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# Strategies to Improve Sleep Workshop Booklet

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This booklet is intended to complement the discussion had during the **Strategies to Improve Sleep** group workshop.

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## What is Insomnia?

Insomnia means having trouble sleeping that comes with distress or difficulty functioning during the day. Insomnia is often connected with fatigue. Insomnia can include:

- Difficulty falling asleep
- Difficulty staying asleep
- Waking up and not being able to fall back to sleep despite having opportunity for sleep.

**Insomnia is classified based on duration:**

<b>Short-Term or Episodic</b>	<b>Chronic or Persistent</b>
3 or more nights/week for less than 3 months	3 or more nights/week for 3 or more months

Sleep is important for the brain and body to rest, recover and grow. It helps reduce pain, improve thinking, manage stress and mood, boost the immune system and strengthen memory.

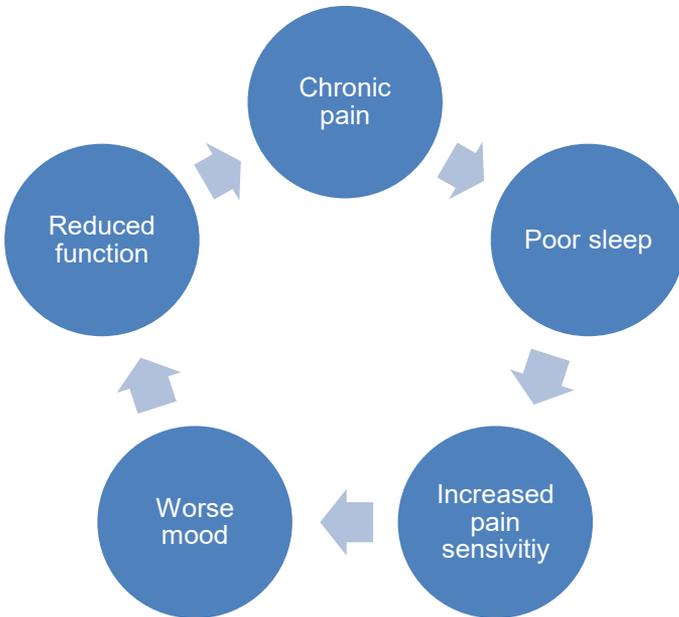
Lack of sleep can cause irritability, memory and thinking problems, a weaker immune system, as well as increase the risk of heart disease and type 2 diabetes.

### Did You Know?

30% of people have trouble sleeping with higher rates in women, older adults, and individuals with health issues.

## Insomnia and Chronic Pain

Insomnia and chronic pain often happen together and can create a cycle like this:



**Have you heard this myth and the truth before?**



*MYTH*

“Pain wakes me from sleep, so I’ll never sleep well unless my pain goes away!”

*TRUTH*

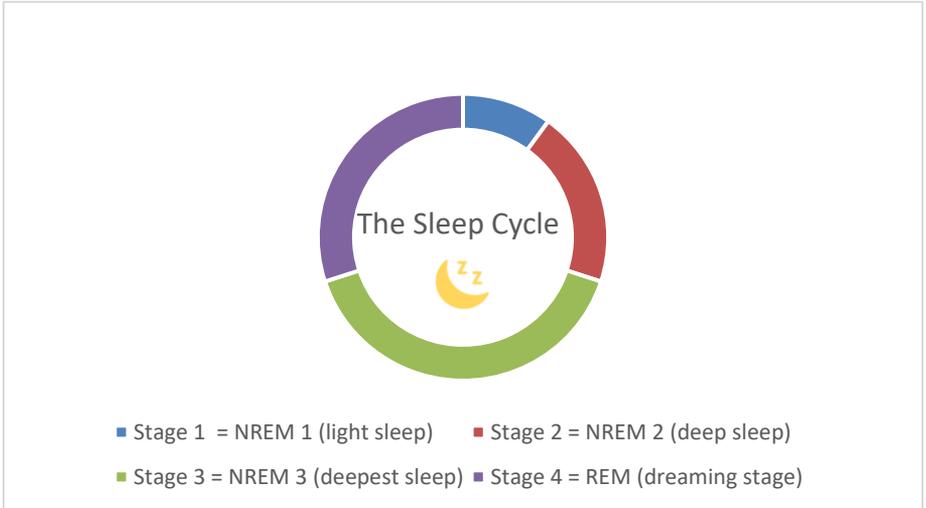
Insomnia treatments are effective for chronic pain patients ...and treating insomnia can reduce depression, anxiety and pain.

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## The Sleep Cycle

There are four stages of sleep: one stage is called rapid eye movement (REM) sleep while the other three stages make up non-REM (NREM) sleep.



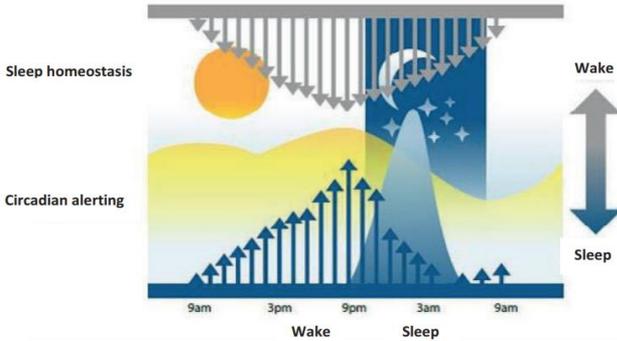
On average, each sleep cycle lasts about 90 minutes and is repeated about 4 to 6 times each night.

Factors that can affect normal sleep include:

- Age (we get less deep, restful sleep as we age)
- Not sleeping regularly or not getting enough sleep recently.
- Alcohol
- Sleep disorders such as sleep apnea or restless legs syndrome that wake you up often and interrupt the healthy sleep cycle.

The breakdown of an individual's sleep into cycles and stages is often called their sleep architecture. If someone undergoes a sleep study, their sleep architecture will be investigated.

## The Two Biological Processes that Regulate Sleep



**Figure 1.** The two-process model. Sleep-wake regulation: homeostatic and circadian processes. Adopted from Dijk DJ, et al. (1999).<sup>30</sup>  
(Source: Riethmeister, V. (2019). Sleep and fatigue offshore. [Thesis, University of Groningen]. University of Groningen.)

### Circadian Rhythm (Body Clock)

- Your body has a natural 24-hour clock that helps control sleep and other body processes.
- Light affects your body clock the most. That's why it's best to be awake during the day and sleep at night.
- To keep your body clock on track, try to wake up at the same time each day and match your sleep schedule to your natural rhythm.

### Homeostatic Drive (Sleep Drive)

- Sleep drive is your body's way of balancing time awake and time asleep. It helps determine how much deep, restful sleep you get. The longer you are awake, the stronger the pressure to sleep becomes.
- Sleeping in or taking naps can reduce your sleep drive and impact the quality of your sleep.

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## Sleep Assessment in Four Steps

### Step 1: Sleep Diary

- Used to track daily sleep habits
- Used to set a sleep schedule
- Templates are available through various websites, such as the below example from [www.mysleepwell.ca](http://www.mysleepwell.ca)

## Sleep Diary

Exact times are not necessary. Estimates are all you need.

<b>SLEEP SCHEDULE</b>	Bedtime: _____	
	Rise Time: _____	

DAY OF THE WEEK	DATE					
<b>Q1</b> What time did you get into bed?						
<b>Q2</b> What time did you try to go to sleep?						
<b>Q3</b> How long did it take you to fall asleep?						
<b>Q4</b> How many times did you wake up, not counting your final awakening?						
<b>Q5</b> In total, how long did these awakenings last?						
<b>Q6</b> What time was your final awakening?						
<b>Q7</b> What time did you get out of bed for the day?						
<b>Q8</b> How would you rate the quality of your sleep?	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good
<b>Q9</b> Note anything that interfered with your sleep.						

**End-of-week calculations**  
Easy calculations at [mysleepwell.ca/calculator](http://mysleepwell.ca/calculator)

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**SLEEP NUMBERS**

**1** Sleep window: \_\_\_\_\_

**2** Time awake: \_\_\_\_\_

**3** Time asleep: \_\_\_\_\_

**4** Sleep efficiency: \_\_\_\_\_ %

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## Step 2: Screening for Sleep Apnea

- **STOP-BANG Questionnaire**
  - Screens for risk of Obstructive Sleep Apnea (OSA), the most common form of sleep-disordered breathing. OSA is a condition where breathing repeatedly stops and starts during sleep.

**Snoring?**

Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

**Tired?**

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?

**Observed?**

Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

**Pressure?**

Do you have or are being treated for **High Blood Pressure**?

**Body Mass Index more than 35 kg/m<sup>2</sup>?**

**Age older than 50 year old?**

**Neck size large? (Measured around Adams apple)**

For male, is your shirt collar **17 inches/43 cm** or larger?

For female, is your shirt collar **16 inches/41 cm** or larger?

**Gender = Male?**



Scan for link to questionnaire

### Score Criteria: For general population

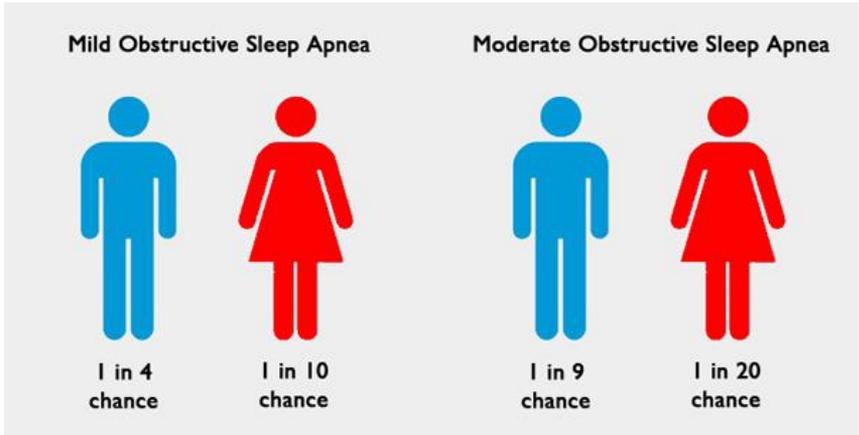
Your risk for OSA can be low, medium, or high based on answers to a few questions:

<b>Low</b>	You answered "Yes" to 0–2 questions
<b>Intermediate</b>	You answered "Yes" to 3–4 questions
<b>High</b>	5–8 "yes" answers <b>or</b> if you answer "yes" to 2 or more STOP questions <b>and</b> are male, have a body mass index over 35, or a neck size over 16 inches (40 cm).

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OSA is common, as shown in the image below.



## Why does checking for OSA matter?

- OSA can lead to poor sleep, daytime tiredness and health problems such as heart disease and high blood pressure.
- OSA can be treated with positive airway pressure (PAP) therapy. The most common type, called CPAP, uses a machine to blow air through a mask to keep your airway open.

Primary care providers (e.g. family doctor or nurse practitioner) are excellent resources should you be concerned about OSA or at risk of having it after completing a STOP-BANG questionnaire. If relevant, primary care providers may recommend a sleep study as the next step.

## Step 3: Screening for Insomnia Severity

### Epworth Sleepiness Scale

- Measures how sleepy you feel during the daytime
- Can help identify who may benefit from further evaluation for sleep problems



#### Score Criteria:

<b>Lower normal daytime sleepiness</b>	0-5
<b>Higher normal daytime sleepiness</b>	6-10
<b>Mild excessive daytime sleepiness</b>	11-12
<b>Moderate excessive daytime sleepiness</b>	13-15
<b>Severe excessive daytime sleepiness</b>	16-24

### Insomnia Severity Index

- Measures how severe your insomnia is and how much it affects you
- Tracks progress during treatment



#### Score Criteria:

**Add scores for all seven items (1a+1b+1c+2+3+4+5)  
= Total score (range from 0-28)**

<b>No clinically significant insomnia</b>	0-7
<b>Subthreshold insomnia</b>	8-14
<b>Clinical insomnia (moderate severity)</b>	15-21
<b>Clinical insomnia (severe)</b>	22-28

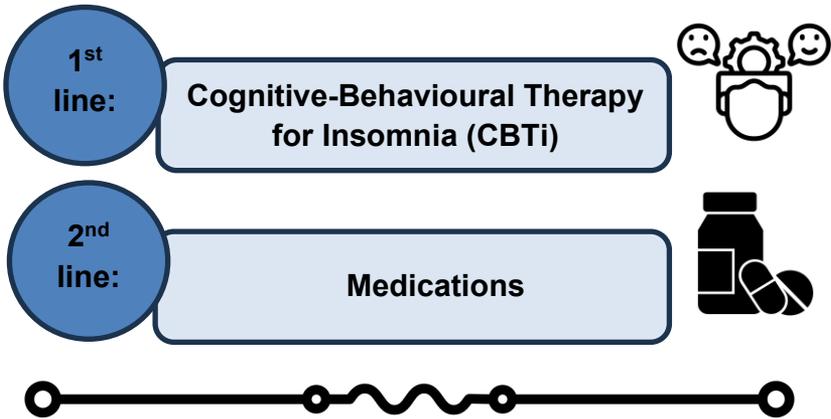
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## Step 4: Screening for Troublesome Sleep Habits

<p>My sleep patterns don't match my body clock:</p> <ul style="list-style-type: none"> <li>○ I'm awake most of the night</li> <li>○ I sleep a lot during the day</li> <li>○ My sleep pattern is unpredictable</li> <li>○ I don't have a regular bedtime or rise time</li> </ul>	<p>My habits don't match my body clock:</p> <ul style="list-style-type: none"> <li>○ I don't eat regular meals</li> <li>○ I don't exercise regularly</li> <li>○ I get very little natural light</li> <li>○ I eat before bed</li> <li>○ I drink caffeine late in the day</li> </ul>
<p>My bedroom isn't "sleep friendly":</p> <ul style="list-style-type: none"> <li>○ My bed is uncomfortable</li> <li>○ My bedroom is too bright, too noisy, too hot or too cold</li> <li>○ My partner snores</li> </ul>	<p>I do wakeful activities in bed:</p> <ul style="list-style-type: none"> <li>○ Talk or text on the phone</li> <li>○ Watch TV or listen to music</li> <li>○ Computer work or games</li> <li>○ Eat</li> <li>○ Smoke cigarettes</li> </ul>
<p>I show signs of sleep deprivation:</p> <ul style="list-style-type: none"> <li>○ I've dozed off while driving</li> <li>○ I "pass out" if I sit down</li> <li>○ I can't watch a movie or read a book chapter without falling asleep</li> <li>○ I've fallen asleep talking</li> <li>○ I fall asleep the second my head hits the pillow</li> </ul>	<p>When I've had a bad night's sleep:</p> <ul style="list-style-type: none"> <li>○ I stay in bed longer to "catch up"</li> <li>○ I try to nap</li> <li>○ I cancel my plans</li> <li>○ I go to bed earlier the next night</li> <li>○ I have a few drinks in the evening to relax</li> </ul>
<p>I have "insomnia brain":</p> <ul style="list-style-type: none"> <li>○ I worry about sleep before even getting in bed</li> <li>○ I get frustrated if I'm not asleep quickly</li> <li>○ I watch the clock</li> <li>○ My mind races</li> </ul>	<p>My thoughts are upsetting:</p> <ul style="list-style-type: none"> <li>○ "I have a big day tomorrow, I need sleep"</li> <li>○ "I'll never get to sleep"</li> <li>○ "I'm so tired, I'm going to lose it"</li> <li>○ "I can't stand this"</li> </ul>

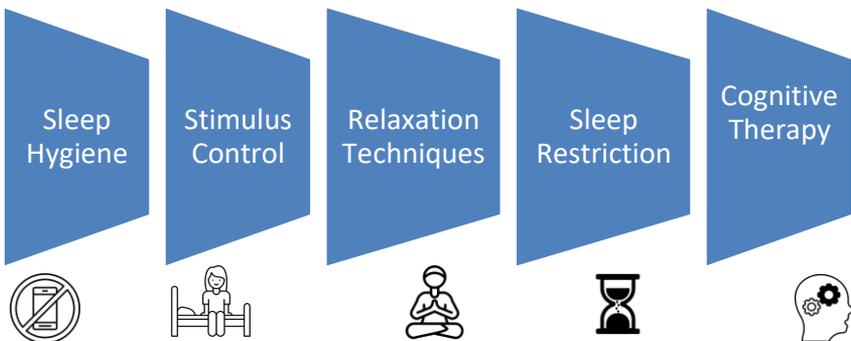
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## Treatments:



## Cognitive-Behavioural Therapy for Insomnia (CBTi)

- CBTi helps you change thoughts and habits that make insomnia worse.
- CBTi is usually the first treatment recommended because it works better, is safer, and lasts longer than sleeping pills.
- CBTi is typically delivered as a program over 6 weeks.
- CBTi consists of 5 main parts, but you don't need to master all of them to start sleeping better.



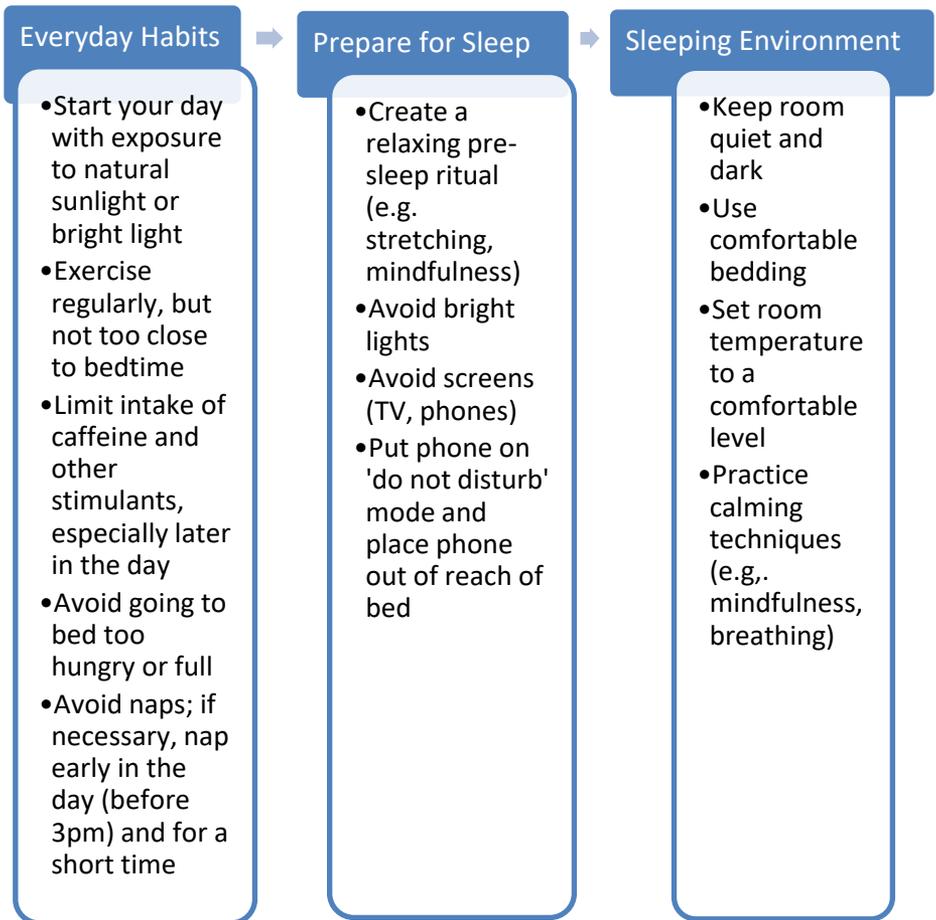
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## CBTi: Sleep Hygiene

Did you know some behaviours can make it harder to get good sleep?

Sleep hygiene focuses on what you can do (or not do!) to support having a good sleep at night.



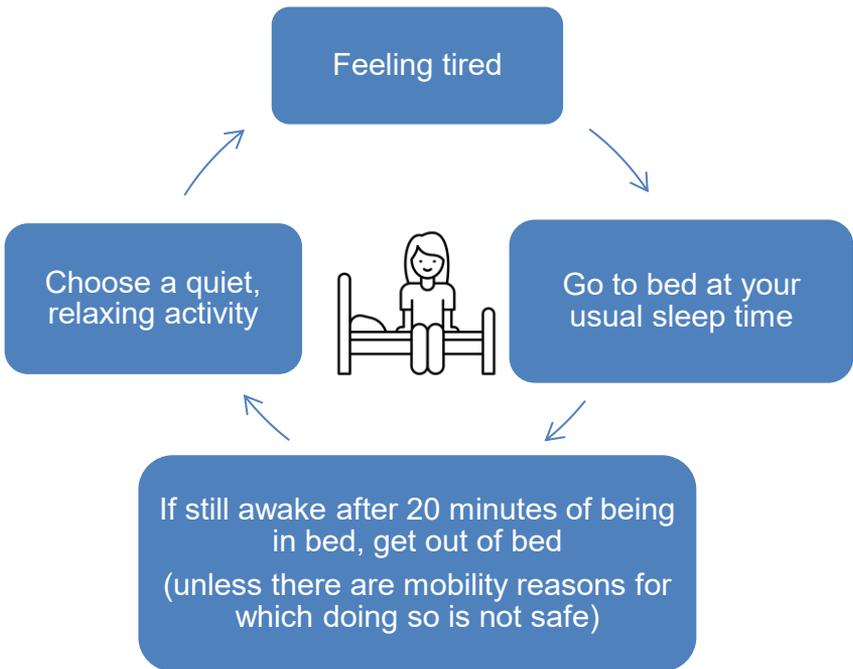
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## CBTi: Stimulus Control

It's common for people with insomnia to spend a lot of time in bed awake. This is not ideal. Activities that take place in a bed should be limited to sleep, sickness and sex (an easy way to remember this is to think of the 3 S's).

Stimulus control aims to strengthen the connection between bed and sleep. Below is an example of what it looks like.



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## CBTi: Relaxation Techniques

Relaxation is the opposite of the “fight or flight” response. Using the below relaxation techniques can help reduce body tension and stress, and prepare the body and mind for sleep.

### Progressive muscle relaxation

- A strategy where different muscle groups are tensed and then relaxed to reduce stress.

### Breathing exercises

- Deep breathing can promote relaxation - try 5 deep breaths in through the nose and then 5 deep breaths out through the mouth

### Guided imagery

- Use imagination to picture a relaxing environment

### Stretching and yoga

- Gentle movements and stretches promote muscle relaxation and stress reduction

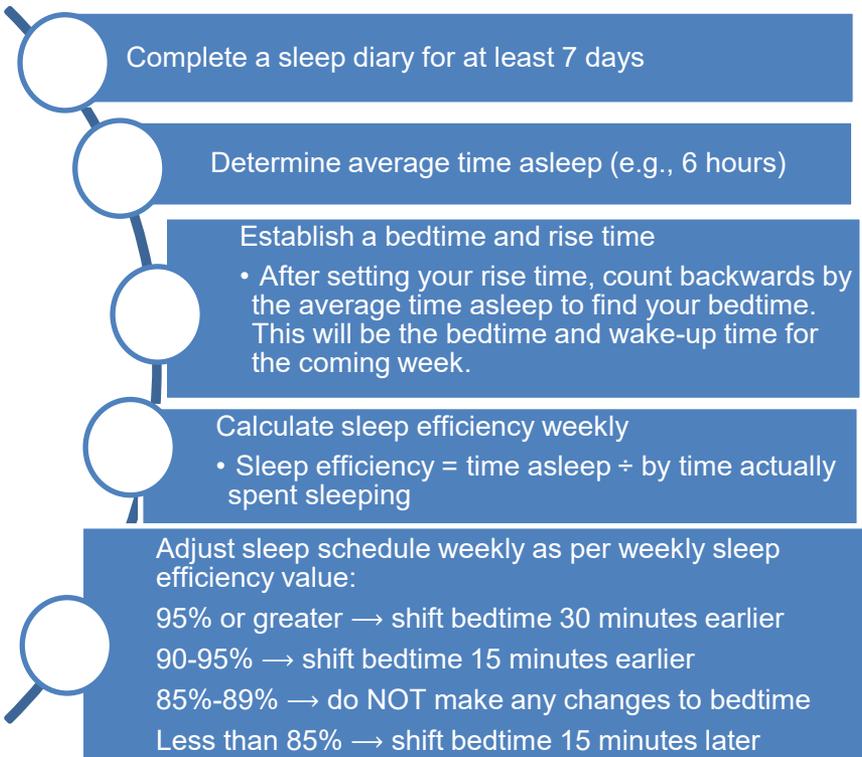


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## CBTi: Sleep Restriction

Sleep restriction is one of the most effective aspects of CBTi. It helps build “sleep drive” by limiting the time in bed to match the time you actually sleep. At first, it can reduce total sleep and cause extra tiredness during the day. For this reason, it is not appropriate for individuals who are at risk of poor outcomes from excessive daytime fatigue (like long-distance drivers) or who have health conditions affected by sleep, such as epilepsy or bipolar disorder.

To do sleep restriction, a sleep diary is used to track time spent in bed compared with the amount of time actually spent sleeping.



## CBTi: Cognitive Therapy

The goal of this part of CBTi is to recognize and adjust negative thoughts about sleep while setting realistic expectations about sleep.

### **Do your thoughts keep you awake when you are in bed?**

#### **Worrying - “I’m worried about tomorrow’s tasks”**

If this sounds familiar, try the “constructive worry” approach. This method helps manage the tendency to worry during the quiet time when sleep is supposed to be taking over. Here’s how it works:

1. Make a table with two columns. Label the left column “Concerns” and the right column “Solutions.”
2. Before bedtime, write down problems that are likely to keep you awake in the “Concerns” column. Then, in the “Solutions” column, note what you can do to fix or manage the problem, whether it’s not really an issue, or if it’s something you’ll just have to accept.
3. Place the list on your nightstand and forget about it until bedtime.
4. At bedtime, if you start to worry, tell yourself you have already dealt with the problem for now and there is nothing more you can do about it tonight.

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## Negative Thinking Traps - “I will never be able to get to sleep tonight”

People often worry they won’t be able to function without sleep and this can create a trap: the more they stress and focus on trying to sleep, the harder it becomes to actually fall asleep.

If this sounds familiar, consider applying the “cognitive restructuring” approach.

“Cognitive restructuring” means looking at all parts of a situation — the positive, negative, and neutral — to identify and challenge unhelpful or irrational thoughts before drawing conclusions.

- This strategy helps look at the situation in a balanced and fair way.
- By changing how you think about the situation, you can change how you react to it.
- Try using a “thought record” (see below example) to track your thoughts and feelings.

Thought Record	
Situation or trigger	
Feelings and emotions	
Physical sensations	
Automatic thoughts	
Fact-check	
Thought restructuring	

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## Insomnia and Drug Therapy

### Can Medications be Causing Your Insomnia?

Some medications may contribute to insomnia by causing increased alertness, fragmented sleep, nightmares, or the need to urinate at night.

Medication Class	Examples
<b>Decongestants</b>	Pseudoephedrine or phenylephrine
<b>Stimulants</b>	Amphetamine (Adderall®), Methylphenidate (Concerta®, Ritalin®) Combination products that are combined with caffeine (e.g., Tylenol #1, #2, or #3)
<b>Diuretics (“water pills”)</b> <i>(Take early in the day rather than at night)</i>	Furosemide (Lasix®) Metolazone Hydrochlorothiazide Indapamide
<b>Inhalers</b>	Salbutamol (Ventolin®) or similar airway-opening puffers
<b>Miscellaneous</b>	Bupropion (Wellbutrin® or Zyban®), prednisone, thyroid replacement, opioids, alcohol, and nicotine

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## Insomnia and Drug Therapy

**CBTi** has been shown to be **more effective than sleeping pills** in both reducing insomnia symptoms and maintaining sleep improvements over time.

Studies show the average person with insomnia gets to sleep 7 minutes faster and sleeps for 15 minutes longer than when taking placebo (e.g., a sugar pill).

## Examining the Effectiveness Data of Sleeping Pills

Drug	Time to Fall Asleep vs. Placebo	Total Sleep Time vs. Placebo	Quality of Sleep vs. Placebo
Temazepam (15mg dose)	37 minutes less	99 minutes longer	Small improvement
Triazolam (0.25mg dose)	9 minutes less	---	Moderate improvement
Eszopiclone (2mg and 3mg doses)	14 minutes less	28-57 minutes longer	Moderate-large improvement
Zolpidem (10mg dose)	5-12 minutes less	29 minutes longer	Moderate improvement
Diphenhydramine (50mg dose)	8 minutes less	12 minutes longer	No improvement
Melatonin (2mg dose)	9 minutes less	---	Small improvement
Trazodone (50mg dose)	10 minutes less	---	No improvement
Doxepin (3mg and 6mg doses)	---	26-32 minutes longer	Small-to-moderate improvement

There is not enough evidence to compare insomnia drug therapies against each other.

Sleeping pills act like a Band-Aid to cover up the symptoms. Sleeping pills do not solve the underlying problem and can cause many side effects.

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## Important Side Effects of Traditional Sleeping Pills:



- Increased risk of falls and fractures, especially in older adults.



- Increased memory problems (making it harder to learn new things, remember important information, or think quickly and make decisions)



- Dependence and withdrawal effects with the benzodiazepine and Z-drug classes of sleeping pills.



- Impaired driving and accidents. People who take sleeping pills are **4-6 times** more likely to be in a serious traffic accident.



- Taking sleeping pills together with alcohol or other medications that depress the central nervous system can cause oversedation.



- Increase in flu-related pneumonia and death.

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## Class: Benzodiazepines (also called “benzos” or “-pam” drugs)

Generic Name	Brand Name	Mechanism of Action
Flurazepam	Dalmane®	Act on GABA receptor binding sites (parts of the brain that help slow down activity) in the central nervous system to calm the brain and help you relax.
Nitrazepam	Mogadon®	
Triazolam	Halcion®	
Temazepam	Restoril®	
Lorazepam	Ativan®	
Clonazepam	Rivotril®	
Diazepam	Valium®	
Oxazepam	Serax®	
Alprazolam	Xanax®	
Bromazepam	Lectopram®	
Clobazam	Frisium®	

## Class: Z-Drugs

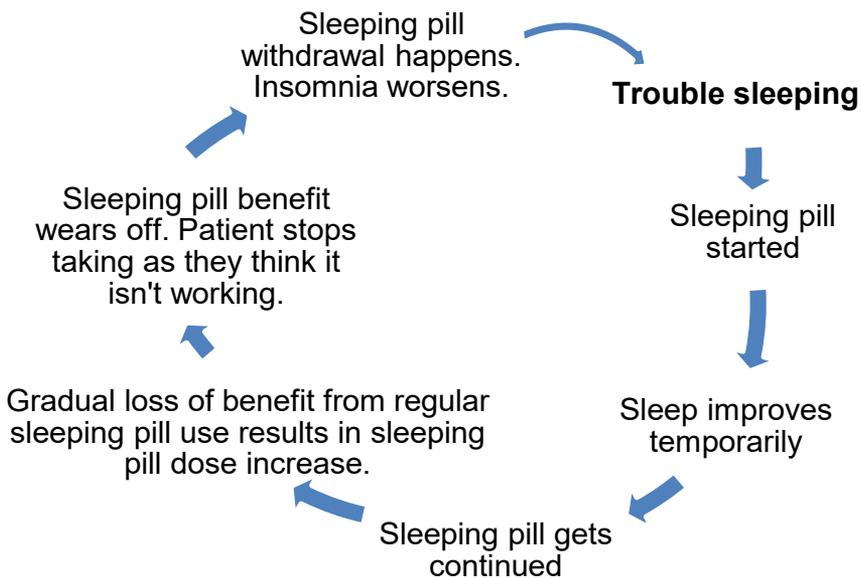
Generic Name	Brand Name	Mechanism of Action
Zopiclone	Imovane®	Bind to GABA-A receptors in the central nervous system to produce a calming or sedative effect.
Eszopiclone	Lunesta®	
Zolpidem	Sublinox®	

### Safety Alert

A rare side effect of the Z-drugs is complex sleep behaviours, such as sleep-walking or eating food with no memory of doing so afterwards.

## Sleeping Pill Withdrawal Syndrome

Sleeping pills, such as benzodiazepines and Z-drugs, lose effectiveness over time. When taken regularly, the body starts to depend on them and experiences shock if they are stopped. This triggers a vicious cycle.



**Tip:** If this situation looks familiar, ask a healthcare provider for guidance on how to stop a sleeping pill.

### Myth or Truth Time



#### MYTH

I know I have chronic insomnia because I can't sleep without my sleeping pill.

#### TRUTH

The leading cause of insomnia in someone using sleeping pills long-term is withdrawal symptoms associated with stopping the sleeping pill.

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## Z-drug/benzodiazepine withdrawal symptoms

 Sleeping difficulties	 Anxiety, irritability, agitation, restlessness
 Sweating	 Fast heart rate
 Shaking/tremors	 Difficulty concentrating, confusion, delirium
 Seizures	 Nausea

### Tips for Stopping Sleeping Pills

- Never abruptly stop sleeping pills if you have been taking them regularly for more than a couple weeks.
- Gradually reducing the sleeping pill dose (tapering) is the best way to come off sleeping pills and decrease the chance of experiencing sleeping pill withdrawal symptoms.
- There are lots of ways to wean off sleeping pills. One method is to decrease the dose by 25-50% each week and then slow the amount or rate of the taper down based on response. A tapering calendar can help.

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## Class: Sedating Antidepressants

Used mainly when other treatments haven't worked or when there are other health conditions, such as depression.

The doses used to treat insomnia are lower than those used to treat depression.

Generic Name	Brand Name	Common Side Effects
Trazodone	Desyrel®	<p>All these medications:</p> <ul style="list-style-type: none"><li>• have drying side effects, especially dry mouth and eyes</li><li>• can cause trouble urinating and contribute to constipation</li><li>• can contribute to weight gain</li><li>• can contribute to heart rhythm problems if not taken as prescribed</li></ul> <p>Trazodone can cause low blood pressure when standing up and for this reason it is important to rise slowly if taking trazodone.</p>
Mirtazapine	Remeron®	
Doxepin (low dose of 3-6mg)	Sinequan®	
Amitriptyline	Elavil®	

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## Class: Antipsychotics

Not recommended as a sleeping aid.

Generic Name	Brand Name	Common Side Effects
Quetiapine	Seroquel®	<ul style="list-style-type: none"><li>• Dizziness</li><li>• Increased blood pressure and blood sugar</li><li>• Weight gain</li><li>• Increased risk of heart rhythm problems</li><li>• Drug-induced movement disorders</li></ul>

## Non-Prescription Medications

### Antihistamines

Not recommended as a sleeping aid.

Generic Name	Brand Name	Common Side Effects
Diphenhydramine	Benadryl® Sleep-eze®	<ul style="list-style-type: none"><li>• Dry mouth</li><li>• Trouble urinating</li></ul>
Dimenhydrinate	Gravol®	<ul style="list-style-type: none"><li>• Next day drowsiness</li><li>• Blurred vision</li><li>• Confusion</li></ul>

### Natural Health Products

**Melatonin** is a natural hormone that helps control the sleep-wake cycle. Melatonin is also available as a natural health supplement that is sometimes used for jetlag or circadian rhythm disorders.

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## Recent Addition to the Sleeping Pill Toolbox:

### Class: Dual Orexin Receptor Antagonists (DORAs)

DORAs are the newest class of medications approved by Health Canada for insomnia management. The first medication in this class came to Canada in 2020. The benefit of this class of medications is that tolerance is unlikely to occur.

Generic Name	Brand Name	Mechanism of Action
Lemborexant	Dayvigo®	<ul style="list-style-type: none"><li>• These medications work differently than all other sleeping pills because instead of making you want to fall asleep or resetting your body clock, DORAs prevent you from feeling awake.</li></ul>
Daridorexant	Quviviq®	<ul style="list-style-type: none"><li>• DORAs block orexin activity. Orexins are chemicals that help keep us awake but in insomnia too much orexin may prevent sleep and this is why DORAs target orexin.</li></ul>

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## Things to Know When Purchasing a Mattress

- There's no one mattress that fits everyone!
- No matter how you sleep — on your back, side, or stomach — your mattress should:
  - Support the body at all points and conform to the curves of the spine.
  - Maintain the spine in a neutral position, like a person with good standing posture.

### Mattress Firmness

Research shows that medium-firm mattresses are usually best for reducing back pain, keeping the spine in good alignment, and helping you sleep better.

### Tips for Testing Mattress Firmness

- Lay on the mattress
  - If your body sinks into the mattress it may not be giving enough support.
- Try to roll side-to-side and get up from the mattress.
  - If this requires a lot of effort, the mattress may be too soft which can cause muscle and joint pain.
- Lay on your back and side and try to fit your hand under the small of your back or hip.
  - If your hand slides in easily, the mattress is likely too firm and may cause discomfort in your shoulders, back or hips.
  - A mattress that is too firm cannot conform to the curves of the spine and is limited in its ability to provide support.
- Take someone with you when mattress shopping to help check if the mattress follows the natural curves of your spine and keeps it in a neutral position.

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## Pillows

- There is also no one-size-fits-all pillow!
- Whether you sleep on your back, side, or stomach, or somewhere in between, the ideal pillow should comfortably support your natural spinal curves and maintain your spine in a neutral position.
- Select pillows that are consistent with the shape and size of your body to provide the right amount of support.
- Neck-support pillows (cervical pillows) help your neck muscles relax and keep your neck and spine in the right position when you sleep on your back or side. Using one can reduce stiffness and pain in the morning.

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## Sleeping Positions

Tips to reduce stress on your body and sleep better:

### 1. Sleeping on Your Back

- Use a pillow that is big enough to keep your neck in a straight position.
  - Not enough support can make your neck bend backward.
  - You can use a neck-support pillow (cervical pillow), a rolled-up towel, or your regular pillow tucked under your neck to fill in the space and match the shape of your neck.
  - Avoid using too many pillows because this can make your neck bend forward.
- Avoid turning your neck to the side when sleeping.
  - You can use a pillow with a dip in the middle or travel pillow to keep the head straight. You can also tie a string around the middle of a pillow so it conforms around the sides of the head.
- A pillow under the knees may help to relieve back discomfort.
- A towel or small pillow under your low back can also reduce strain on the back if your mattress is not giving enough support.

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## 2. Sleeping on Your Side

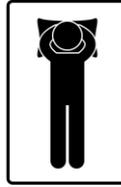
- Use a pillow that is big enough to keep your neck straight.
  - Not enough support may cause your neck to hang down and place stress on the neck and shoulder.
  - You can use a neck-support pillow (cervical pillow), a rolled-up towel, or your regular pillow tucked under your neck to fill in the space and match the shape of your neck.
  - Avoid using too many pillows because this can make your neck to bend to the side.
- Placing a rolled-up towel or small pillow under your torso to keep your spine straight may help reduce stress on your hips and back if the mattress is not giving enough support.
- Placing a pillow or blanket between your knees and feet to keep the spine straight may also help keep stress off your hips, knees and back.
- Use a pillow or body pillow to support your upper arm to reduce stress on your neck, shoulder, wrist and hand.
- Use pillows or a wedge behind you to keep you on your side.



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## Positions to Avoid:



### **Sleeping on Your Stomach**

Sleeping on your stomach or keeping your head turned sideways all night can cause neck problems. It can also make lower back pain worse, especially in the lumbar region (lower back) because this position bends your spine too much.

**Tips:** Place a folded towel or thin pillow under your forehead, or use no pillow at all, to keep your neck and head in a neutral position. Place a thin pillow under your hips to help reduce stress on the spine.

**Sleeping in the Fetal Position:** Sleeping in the fetal position, with your knees curled up to your chest, can cause posture problems and put pressure on your spine.

**Tip:** Use a couple of pillows or a body pillow in front of you to reduce how much you curl up.

**Sleeping with Your Arms Overhead:** This can strain your neck and shoulders and may cause shoulder pain.

**Sleeping with Bent Wrists or Elbows:** Bending your wrists and elbows while you sleep can pinch nerves and cause numbness in your hands.

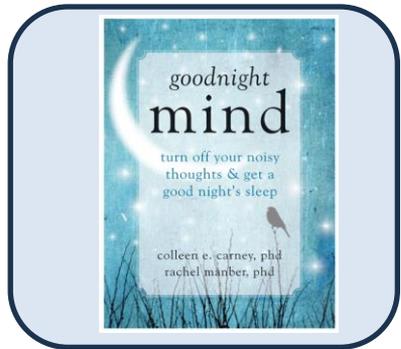
**Tip:** Use pillows or braces for support to keep your arms in a safer position while you sleep.

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## Resources – Websites



## Resources – Self-Help Books



## Resources – Apps



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