

Sleep and anxiety: a practical guide

Why anxiety disrupts sleep, why poor sleep worsens anxiety, and what tends to change the pattern.

The two-way relationship

- Anxiety raises baseline arousal, which makes it harder to fall asleep and easier to wake. Poor sleep reduces the brain's capacity to regulate emotion the next day, which raises baseline arousal further. The loop tightens over weeks.

The 3 a.m. wake-up

- Cortisol begins rising in the second half of the night to prepare the body for the day. In a brain already running high, that small natural rise is enough to surface worry. The thoughts feel urgent because the body is already activated, not because the worry itself is more important at 3 a.m. than it would be at noon.

Evidence-based first steps

- A consistent rise time, the same every day, including weekends.
- Bright light within thirty minutes of waking, ideally outside.
- A caffeine cutoff by early afternoon, with sensitivity higher than most people assume.
- A wind-down hour with reduced light and no work email or news.
- A bed that is used for sleep, not for scrolling or working.

Over-the-counter sleep aids

- Diphenhydramine (the antihistamine in many over-the-counter sleep aids) often helps with sleep onset but reduces sleep quality and tends to lose effectiveness with regular use.
- Melatonin is most useful for shifting timing, not for sedation. Lower doses (0.3 to 1 mg) work as well as higher ones for most people.

When to talk with a clinician

- More than three weeks of disrupted sleep.
- Daytime function affected, including memory, concentration, or mood.
- Persistent early-morning waking or trouble falling asleep most nights.

Sleep complaints that last more than a few weeks, or that come with low mood or significant daytime impairment, are worth raising with a primary care clinician or psychiatrist.

Reviewed by Shariq Refai, MD, MBA. Educational only. Not medical advice.

