](#) and [Fatigue as an Occupational Hazard](#))
- Depression and Anxiety (see [Anxiety and Sleep](#) and [Depression and Sleep](#))
- Relationship difficulties, financial worries and/or work stress
- Physical illness, hospitalisation and/or pain
- Grief and/or trauma (see [Post-traumatic Stress Disorder](#))
- Menopause or Menstruation (see [Menopause and Sleep](#) and [Menstrual Cycle and Sleep](#))

(iii) Factors that maintain the poor sleep symptoms and can lead to chronic insomnia

There are some behaviours and beliefs, called **Perpetuating** factors, that make it more likely that a sleep problem will develop into chronic insomnia. Some of these are listed below. For more detail on each point see our fact sheet [Common Mistakes with Sleep](#).

- Not going to bed and getting up at consistent times each day
- Poor sleep environment
- Not unwinding and preparing for sleep
- Spending too much time napping during the day
- Frequent use of sedative drugs
- Using alcohol to help sleep
- Television in the bedroom
- Staying in bed when unable to sleep
- Thinking the problem with your sleep is worse than it really is
- Ignoring the possibility of having a specific sleep disorder that needs attention

4. Preventing chronic insomnia

Think about your individual *predisposing*, *precipitating* and *perpetuating* factors. What do you need to change to prevent chronic insomnia? Adopt [Good Sleep Habits](#), and learn more about the various issues that can affect how well we sleep (see [Understanding and Helping Poor Sleep](#)).

If you believe you already have chronic [insomnia](#) you may need to talk to your GP about treatment options.

For information on over 70 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au. The underlined topics in this article are covered in detail there.



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This information is produced by:

Sleep Health Foundation ABN 91 138 737 854

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A national organisation devoted to education, advocacy and supporting research into sleep and its disorders.

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Version 1: January 2020