

What are the symptoms of insomnia?

Insomnia is a sleep disorder. Insomnia can involve difficulty falling asleep or staying asleep, or having non-refreshing sleep, causing problems during the daytime, like feeling very tired or unable to concentrate.

Insomnia describes sleep problems that cause issues during the daytime – such as feeling tired, feeling irritable, low, anxious, or finding it hard to concentrate. People with insomnia might:

- Have difficulty falling asleep or staying asleep.
- Wake up too early.
- Lie awake in bed for long times in the night.
- Feel unrefreshed and tired after sleep.

Shorter-term insomnia (acute insomnia) lasts days or weeks, and up to three months. Long-term insomnia (chronic insomnia) lasts more than three months.

[If you think you have insomnia, find out what to do here.](#)

In this series of articles centred around insomnia, you can read about insomnia symptoms, [insomnia causes](#), and [insomnia treatments](#) – all written by one of our expert GPs.

The rest of this feature will take an in-depth look at the symptoms of insomnia, as at Patient, we know our readers sometimes want to have a deep dive into certain topics.

Insomnia symptoms

Insomnia happens when, despite having the time and opportunity to sleep, people have one or more of the following:

- Difficulty getting to sleep.

- Difficulty staying asleep.
- Waking up too early.
- Waking up several times in the night.
- Lying awake in bed for much of the night.
- Feeling tired and unrefreshed when getting up in the morning.

Sleep problems in insomnia lead to daytime problems, such as:

- Feeling tired, fatigued, or drowsy during the day.
- Not performing as well at school, university or work.
- Finding it hard to concentrate and pay attention to important tasks.
- Feeling low, depressed, anxious, angry, or irritable.

Chronic insomnia characteristics

In chronic insomnia, people sometimes develop habits, behaviours, or thoughts which make the insomnia worse, such as:

- Relying on sedatives – such as alcohol or sleeping tablets – to get to sleep and stay asleep.
- Trying really hard to sleep (sleep effort) – which paradoxically makes them more awake.
- Spending more time in bed to compensate for less sleep – which makes the brain associate being in bed with being awake.
- Thinking unhelpful thoughts – for example 'If I don't sleep in the next 10 minutes, I will stay awake for the entire night'.
- Becoming preoccupied with sleep.
- Feeling as if they've slept for much less time than they actually have.

Chronic insomnia is also more likely to lead to other problems, such as:

- Absences from work, school, or university.
- Accidents.

- Poor memory.
- Poorer quality of life.
- [Anxiety](#) and [depression](#).
- In severe cases, [thoughts of suicide](#).
- An increased risk of some medical conditions, like heart disease.

When to see a doctor about insomnia

Insomnia often gets better after making changes to your sleeping habits, which you can do without seeing a doctor. See the [insomnia treatments](#) article for more suggestions.

See a doctor if:

- You've tried self-help measures, and they haven't worked.
- Your insomnia has lasted for several months or more.
- Your insomnia is significantly affecting your daily life and it's difficult to cope with.

How is insomnia diagnosed?

The diagnosis of insomnia is made by listening to your symptoms.

Doctors should listen to your symptoms, and ask additional questions to explore your sleeping habits, medical history, any alcohol or drug use, and a few other things to establish the diagnosis, distinguish the types of insomnia, and identify any causes.

Keeping a sleep diary can sometimes be useful.

A sleep study is a special test of sleep patterns. It's not required to diagnose insomnia, but might be used if there is suspicion of another health condition, like [obstructive sleep apnoea](#).

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