

SOP: INSOMNIA

SUPPORTING RESTFUL SLEEP FOR WOMEN IN MENOPAUSE



OVERVIEW

- **Definition:** Insomnia is characterized by difficulty falling asleep, staying asleep, or waking too early without feeling rested, little time in deep sleep.
- **Target Audience:** Women over 40 experiencing hormonal changes disrupting sleep cycles.



SIGNS & SYMPTOMS

- ✓ Difficulty falling asleep, frequent waking, or waking too early.
- ✓ Daytime fatigue and irritability.
- ✓ Brain fog or difficulty concentrating.
- ✓ Secondary result: weight loss resistance.



WHAT TO TRY: INITIAL STEPS & PROGRESSION

STEP 1: MAGNESIUM SUPPLEMENTATION

- **Sub-step 1:** Start with Magnesium Glycinate (200mg-400mg) in the evening.
3 nights, then increase if no improvement, and continue experimenting consistently like this, recording details (similarly with Citrate below).
- **Sub-step 2:** Consider Magnesium Citrate if constipation is present.
- **Sub-step 3:** Bath with Epsom Salt for additional way to get in magnesium.
- **Sub-step 4:** Track symptoms and adjust dosage gradually.

STEP 2: NIGHTTIME HYGIENE ROUTINE

- **Sub-step 1:** Dim lights 1 hour before bed.
- **Sub-step 2:** Avoid screens (blue light blockers if unavoidable).
- **Sub-step 3:** Create a consistent bedtime routine (e.g., Epsom Salt bath, tea, journaling).
- **Sub-step 4:** Keep bedroom cool and dark.

STEP 3: MORNING ROUTINE OPTIMIZATION

- **Sub-step 1:** Get sunlight exposure within 30 minutes of waking.
- **Sub-step 2:** Avoid caffeine after 10 a.m.
- **Sub-step 3:** Establish a regular wake-up time.

STEP 4: EPSOM SALT BATHS & SAUNA

- **Sub-step 1:** Take an Epsom salt bath 60–90 minutes before bed.
- **Sub-step 2:** Use infrared sauna sessions if accessible.

STEP 5: NUTRITION ADJUSTMENTS

- **Sub-step 1:** Include sleep-supportive nutrients (e.g., carbohydrates at dinner for serotonin, tryptophan-rich foods like turkey, tart cherry juice).
- **Sub-step 2:** Avoid eating 2–3 hours before bed. Avoid alcohol and limit caffeine to am.
- **Sub-step 3:** Consider 5-HTP for waking, poor sleep quality, or headaches.



SUGGESTED TOOLS FOR TRACKING

- **Metrics to Monitor:** Sleep duration, bed time, wake times, sleep quality, wake frequency, energy level.
- **Recommended Tools/Apps:** Oura Ring, Fitbit, WHOOP Band, Sleep Cycle App.
- **Frequency of Check-ins:** Daily updates on compliance and change in result with magnesium, Weekly check-ins for 4 weeks, then bi-weekly.



COMMON CHALLENGES & TROUBLESHOOTING TIPS

- **Challenge 1:** Client feels groggy in the morning despite sleeping more.
 - **Solution:** Reduce melatonin, confirm it's not DR melatonin, and consider adrenal support (maca if appropriate).
- **Challenge 2:** Difficulty establishing a consistent routine.
 - **Solution:** Start with one habit (e.g., no screens 30 minutes before bed and come up with a substitute for it).



CLIENT COMMUNICATION TIPS

- **Tone & Approach:** Problem solving approach, reinforce language and disowning any identity as a "poor sleeper" or "insomniac".
- **Key Phrases to Use:**
 - "You slept well once, you can sleep well again."
 - "Which of these (good choices) do you want to focus on first?"
 - "The hormone optimization that occurs with good quality sleep is the game-changer for results in both fitness and aging well."

- Sleep module, Sleep chapter in *You Still Got It, Girl!*
- Sleep Yourself Strong! (Previously Sleep Yourself Skinny)
<https://www.flippingfifty.com/sleep-yourself-skinny>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC6092036/#:~:text=Among%20menopausal%20symptoms%2C%20sleep%20disturbances,demographics%20and%20health%2Drelated%20factors.>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC3716674/>



- ☐ Reassess sleep habits after 4 weeks.
- ☐ Refer to a healthcare provider if severe insomnia persists despite intervention.

