

Within seconds of entering the arrivals lounge of Geneva airport, I am whisked away by chauffeur for the 75-minute drive to Montreux. Every July, some 250,000 jazz fans descend on this picturesque lakeside town for a festival that has

showcased many of the world's greatest music legends, from Miles Davis, Ray Charles and Nina Simone to Aretha Franklin, Marvin Gaye and David Bowie.

But it is April, and I am making a pilgrimage of an entirely different kind. My destination is Clinique La Prairie, an 85-year-old, 59-bedroom facility that combines a pioneering, state-of-the-art medical centre with five-star-hotel hospitality that includes a Michelin-starred chef, award-winning spa and sunlight-flooded gym overlooking Lake Geneva.

This is where the world's elite fly in for the clinic's legendary rejuvenation programme that uses cellular extracts from the foetuses of sheep. Others, too busy to care for their health on a day-to-day basis, come here for an in-depth annual check-up and one of a number of intense, multidisciplinary programmes to address high blood pressure, obesity, mental health issues, pain management, low energy or failing looks (yes, they can have their eyelids unhooded and their tummies tucked, though that is not the clinic's *raison d'être*).

I am here to participate in a new programme called Better Sleep. I imagine I will be a tough nut to crack, having lost the ability to sleep in the accepted sense some 25 years ago, when a series of life-jolting events conspired to rob me of something that should come as naturally as breathing. To be specific: I have sleep of a sort, but it is slow in arriving, constantly interrupted, and so light that I am aware of incessant thoughts and of every hour that passes. When I sought help for exhaustion 10 years ago, my sleep was monitored: the results showed

battle of the somnolent

After 25 years of insomnia, **Gillian de Bono** checks in at a legendary Swiss clinic. Can a new Better Sleep programme succeed where scores of other treatments have failed?

that I woke up, on average, 27 times a night, which meant that I never achieved deep, restorative sleep.

In the intervening years, I became increasingly aware that chronic sleep deprivation could have serious impacts on my physical and mental health, among them increased risk of diabetes, heart attack, stroke, cancer, obesity, depression and Alzheimer's. Accidents were another risk factor; I have twice fallen asleep at the wheel of my car, mercifully with no serious harm to myself or others.

Sleeping tablets were not an option for me, as they are addictive and suitable for only occasional or short-term use. And so I mastered the after-dark art of "sleep hygiene". I jettisoned the TV from my bedroom and downloaded f.lux on my computer to reduce after-sunset blue-light emissions, which suppress the sleep hormone melatonin. I fitted blackout blinds and tracked down the best eye masks and earplugs. I trained myself to lie quietly and not look at the clock. If my mind got too active, I sat up and meditated. If that didn't work, I moved to a spare room where the bedding was cold, because a drop in body temperature promotes sleep.



From top: the grounds of Clinique La Prairie. Room service breakfast with a view of Lake Geneva



I tried acupuncture, cognitive behavioural therapy, cranial osteopathy and flotation tanks. On professional advice, I drank night-time infusions of boiled dried limes and Chinese herbs that smelt and tasted vile, and ate vast quantities of shredded lettuce in yoghurt. Not one made any difference. Disappointingly, I slept no better on days when I exercised, and holidays gave me little respite. As I embark on my six-day programme at CLP, I am nervous and, I feel, justifiably sceptical: can it succeed where all other attempts have failed?

As I approach the main entrance, the only indication that I am entering a medical facility is a discreet hand sanitiser. Check-in at The Residence is indistinguishable from that of a five-star hotel; the airy, marble-floored lobby even has a small bar. The decor of my bedroom oozes old-school European luxury. The only incongruities are the arrival of a nurse to take my blood pressure before I retire and a minibar packed with juices, smoothies and exotic fruits in lieu of wine and spirits.

There are more than 50 specialists at CLP, and my programme involves a large number of them. After a medical examination, I meet Dr Olivier Staneczak, who delves into my lifestyle and medical history, my family's medical history, and the specifics of my insomnia, including the coping mechanisms I have tried. For the rest of the day I am subjected to a battery of tests: blood, urine and stool, a respiratory polygraph, an abdominal ultrasound, an electrocardiogram and an ear, nose and throat examination. Over the next two days I am also scheduled to have pneumological (respiratory), neurological, psychotherapeutic and psychiatric consultations.

That night, my breathing, heart rate, leg movements, body positions, blood oxygen levels and any snoring noises are monitored; the test also gives an indication of how many micro-arousals I experience. The results rule out sleep apnoea, restless legs syndrome and snoring; I also get the all-clear on my other medical and psychological

hormone are secreted, helping to restore the body from the wear and tear of the day's activities. Then comes REM sleep, when most dreaming occurs. Its purpose is less well defined; traditionally it is thought to help process emotions and consolidate memories and mood, but the benefits may be much broader. After REM sleep, the brain returns to stage one and repeats the cycle; a typical night has four or five cycles.

I am wired up in the medical centre at 5pm and skulk back to my room along underground corridors that link back to The Residence. I pass several other guests, but

My sleep is monitored for a second night, this time with 12 electrodes attached to my head and brow

none appears to notice me; CLP's clientele value privacy and discretion, and afford that courtesy to others. Emboldened by the experience, I wrap my Medusa-like head in a brightly coloured scarf, sling the bag with the surplus wires and all the monitoring equipment over my shoulder, and brave the dining room.

As I sit down in my Camila Batmanghelidjh-worthy headgear, I reflect that the varied sartorial styles of the international clientele rather work in my favour. I rearrange the wires hanging down my back and focus on my dinner of exquisitely presented shrimp- and citrus-filled celeriac cannelloni, rack of lamb with harissa, bulgur wheat and caramelised leeks, and fruit carpaccio.

My second night's monitoring observes the effects of all those micro-arousals. Many are so brief that I am unaware of them, but they wreck my sleep architecture and no deep or REM sleep are recorded.

During my programme I have two consultations with Fatima Santos, a specialist in relaxation, hypnosis

and sophrology, a therapy that combines breathing, visualisation, gentle movement and relaxation techniques. She conducts an experiment, comparing the effects on my heart rate when I shut my eyes and sit quietly for five minutes, then meditate for five minutes, and finally breathe in for a count of five then out for a count of five, again for five minutes. While meditation is 2.6 times more effective than sitting quietly at creating a slow, coherent (regular) heart rhythm, I am astonished to find that the simple breathing exercise is 2.5 times more effective than meditating. Put another way, my "coherence" or stress score goes from basic to good to excellent. As stress is a leading cause of abnormal sleep patterns, Santos recommends I do the exercise three times a day, but not directly before retiring as, while it calms the body, it also focuses the mind.

An in-depth analysis of my diet shows it to be healthy but not ideal for an insomniac. I'm advised against eating cheese and spicy foods in the evening, as they are hard to digest, as well as chocolate and vitamin C-rich foods such as berries, as they stimulate the brain. I'm also encouraged to eat more starchy foods in the evening to increase the production of serotonin, which is conducive to good sleep.

I am sceptical that breathing exercises and a few adjustments to my diet will make a significant difference to my quality of sleep. But then, on day three of my programme, Dr Staneczak proposes a treatment that has escaped all my own research. He explains that chronic insomnia such as mine can be treated successfully with a very low dose of antidepressant

taken an hour before bed. The dose would be enough to stabilise my sleep but too low to cause unpleasant side effects such as weight gain. Importantly, the antidepressant is not addictive and nor does it interfere with sleep architecture, as is the case with many sleeping pills.

I start with a 50mg dose but am allowed to increase to 100mg after two weeks and, if necessary, to a maximum 150mg two weeks later. I find the magic dose to be 100mg. Within 45 minutes I cannot keep my eyes open, and most nights I sleep soundly for a good seven hours. I have no side effects, and six months on, it is just as effective.

Taking prescription medication on a permanent basis is not an ideal solution for anyone. But, having tried alternative approaches for over 10 years, I felt it was the right one for me. Fellow insomniacs can appreciate the difference a good night's sleep makes to the day that follows; having successive nights of sound sleep has, for me, been truly transformative. My only regret is that I did not seek this level of professional help years ago. ♦ Gillian de Bono was a guest of Clinique La Prairie, Rue du Lac 142, 1815 Clarens-Montreux (+4121-989 3311; www.laprairie.ch). The Better Sleep programme costs from SFr18,330 (£14,500) full board, including consultations and tests and limousine transfers from Geneva Airport. The second sleep-monitoring test costs an additional £2,200.

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