

RUTGERS Cancer Institute of New Jersey RUTGERS HEALTH



# Insomnia: How to Get a Good Night's Sleep

Patients receiving cancer treatments often have trouble getting a good night's sleep. This may include problems falling asleep, staying asleep, or waking early. Sleep during cancer treatment may be affected for many reasons. These include changes in your daily routine, side effects of cancer treatments, and being more worried than usual.

## Signs and Symptoms of Difficulty Sleeping

- It takes 20 minutes or more to get to sleep after "lights out"
- You wake frequently during the night
- It takes 20 minutes or more to get back to sleep after nighttime awakenings
- You wake up early in the morning and can't get back to sleep

The following tips may help you get a better night's sleep:

#### Things to Do

- If unable to fall asleep or stay asleep, engage in a quiet activity outside the bedroom
- Exercise regularly and eat a well-balanced diet
- Try a consistent, relaxing routine such as taking a warm bath before bedtime
- Read a book, listen to soothing music, use a sound machine
- Establish a fixed sleep schedule by going to sleep every night at the same time
- Where you sleep should be dark, quiet, and cool
- Sleep on a comfortable mattress, pillows and use blackout curtain
- Use your bedroom only for sleep or sex
- Try to sleep only when you are sleepy
- Keep a daily sleep diary (see attached)
- Use relaxation techniques: breathing, mindfulness meditation, progressive muscle relaxation and guided imagery
- Use pleasant aromas such as lavender, eucalyptus, peppermint, as tolerated
- Wind down thirty minutes before bedtime by lowering lights and reducing noises around you
- Give yourself daily 10-15 minutes during the day to think or write down all of the things that worry you.

### Things to Avoid

- Caffeine such as coffee, tea, soft drinks, and chocolate
- Alcohol
- Heavy meals close to bedtime
- Nicotine such as cigarettes and tobacco products
- Daytime napping (if you must nap, limit naps to about 30 minutes or less)
- Clock watching
- Electronic devices (television, smartphone, tablets, laptops, etc.) in bed
- Excessive water intake after 7 PM.

If these tips do not help you sleep, talk to your healthcare team.

If you are in need of immediate assistance, please call 732-235-2465 and select the option that best meets your needs.

# **Sleep Diary**

Use this sleep diary to record the quality and quantity of your sleep; your use of medicines, alcohol, and caffeinated drinks; and how sleepy you feel during the day. Bring the diary with you to review the information with your doctor.

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Fill out before going to bed	Today's date:	June 13*							
	Number of caffeinated drinks (coffee, tea, cola) and time when I had them today:	1 drink, 8 p.m.							
	Number of alcoholic drinks (beer, wine, liquor) and time when I had them today:	2 drinks, 9 p.m.							
	Naptimes and lengths today:	3:30 p.m., 45 minutes							
	Exercise times and lengths today:	None							
	How sleepy did I feel during the day today?								
	1—So sleepy I had to struggle to stay awake during much of the day 2—Somewhat tired 3—Fairly alert 4—Alert	1	847						
Fill out in the morning	Today's date:	June 14*							
	<ul> <li>Time I went to bed last night:</li> <li>Time I got out of bed this morning:</li> <li>Hours spent in bed last night:</li> </ul>	11 p.m. 7 a.m. 8							
	Number of awakenings and total time awake last night:	5 times, 2 hours							
	How long I took to fall asleep last night:	30 minutes							
	Medicines taken last night:	None							-
	How alert did I feel when I got up this morning?								
	1—Alert 2—Alert but a little tired 3—Sleepy	2							



\* This column shows example diary entries-use as a model for your own diary notes.