



DEPRESSION AND SLEEP

- People with depression often do not sleep well.
- Those with sleeping problems have a higher risk of depression.
- Insomnia is a risk factor for the development of depression.
- Not all people with depression have sleeping problems.
- Not all those with sleeping problems have depression, it is just more common.
- Improving sleep may help depression.
- Being exposed to bright light (outdoor or artificial) can help both sleep and depression.

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

1. I think I'm depressed. How do I know?

If you keep feeling hopeless, helpless and sad, then you could have clinical depression. You may have low motivation and low energy. It might seem like there is no joy in life anymore. Changes in how you sleep and eat can also be a sign of depression. Some depressed people feel shame, guilt or low self-esteem. 'Clinical depression' is a serious condition. It is more than feeling sad or 'blue' sometimes. If you are unsure whether or not your feelings could be clinical depression, discuss your concerns with your doctor.

2. When I have slept well, I don't feel depressed. What does this mean?

It could be that your mood is linked to how well you sleep and how much sleep you have. Depression and not getting enough sleep are two different things. But it is easy to confuse the two. It is often hard to know which one came first. If the depression seems to go away with good sleep, it may mean that in fact you don't have depression.

3. I haven't slept well for years but don't think I'm depressed

Although sleep problems can lead to depression, this is not always the case. A lot of people with Insomnia do not have depression. There may be another reason that you are unable to sleep well. See our fact sheet on Ten Common Sleep Disorders. Not everyone with depression has a problem with their sleep. However, many studies have shown that ongoing poor sleep is an independent risk factor for the later development of depression in adolescents and adults of all ages. You should seek help with making your sleep better, and keep working at maintaining good sleep for the long term (see Preventing Chronic Insomnia).

4. Should I cut out all caffeine and alcohol?

Both of these can be bad for sleep. We recommend having as little of these as you can. Then they will not impact on how well you sleep. There are different views on how many hours before bed you should



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have your last caffeine intake. Some say caffeine should be avoided for at least 3 to 6 hours before going to sleep. Others say no caffeine after lunch time if you have sleep problems. Many people find that their sleep improves with less caffeine or only having caffeine earlier in the day. Remember that there is caffeine in cola drinks and chocolate, as well as in tea and coffee. Watch out for how much caffeine is in your food and drinks. Please read our other resources on caffeine and alcohol: [Caffeine](#), [Alcohol](#).

5. What can be done about insomnia and depression occurring together?

The best treatment for [Insomnia](#) is cognitive behavioural therapy for insomnia, known as CBT-i. A psychologist with specialist sleep knowledge will help you to look at how your behaviours, thoughts, and feelings affect how you sleep. It does not involve any drugs. CBT-i usually requires several sessions over a period of weeks or months. It will help you learn lifelong strategies for better sleep. It can also be used to help with depression. Psychologists who specialise in either sleep problems or depression may work with both problems. It is not unusual for such treatment to happen alongside a course of antidepressants. Ask your GP about seeing a psychologist, either linked to a sleep centre or specialising in sleep and depression. Contact details for insomnia treatment centres can be found via our [Sleep Specialists](#) page. Also be aware that there are several excellent, free, evidence-based online programs and apps that can offer CBT, e.g., [This Way Up](#), [CBT-I Coach](#).

6. My depression is worse in winter. Can light help?

Bright light therapy works with sleep problems with a link to the Body Clock. It also helps with depression that is caused by a lack of bright light. This type of depression is seasonal, and much more of a problem when daylight hours are short. Outdoor, natural light is best to help with seasonal depression. But such light may not be easy to get in winter months in some parts of the world. Artificial bright light can be used in this case. For how much artificial light you need and when you need it, it is best to speak to a [Sleep Specialist](#). Light therapy may help with adjusting your sleep and also improving your mood regulation. Natural light therapy also needs to have attention paid to accurate and consistent timing of light exposure so needs to have guidance from a Sleep Specialist. For many people, increasing the amount of outdoor light they get, especially in the morning, is a good start to help with seasonal depression and sleep problems.

7. I've heard antidepressants make sleep worse. Is this true?

There is a type of antidepressant medication called SSRIs. SSRIs work to make mood better in many people. But they may also cause or worsen insomnia in a few patients. This is not the case for all people. It is best to discuss the pros and cons of each type of drug with your doctor. Sometimes changing the time of day of taking the tablet to the morning can help your sleep. It is common for patients to use a mix of medication and other treatments.

8. Are naps bad? How long should a nap be?

It is normally best to avoid daytime naps as this can make it harder to fall asleep at night. This is especially so after 2-3 PM. If you do need a nap then keep it short; no more than 15-20 minutes. It is best to set an alarm to avoid long naps. Your naps should total less than 30 minutes for the whole day.

9. I am having problems with my sleep. What should I do?

There are things you can do yourself to help. Often small but consistent changes can improve sleep. See [Good Sleep Habits](#). However, if problems persist for more than 3 months talk to your doctor. There are [Sleep Specialist](#) centres that can help.

Where can I find out more?

www.sleepfoundation.org/articles/depression-and-sleep

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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