Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MENTAL HEALTH AND SLEEP

Insomnia
why the best treatment is not a tablet

Insomnia is difficulty falling asleep, staying asleep, or waking too early, with daytime consequences. The recommended first-line treatment in the UK is not medication but a structured behavioural programme — and it works better than sleeping tablets, including in the long term.

Arrange assessment if you have

- **loud snoring with pauses in breathing**, or gasping awake — this needs investigating for sleep apnoea
- **falling asleep during the day** while driving, working or mid-conversation
- **acting out dreams**, sleepwalking, or violent movements in sleep
- insomnia with **low mood, hopelessness or thoughts of self-harm**
- sleep loss following a **bereavement or trauma** that is not settling

Untreated sleep apnoea substantially increases the risk of high blood pressure, stroke and road accidents, and is highly treatable — it is worth excluding before insomnia is treated as insomnia. If you are having thoughts of harming yourself or ending your life, help is available now and these feelings can be treated. Call **999** or go to an emergency department if you have already harmed yourself or feel unable to stay safe. Otherwise call **Samaritans free on 116 123**, any time of day or night, text **SHOUT to 85258**, or call **NHS 111 and select the mental health option**. Please also tell someone you trust, and tell us — we would far rather you did.

What to exclude first

- **Sleep apnoea** — snoring, witnessed pauses, morning headache, unrefreshing sleep, daytime sleepiness
- **Restless legs** — an irresistible urge to move the legs in the evening, relieved by moving
- **Pain, reflux, prostate symptoms and hot flushes**, all of which fragment sleep
- **Anxiety and depression** — early waking in particular
- **Alcohol**, which shortens time to sleep and wrecks the second half of the night
- **Medicines** — steroids, some antidepressants, beta-blockers, decongestants
- An overactive thyroid, and iron deficiency

Why sleeping tablets are not the answer

Hypnotics work — for about two weeks. Tolerance develops quickly, dependence follows, stopping them causes rebound insomnia worse than the original problem, and in older adults they substantially increase the risk of falls and confusion. NICE recommends them only for short-term use in severe, disabling insomnia. If you are on them long term, that is worth addressing, gradually and with support, rather than continuing indefinitely.

CBT for insomnia is the first-line treatment

CBT-I is a structured programme, not general sleep hygiene advice. It typically runs over six weeks and produces improvements that persist long after treatment ends — unlike medication, where benefit stops when the tablets do. It is available in person, online and through NHS-approved digital programmes, and it is the treatment guidance recommends before any prescription.

The core techniques

- **Fixed wake time, every day, including weekends.** This is the single most powerful lever. Do not lie in to catch up — it shifts your body clock and guarantees a bad night.
- **Only go to bed when sleepy**, not when tired. Sleepy means eyes closing; tired means depleted.
- **If awake more than about 20 minutes, get up.** Go to another room, do something dull in dim light, return only when sleepy. Lying awake trains your brain that bed is a place for wakefulness.
- **Bed for sleep and sex only.** No working, scrolling, television or worrying in bed.
- **Sleep restriction** — deliberately limiting time in bed to the hours you actually sleep, then extending gradually. Counter-intuitive, briefly unpleasant, and the most effective component of all.
- **Get outside in daylight early**, ideally within an hour of waking.

Helps

- A wind-down hour with dim light and no screens
- A cool, dark, quiet bedroom
- Writing tomorrow's worries down before bed to park them
- Regular daytime exercise, not late evening
- Accepting one bad night rather than catastrophising it

Undermines sleep

- Caffeine after midday — it has a half-life of five to six hours
- Alcohol as a sleep aid
- Clock-watching — turn it away from you
- Napping after 3pm, or for longer than 20 minutes
- Trying hard to sleep, which is self-defeating by definition

Book an appointment if poor sleep has lasted more than a month, you snore with pauses, you are sleepy during the day, or you want help reducing long-term sleeping tablets. We can assess you, arrange thyroid and iron testing, screen for sleep apnoea, and refer for CBT-I.

Sleep apnoea screening and CBT-I referral

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP** · **Mental health** · **ENT clinic** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-087

This leaflet is based on current NHS and NICE guidance on insomnia management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.