

“Sleep well and dream nicely!”

How often did we hear or have we used this sentence (or a similar one)? What theoretically should be a wonderful incident often appears to be disturbed considerably in practice – sleep!

Again and again people tell me about a changing “sleeping architecture”. Concerning this matter they describe problems of falling asleep or sleeping through as well as awakening too early – sometimes even a combination of these problems.

If a patient is afflicted with this kind of changing sleeping rhythm over some weeks it is in any case recommended to see a specialist. Especially because of the requirement to exclude any organic causes – like metabolic disorders, otolaryngologic illnesses, neurological diseases etc. – before starting a therapy to treat these sleep disorders.

If – as in most cases – there are no organic causes one can expect that this is nearly always a consequence of a chronic burden of the person concerned! If it is enough to just change or improve personal habits, processes or circumstances has to be questioned very carefully with the individual patient. The reason for this is the fact that classical depressions can be hidden behind such sleep disorders!

These patients then suffer from listlessness, inactivity, joylessness or diminished appetite, additionally to their sleep disorder. Quite often increased sweating or constipation is an epiphenomenon.

As regards the therapy there has to be pointed out the following: a recovery of the above described can be

achieved by a combination of administration of modern antidepressants and a review of cumbering experiences and events – in a deliberate emphasis!

In conclusion I would like to get 2 important propositions across to my readers:

1. Concerning recovery of sleep disorders the intake of sleep-supporting antidepressants (like e.g. the substance MIRTAZAPIN*) proved its value. On the one hand present depressive moods can possibly be positively influenced. On the other hand a better sleep without danger of dependence will be achieved when taking the antidepressant before going asleep.
2. About psychotropics in general: when exactly and controlled used today’s modern substances disprove most prejudices concerning effects and side-effects. This holds true for antidepressants as well as other pharmaceuticals in psychiatry (e.g. tranquillizers or neuroleptics).

*administered as preparation REMERON

Get more information:

0664 / 341 12 51

Dr. Alexander Bernhaut
Specialist for psychiatry and
neurology
Canisiusgasse 6/17
1090 Vienna
Tel. & Fax: 01 / 319 69 90