

COULD YOU BE SLEEP DEPRIVED?

Dreaming of a Good Night's Sleep

Not getting enough sleep can cause problems. But we are so used to skimping on sleep, we don't always realize that sleep loss can have such wide-reaching effects.

Overwhelming tiredness:

Though obvious, we often chalk it up to other causes: "The meeting was boring," or "I always get sleepy after lunch." Circadian rhythms do cause an afternoon energy dip, but you shouldn't fight to stay awake.

Clumsiness:

We know being short on sleep affects reaction times and coordination. If you are regularly dropping things, tripping, or misjudging distances, it could point to the need for more sleep.

Poor concentration and ability to focus:

Not surprisingly, being clear-headed and on-task can be hard if you are overtired. It may be especially hard to learn new tasks, think logically, and be creative. Your ability to say what you mean and clearly understand others can also be disrupted by lack of sleep.

Hunger that is difficult to satisfy:

Chronic sleep loss interferes with appetite control hormones. Ghrelin, a hormone controlling hunger, goes up. This increases feelings of hunger. At the same time, leptin, which controls fullness, goes down. This keeps you from feeling satisfied after eating. This can lead to overeating and weight gain.

Easily triggered and intense emotions:

Irritation, anger, and even hilarity can be brought on by things that wouldn't normally cause such a reaction. Research shows that emotional centers of the brain are over 60% more reactive when sleep deprived. (Conte, 2007) New parents and caregivers often struggle with this emotional impact.

Low stress tolerance:

If you find yourself feeling quickly overwhelmed and ready to "crack" when dealing with normal levels of stress, lack of sleep could be the problem.

Taking less than 5 minutes to fall asleep:

Normally, people take about 15 minutes to fall asleep. If you are asleep "as soon as your head hits the pillow," your body may be struggling to catch up on sleep.

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SLEEP DISORDERS

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Sleep difficulties may be a sign of a sleep disorder. The following is a description of some of the major sleep disorders. If you, or someone you know, are experiencing any of the following, it may be helpful to talk about it with a health care professional.

Insomnia

People with insomnia may have difficulty falling asleep, wake up during the night, have fitful sleep, wake too early, and/or experience daytime drowsiness. Insomnia may be a short-term problem or be ongoing.

Short-term insomnia is called acute insomnia. Causes may include a significant life stressor, such as a death, divorce, job loss, emotional or physical discomfort, environmental factors, such as noise or light, certain medications, or schedule disruptions, such as with jet lag or shift work. It lasts from one night to a few weeks.

Ongoing insomnia is called chronic insomnia. Chronic insomnia is more complex and may be the result of underlying physical or mental conditions, such as depression, anxiety, chronic stress, pain or discomfort at night. Insomnia that lasts three nights a week for a month or more is considered chronic.

Learned insomnia can occur when a person learns to associate the bedroom with wakefulness. As insomnia worsens, lack of sleep causes anxiety and stress, which can then become a cycle.

A health care provider can help determine the cause and appropriate treatment for insomnia. Acute insomnia may respond to lifestyle changes and improved sleep habits. Treatments for chronic insomnia may focus on behavior. Cognitive Behavioral Therapy (CBT) is an example. Methods include restricting amount of time spent in bed, use of relaxation techniques, and reconditioning. The basic guidelines of reconditioning are:

- › Use bed only for sleep (don't read or watch television in bed).
- › Go to bed only when sleepy. If unable to sleep, get up and move to another room in dim light. Stay up until you are sleepy, and then return to bed.
- › If you don't fall asleep right away (within 15-20 minutes), then repeat.
- › Get up at the same time every day and do not nap during the day.

Sleeping pills may be effective for short-term insomnia, such as during a time of high stress. Medications are not thought to be an effective long-term treatment. The use of over-the-counter sleep aids should be discussed with your doctor. They may have limited effectiveness and have side-effects. Sleep medications can also cause rebound insomnia (insomnia after medicine wears off).

(WebMd, 2019; Mayo Clinic, 2016)

Breathing Disorders

Snoring: when a person inhales, air rushes past the upper throat and down the windpipe. Snoring occurs when dangling or loose tissue in this area vibrates during breathing. One in four adults snore regularly (ENThealth, 2018) – most often the cause is poor muscle tone or excess fat in the neck area.

Treatments may include:

- › Air strips on the nose
- › Sewing a tennis ball onto the back of the sleep garment (to prevent sleeping on your back)
- › Sleeping with head raised
- › Losing weight can often help lessen the problem considerably
- › A humidifier or medication may help reduce swelling if nasal tissues are the problem

Obstructive sleep apnea (OSA) is a serious disorder in which breathing stops during sleep, causing a struggle for air that awakens the sleeper. These episodes usually last 10 seconds or longer and occur many times throughout the night. It is estimated that 25 million American adults have sleep apnea, making it as common as asthma, though it often goes undiagnosed (American Sleep Association, n.d.). It is most common among the overweight, and occurs more often in men than women. Side-effects include ongoing sleepiness and depressed mood. It also may increase risk for strokes and heart attacks. Apnea triggers our “fight-flight” response, reducing blood flow to the heart at the same time the body is struggling with reduced oxygen from the breathing stoppages. Sleep apnea can be fatal if untreated.

Usually lifestyle changes are helpful in the treatment of mild apnea:

- › Weight loss
- › Increasing muscle tone
- › Avoiding alcohol and sedative medications
- › Quitting smoking

Those with moderate to severe apnea may need to sleep with a ventilation mask called CPAP or a Continuous Positive Airway Pressure machine. The device delivers pressurized air through a mask to keep the airway open. Dental appliances or surgery are also options for some people.

(ENThealth, 2018)

Movement Disorders

These are uncontrollable movements during sleep. Common types include:

Restless leg syndrome (RLS) – is a neurological disorder. Symptoms are a pulling, aching or crawling sensation in the legs, especially the calves. It can be temporarily relieved by moving or massaging the legs. Because symptoms are worse while sitting still, people often get out of bed many times during the night. RLS seems to run in families—40% to 90% who have this disorder also have a first-degree relative with the same disorder (NIH, 2018). It occurs with greater frequency in the elderly.

Treatments that may help are relaxation techniques, regular sleep habits, and exercises for the legs during the day. If behavioral changes don't work, some medicines are available.

Periodic limb movement disorder (PLMD) – 80% of RLS sufferers also have PLMD (WebMD, n.d.). While restless leg syndrome can happen at any time during the day or night, periodic limb movement happens exclusively during the night. The leg muscles involuntarily contract at regular intervals, causing jerking movements and waking the person from sleep. Up to half of elderly people experience these leg movements during sleep.

Treatments involve medications to reduce movements or to allow a sleeper to sleep through them.

Narcolepsy

Narcolepsy is a disorder of sleep/wake regulation which results in extreme, overwhelming daytime sleepiness, even after appropriate sleep. Those with narcolepsy can suddenly fall asleep for five or ten minutes (or more) when relaxing or even carrying on a conversation. Other symptoms may include:

Cataplexy – sudden, momentary loss of muscle tone in one area or the entire body, often triggered by strong emotion.

Sleep paralysis – inability to move that occurs during the transition between wakefulness and sleep.

Hypnagogic hallucinations – vivid and often frightening images appear that are difficult to distinguish from reality.

Disturbed nighttime sleep – experiencing frequent awakenings during the night.

Automatic behavior – person performs many routine tasks without being fully aware of what they are doing.

There is no cure for narcolepsy, but stimulant medications can help counteract the sleep attacks and drowsiness. A doctor may prescribe a combination of medications to address different symptoms. Antidepressants and other drugs that limit REM sleep can prevent muscle weakness, sleep paralysis, and vivid dreaming. Doctors also recommend that people with narcolepsy take 2-3 short naps a day (15-20 minutes each).

(National Sleep Foundation, n.d.; Harvard Medical School, 2018)

Parasomnias

Parasomnias occur when a sleeper experiences walking, talking, and other bodily functions that normally don't happen during sleep. Parasomnias are most common in children, but adults who are sleep-deprived or have other sleep disorders may also experience symptoms. Certain medications may also contribute to the disorder. Examples include:

Nightmares – nighttime events that cause fear and anxiety. The person awakens suddenly from REM sleep and can usually remember their disturbing dream. Nightmares can be caused by illness, anxiety, stress, or medications. If you're experiencing more than one nightmare per week or they prevent you from getting a good night's sleep for a period of time you may want to talk to your doctor.

Sleep terrors – extreme nightmares that occur during deep sleep, usually early in the night. The person appears to be awake, but is confused and cannot communicate. They usually last about 15 minutes and then the person is able to return to sleep. Sleep terrors appear to run in families and occur most often in young children. The use of alcohol and emotional tension can cause them to appear in adults.

Sleepwalking (somnambulism) – occurs during partial awakening from deep sleep—the eyes are open but the senses are asleep. Sometimes sleepwalkers can carry out complex actions or they may simply pace back and forth. It occurs frequently in children when the brain has not mastered regulation of sleep and waking. It's okay to wake a person who is sleepwalking. In fact, it may prevent injury.

Sleep talking – can occur during any or all stages of sleep. The person doing the talking usually has no memory of what they said. It can be triggered by fever, emotional stress, or other sleep disorders.

Bedwetting – Usually occurs with children, more often with boys. It is common and not considered a problem in children under age 5. Beyond age 5-7, children who wet the bed 2-3 times per month may need to see their pediatrician to check for underlying causes. Behavioral changes are the primary treatment, but medications can be used as a last resort. Bedwetting can also occur in 1% of adults usually from excessive caffeine or alcohol consumption. It can also sometimes be caused by medical conditions (including diabetes, urinary tract infection, or sleep apnea) or by psychiatric disorders.

REM behavior disorder (RBD) – sleeper may twitch, shout, punch or otherwise act out their dreams. Sleepers with this condition may hurt themselves or their bed partners. Usually, RBD occurs in men aged 60 and older.

(American Academy of Sleep Medicine, n.d.a)

Circadian Rhythm Sleep Disorder

We all have an internal body clock that uses sunlight and other factors to tell us when to be awake and active and when to sleep within about a 24-hour period. This is called circadian rhythm. When circadian rhythm is disrupted, we can struggle with sleep and wakefulness. Examples of circadian rhythm disorder include:

Delayed sleep phase syndrome – Most common in adolescents and young adults, the sleep pattern is delayed by two or more hours. If allowed, these people would go to sleep and wake up an hour later on each day, resulting in a 1 or 2 a.m. bedtime and 10 a.m. wake-up. If required to awaken early, they often experience daytime drowsiness and may appear unmotivated. They maintain a regular sleep schedule only by relying on external cues such as alarm clocks. Treatment requires gradually re-synchronizing the sleep schedule by going to bed and getting up at the same hours every day.

Advanced sleep phase syndrome – These people go to bed earlier and earlier and eventually cannot stay awake past early evening. This is more common in older people. Two treatments being used are exposure to bright light, which helps reset the body's clock, and carefully timed doses of melatonin.

Jet lag occurs when travel requires you to sleep at a time that is not in line with your body's natural sleep rhythms. People may experience headaches, stomach upsets, difficulty concentrating, and shallow and fitful sleep. A common rule of thumb is that it takes one day to adjust for every time zone crossed.

Shift work sleep disorder is characterized by extreme sleepiness during nighttime work and trouble sleeping during available hours during the day. 10% to 40% of shift workers experience sleep disturbances and sleepiness (Cleveland Clinic, 2017). If you work the night shift, try to schedule breaks into your shift and use for either a short nap (if permitted) or an energizing activity. Rotate shifts from day to evening to night rather than the other way around, or try to maintain the same schedule seven days a week. Consistently practicing good sleep hygiene habits will help ease the sleep disturbance.

Seasonal Affective Disorder (SAD) – Reduced daylight during winter months can mean that many people do not get adequate exposure to sunlight. This appears to create a hormonal imbalance, with SAD sufferers producing too much melatonin and not enough serotonin. As the days get shorter, people find themselves depressed, sleepy, and drawn to high-carbohydrate foods. Exposure to bright light through use of light boxes may alleviate the symptoms of SAD and help people wake up in the mornings.

(American Academy of Sleep Medicine, n.d.b)

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SLEEP WELL TIPS

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For many people, simple changes in sleep hygiene can improve the quality and duration of a night's rest. These sleep well tips are directed at an average adult and may not apply to children or those with medical problems.

Your environment counts

Think cave – dark, cool, and quiet. Even a small amount of light, such as that coming from an alarm clock, can send the wrong cues to our brain and interfere with our body's sleep cycles. Eye shades and light-blocking blinds or curtains work well.

If you can't silence disruptive noise, consider using ear plugs, or try white noise sound machines or a fan to muffle unwanted sounds or the lack of sound.

Temperature is often overlooked. Our biological clocks naturally set our body temperature at optimal levels for sleep. Setting the thermostat too high or low can create an internal struggle that disrupts sleep. Experts recommend about 60-67°, but experiment to find your comfort level. Wearing socks to bed can help keep chilly toes at the same comfort level as the rest of your body.

Keep pets, kids, and other sleep interrupters out. This can be hard for some people on an emotional level, but getting everyone comfortable and accustomed to going to sleep in their own bed will improve sleep for all.

Use comfortable pillows, mattress, and bedding. Mattresses generally have a lifespan of about 10 years. It may be time to invest in a new one if you are tossing and turning. Pillows and blankets, along with mattresses, can be a source of dust mites. If dust allergies are a problem, wash bedding and pillows regularly in hot water and consider using a zipped cover for your mattress. Foam pillows, which conform tightly to your head, can cause body temperature to go up, even in a cool room.

Eliminate distractions. Remove anything from your bedroom that doesn't contribute to restful sleep. Work projects, electronic gadgets, and even TV engage your mind and make falling asleep afterwards more difficult. Especially avoid anything that makes you feel anxious. Think of your bed as being only for sleep and intimacy to strengthen the association between bed and sleep.

Give your body a break

Limit eating and fluids. Avoid eating large meals (especially spicy, greasy, or gas-producing foods) within 2-3 hours of going to bed. BUT don't go to bed starving either. A small snack containing complex carbohydrates helps produce hormones in the body that cue sleep. (e.g. a fresh piece of fruit, almond butter on whole wheat toast, cheese and whole grain crackers, high fiber cereal with skim milk, or a small bowl of oatmeal with dried fruit). Restrict fluids to cut down on bathroom trips. If milk or herbal tea is part of your bedtime routine, make it a small serving.

Avoid alcoholic beverages within 2–4 hours of bedtime. Alcohol can make you sleepy, but will result in a poorer quality of sleep, and more nighttime waking.

Avoid caffeine and nicotine. Caffeine isn't just found in coffee, tea, and soft drinks. It's also in chocolate, and some medications. Caffeine blocks the hormones that make us feel sleepy. For most people the effect lasts about 3-5 hours, but can stretch to 12-14 hours. Best bet is to avoid caffeine within 6-8 hours of going to bed. Many are not aware that nicotine is also a stimulant. It can interfere with falling asleep and may cause early waking for heavy smokers due to nicotine withdrawal.

Get exposure to natural sunlight. Experts recommend at least 30 minutes of sunlight per day to help regulate your sleep patterns. If you have trouble getting to sleep, try to get at least an hour of exposure in the morning and reduce light before bed.

Exercise regularly, but not within a few hours of going to sleep. Exercise reduces stress and uses up energy, which can prep you for better sleep. But exercising within about 3 hours of bed leaves you too charged up, just when you need it to be cool and calm. Gentle stretching or yoga before bed doesn't rev your body up and can help you relax. It may be especially helpful for those with Restless Leg Syndrome.

Timing is everything

Go to bed when you are tired. Learn to listen and respond to the cues your body and brain give that tell you it is time to sleep.

Stick to a regular wake schedule. Getting up at about the same time every day (including weekends) is one of the best ways to keep your sleep-wake cycle balanced.

Don't use the snooze button. Waking and dropping back off to sleep with repeated taps of the snooze button robs you of restful deep sleep. Determine when you really need to be up, set the alarm, and know that getting up will be the only option.

Avoid late afternoon or evening naps. If you need to nap, choose early afternoon (before 3 pm) and limit to 20-30 minutes.

Use pre-sleep rituals to relax and cue sleep. Just as children can learn to associate sleep with stories or lullabies, we can build cues into our adult lives. Reading, music or knitting works for some people. Soaking in a warm bath can be very relaxing, but be sure to give your body time to cool down before bed.

Talk to your doctor about the use of medication. Check with your doctor before taking sleep aids or supplements, such as melatonin. A medical professional can help you learn about side effects, effectiveness, best brands, and timing of use. Check in also if you've been using sleep aids for a long time; a doctor may recommend an alternative approach.

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SLEEP JOURNAL

Dreaming of a Good Night's Sleep

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Went to bed at:							
Woke up at:							
Room temperature							
Quality of sleep							
Environmental disturbances (noise, light)							
Responses to wakefulness							
Estimated total hours asleep							

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Pre-sleep Activities

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Exercise – when, how much?							
Late day food – when, what?							
Nicotine use							
Caffeine, alcohol & other liquids – when, how much?							
Feelings and mood prior to bed – especially note stress level							
Medications – what and when?							
Naps – when, how long?							

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