MEN'S HEALTH FACTSHEET

Men's Sleep and Sleep Disturbances

Understanding poor sleep, breathing problems and unusual behaviours during the night

The short version

Poor sleep is not always caused by bad habits. It can be linked to stress, pain, illness, medicines, shift work, mental health, sleep apnoea, restless legs or a sleep disturbance such as sleepwalking or night terrors. Persistent sleep problems, breathing pauses and dangerous night-time behaviours deserve proper assessment.

Why sleep matters

Sleep supports attention, learning, mood, immune function, physical recovery and everyday safety. Most healthy adults need around 7 to 9 hours, but individual needs vary. The most useful question is not whether you achieve a perfect number: it is whether you sleep well enough to function safely and reasonably during the day.

Signs that sleep may need attention

- regular difficulty falling or staying asleep
- loud snoring, gasping, choking or breathing pauses
- excessive sleepiness, irritability or poor concentration
- unusual movements, shouting or leaving the bed asleep
- waking too early or never feeling refreshed
- morning headaches or a dry mouth
- dozing while working, talking, eating or driving
- distressing nightmares or fear of going to sleep

What can disturb sleep?

- stress, anxiety, depression or trauma
- alcohol, caffeine, nicotine or other substances
- shift work, caring duties or irregular routines
- sleep apnoea, restless legs or parasomnias
- pain, reflux, breathing or urinary symptoms
- prescribed and over-the-counter medicines
- noise, light, temperature or an unsuitable bed
- neurological, hormonal or other health conditions

Insomnia

Insomnia means regularly having difficulty falling asleep, staying asleep or waking too early, despite having the opportunity to sleep. It can leave you tired, irritable or unable to concentrate. NHS guidance describes insomnia lasting less than 3 months as short-term and insomnia lasting 3 months or longer as long-term.

Look for causes	A clinician may consider pain, mental health, medicines, substance use, physical illness, restless legs, sleep apnoea, menopause, neurological conditions and the timing of sleep.
CBT for insomnia	Cognitive behavioural therapy for insomnia (CBT-I) addresses thoughts and behaviours that maintain sleep difficulty. It may be offered face to face or through an appropriate digital programme.
Sleeping medicines	These are not a cure and may cause side effects, next-day impairment, tolerance or dependence. NHS guidance says they are generally prescribed only briefly when insomnia is severe and other approaches have not worked.

Obstructive sleep apnoea (OSA)

OSA happens when the upper airway repeatedly narrows or closes during sleep, causing reduced breathing or pauses. It may fragment sleep even when the person does not remember waking. It can occur at any body size, although risk is associated with factors including age, family history, a larger neck, excess weight, alcohol, smoking, enlarged tonsils and sleeping on the back.

Night-time signs	Loud snoring, breathing that stops and starts, gasping, snorting, choking, repeated waking or restless sleep.
Daytime signs	Excessive sleepiness, morning headache, difficulty concentrating, mood changes and reduced performance.
Assessment	A GP may refer you to a sleep service. Testing often measures breathing and heart rate overnight at home; sometimes more detailed monitoring is required.
Treatment	Treatment depends on severity and individual needs. It may include CPAP, a mandibular advancement device, positional measures, lifestyle support or selected surgical and specialist options.

Parasomnias: unusual events during sleep

Parasomnias are unwanted behaviours, movements, experiences or emotions that occur while falling asleep, sleeping or waking. They are not all the same and may occur during different sleep stages. New, frequent, violent or dangerous episodes need medical assessment.

Sleepwalking	A person may sit up, walk, dress, eat or carry out more complex actions while not fully awake. Their eyes may be open, responses limited and memory absent the next day. Episodes often occur in the first part of the night.
Night terrors	The person may scream, appear terrified, thrash or move while still asleep and usually has little or no memory afterwards. Night terrors tend to occur earlier in the night and are different from nightmares.
Nightmares	Distressing dreams usually occur later in the night. The person wakes and can often remember them. Frequent nightmares may be linked to stress, trauma, medicines, mental health or another sleep condition.
Sleep paralysis	A person is aware but temporarily cannot move or speak while falling asleep or waking. It may include frightening sensations or a sense that someone is present. It is usually harmless but deserves review if frequent or very distressing.
Acting out dreams	Shouting, punching, kicking or leaping from bed while apparently acting out a dream can cause injury and may indicate REM sleep behaviour disorder or another condition. Seek medical assessment rather than assuming it is ordinary restless sleep.

Keeping someone safe during an episode

- clear floors and remove trip hazards
- consider a door alarm if leaving home is possible
- do not restrain unless needed to prevent immediate harm
- secure windows, outside doors, tools and medicines
- gently guide a sleepwalker back towards bed
- during a night terror, stay calm and avoid abrupt waking

Other sleep disturbances

Restless legs syndrome	An urge to move the legs with tingling, throbbing, itching or pain, usually worse at rest and at night. It can be linked to iron deficiency, kidney disease, medicines or family history. Do not start iron supplements without appropriate advice and testing.
Periodic limb movements	Repeated leg or arm movements during sleep may fragment sleep. A bed partner may notice them before the person does. Specialist assessment may be needed when symptoms are persistent or disruptive.
Circadian rhythm problems	The body clock and required sleep schedule are out of alignment. This may occur with shift work, jet lag, very delayed sleep timing or very early sleep timing. People may sleep normally when allowed to follow their preferred schedule.
Narcolepsy or hypersomnolence	Overwhelming daytime sleepiness, unintended sleep episodes, sudden muscle weakness triggered by emotion, vivid sleep-related experiences or recurrent sleep paralysis require medical assessment.
Nocturnal seizures	Some seizures occur during sleep and can be confused with parasomnias. Repeated stereotyped episodes, injuries, tongue biting, incontinence or prolonged confusion should be discussed promptly with a clinician.

Practical steps for healthier sleep

- keep a consistent waking time where possible
- create a dark, quiet and comfortable sleep space
- consider the timing of caffeine, alcohol and nicotine
- record sleep, symptoms, medicines and triggers
- go to bed when sleepy rather than forcing sleep
- allow time to wind down before bed
- use daytime movement suited to your health
- seek help for pain, stress or health symptoms

Rigid sleep rules can create more worry. Advice should be adapted for disability, chronic illness, shift work, caring responsibilities, housing and cultural needs. If simple changes do not help, the answer is assessment - not self-blame.

Sleepiness and driving

Do not drive when sleepy

Excessive sleepiness can impair reaction time and judgement. If you have suspected or confirmed sleep apnoea or another condition affecting safe driving, follow medical advice and check the current DVLA rules. Some conditions must be reported, particularly when sleepiness is likely to affect driving.

When to seek medical advice

Arrange a GP review	If sleep problems have lasted for months, affect daily life, cause severe daytime tiredness, or continue despite reasonable self-care.
Possible sleep apnoea	Seek assessment for breathing pauses, gasping or choking during sleep, especially with loud snoring or persistent daytime sleepiness.
Dangerous night-time behaviour	Seek help when sleepwalking, violent movements, leaving home, falls or other episodes create a risk of injury to you or someone else.
New or unusual episodes	Discuss adult-onset night terrors, acting out dreams, suspected seizures, sudden sleep attacks or episodes accompanied by weakness, confusion or injury.
Urgent help	Call 999 for a medical emergency, including severe breathing difficulty, prolonged unresponsiveness, serious injury or when someone cannot be kept safe.

How Health Matters UK can support you

Health Matters UK can help you organise a sleep diary, notice patterns, understand general sleep-health information and prepare questions for a healthcare appointment. We can support realistic routines that fit your wider health and circumstances. We do not diagnose sleep disorders, interpret sleep studies, prescribe treatment or replace a GP or specialist sleep service.

Men's sleep health matters to us

Good sleep is not a luxury and poor sleep is not a personal failure. Men deserve to have persistent tiredness, breathing problems and unusual night-time experiences taken seriously, with support based on the cause rather than blame.

Important information

This factsheet is for general education and does not replace personalised medical advice, diagnosis or treatment. Do not start, stop or change prescribed medicine or sleep treatment without appropriate clinical advice. Do not drive when sleepy. Call 999 in a medical emergency.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS, NICE, DVLA and specialist NHS sleep-service resources. External guidance remains the responsibility of the issuing organisation.

• NHS. Insomnia. nhs.uk/conditions/insomnia/

• NHS. Sleep problems - Every Mind Matters. nhs.uk/every-mind-matters/mental-health-issues/sleep/

• NHS. Sleep apnoea. nhs.uk/conditions/sleep-apnoea/

• NICE. Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s (NG202). nice.org.uk/guidance/ng202

• NHS. Sleepwalking. nhs.uk/conditions/sleepwalking/

• NHS. Night terrors and nightmares. nhs.uk/conditions/night-terrors/

• NHS. Sleep paralysis. nhs.uk/conditions/sleep-paralysis/

• NHS. Restless legs syndrome. nhs.uk/conditions/restless-legs-syndrome/

• Guy's and St Thomas' NHS Foundation Trust. Sleep disorders centre. guysandstthomas.nhs.uk/our-services/sleep-disorders-centre

• DVLA. Excessive sleepiness and driving. gov.uk/excessive-sleepiness-and-driving

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