

The 3am Fix

A two-week protocol you can run yourself, with the arithmetic written out. It is the treatment that beat standard sleep advice in 642 adults whose average age was 55, and three quarters of them were women. Plus the numbers for caffeine, alcohol and magnesium, and what to do on the nights it does not work.



1 Week one: find your real sleep time, then set the window to match

For seven nights write down only four numbers: the time lights went off, roughly how long you lay awake, how long you were awake in the night, and the time you got up. Add the hours you actually slept, divide by seven. That average is your starting window. If it comes to five and a half hours, your window is five and a half hours, not eight.

This is sleep restriction therapy, the single component tested in the HABIT trial: 642 adults, average age 55, 76 percent women, four brief nurse-delivered sessions. At six months the insomnia severity score was 10.9 against 13.9 for the group given standard sleep hygiene advice, an effect size of 0.74.

2 Week two onwards: fix the wake time first, count backwards for bedtime

Choose the wake time you can keep every day including weekends. Subtract your window. That is your bedtime, and you do not go to bed before it, however tired you feel at nine. Never set the window below five hours, and if you drive for work, talk to your doctor before starting.

The fixed wake time is what anchors the body clock. Going to bed earlier on a bad night is the move that keeps insomnia going, because it adds awake time back into the bed.

3 Then extend by fifteen minutes at a time, using one number

Sleep efficiency is the hours you slept divided by the hours you were in bed. Work it out every seventh night from the same four numbers. The table below says what to do with the answer. Most women need three to five weeks to reach a window that feels normal, and the first four nights are the worst of it.

Expanding on a fixed rule rather than on how you feel is what stops the window drifting back out to nine hours of broken sleep.

4 When you wake at 3am, get out of bed after twenty minutes

Low light, a chair rather than the bed, a paper book or something dull. Back to bed when you feel sleepy, not when the clock looks acceptable. Do not look at the time while you are awake: knowing it is 3:14 starts an arithmetic problem about tomorrow, and arithmetic wakes you up.

Getting out of bed when awake is called stimulus control and it is the second half of what carries the effect in full CBT for insomnia, alongside the window.

5 The night sweat version: cool the room before you cool yourself

If heat is what wakes you, change the environment rather than only the hormones. Bedroom cooler than feels comfortable at bedtime, cotton or linen rather than synthetic bedding, two thin layers instead of one thick one so you can throw one off without waking fully, and a glass of cold water within reach so you do not have to stand up.

A pooled analysis of four MsFLASH trials found estradiol, escitalopram, CBT-I and yoga all improved menopause-related quality of life, with estradiol strongest on the vasomotor part. Hormone therapy is one route to better nights, not the only one.



The extension rule, checked every seventh night

Sleep efficiency = hours asleep divided by hours in bed, times 100. Use the week's average, not one night.

Your weekly average	What you do next week	Why
85 percent or higher	Add 15 minutes: go to bed 15 minutes earlier, keep the same wake time	The bed is being used for sleeping. There is room to lengthen it.
80 to 84 percent	Change nothing, run the same window another week	Consolidation is still happening. Adding time now undoes it.
Below 80 percent	Take 15 minutes off the window, never going below 5 hours	There is still more awake time in bed than the body can absorb.

The four numbers, every night

A phone note is fine. This takes a minute and it is the only measurement in the whole protocol.

What to write	Example
Lights off	23:15
Minutes to fall asleep, roughly	40
Minutes awake in the night, roughly	55
Out of bed	06:30

The evening, in the order that matters

Ranked by size of effect, not by how often they appear on lists.

- ☐ Last caffeine at least eight hours before lights off. A moderate dose taken six hours before bed still measurably cut total sleep time in a controlled trial, and that is the cup most women think is safe.
- ☐ Last alcohol three hours before bed, and know what it does: it deepens the first half of the night and pushes REM back at every dose, which is the 3am wake-up so many women date to the evening glass.
- ☐ Bedroom cooler than comfortable, bedding in layers you can shed without waking.
- ☐ If you take magnesium, glycinate in the evening, and read the honest size of the effect below before you spend money on it.
- ☐ Phone charging in another room, because the problem is not the blue light, it is that you will check the time.

When it is not working

- ☐ Four bad nights at the start is normal and is not failure. The protocol gets worse before it gets better, which is why most people quit in week one.
- ☐ If you dread bedtime, you are going to bed too early for your window. Push it later rather than earlier.
- ☐ If you wake drenched rather than simply hot, treat the vasomotor side as its own problem and raise hormone therapy with your doctor.
- ☐ If you snore loudly, stop breathing at night, or wake unrefreshed every single morning regardless of hours, ask about sleep apnoea. It becomes more common after menopause and no protocol here treats it.
- ☐ If the window has been at five hours for three weeks with no improvement, stop and take the diary to a doctor rather than grinding on.

Three beliefs that keep women awake

A glass of wine helps you sleep. It helps you fall asleep and then takes the night apart. A review of controlled studies in healthy volunteers found slow wave sleep rises in the first half of the night while the first REM period is delayed at every dose tested and total REM falls. You get the sedation early and pay for it at 3am, and the effect gets stronger with age, not weaker.

Magnesium will fix it. Pooled evidence is three small trials, 151 older adults: 17.4 minutes faster to fall asleep, 16 extra minutes of sleep that did not reach significance, and the reviewers rated all three trials at moderate to high risk of bias with low to very low quality evidence. Seventeen minutes is worth having for the price. It is not a treatment, and a more expensive magnesium will not make it one.

Good sleep advice is enough, you just have to follow it. In the HABIT trial both groups got advice. One group also got the window protocol in four short sessions, and that group ended six months later with clearly lower insomnia scores than the group given sleep hygiene alone. Sleep hygiene is the control arm in this research, not the treatment.

The rest of it is a book



This is one chapter's worth. Estrogen Left the Chat: Biohacking Menopause runs the same way across weight, mood, brain fog and hormones: what was actually tested, on whom, with the number, and what to do about it on a Tuesday night when it is 3am again.

[See the book on Amazon](#)

I am a nutrition specialist, not a physician. This is education, not medical advice or a diagnosis. Do not start the window protocol if you have bipolar disorder, untreated sleep apnoea, epilepsy or a job that involves driving or operating machinery while sleep deprived, without speaking to your doctor first.

Sources

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