A Recipe For Healthy Sleep

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Adults and Sleep

Sleeping poorly is a fact of life as you age, true or false?

False

Although, sleep problems *can* greatly increase with age

Key: maintain healthy sleep and health habits
What *is* a sleeping problem?

- Problems with sleepiness
  Fall asleep unintentionally outside of the sleep period, includes dozing, nodding off

- Problems with sleeplessness
  Trouble falling asleep at the beginning of the night
  Trouble staying asleep in the middle of the night
  Waking up much earlier than desired
  Feeling tired, mentally cloudy or moody during the day
“I don’t have a sleep problem, I fall asleep as soon as my head hits the pillow…”

As dangerous as a drunk driver on the road

Associated with increased risk for cardiovascular disease

Clues that apnea may be a problem: (two or more suggest you should talk to your doctor):

1. **Snoring**: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
2. **Tired**: Do you often feel sleepy during daytime? Do you fall asleep too fast (less than 5-10 mins.)?
3. **Observed**: Anyone observed you stop breathing during your sleep?
4. **High Blood Pressure**?

**Apnea = stop breathing for 10 seconds or more**
Sleep apnea treatment

• Positive Airway Pressure (PAP)

• Surgery (rare)

• Mild, positional cases tennis ball in the back

• Weight-related → weight loss
Periodic Limb Movement Disorder

- Repeated lower limb jerking that causes arousals (and sleep deprivation)
- Bed-partners often complain
- Sleepiness
- NOT merely restless sleep
- Comorbidity with RLS is high (creepy crawly evening and nighttime sensation in legs)
- Diagnosis requires an overnight sleep study
“Voluntary” Sleep Restriction

• There will be time for sleeping when I am dead…
• Erroneous beliefs about the consequences of sleep deprivation; overscheduled lifestyles
• Sleep loss associated with adverse affects on memory, learning, metabolism, immunity, mental health
• Chronic sleep loss →obesity, Type 2 diabetes, heart disease, high blood pressure, cancer, death
Insomnia problems in adults older than 55 years of age

- Chronic Insomnia: 57%
- Younger adults: 20%
- No Sleep Complaints: 12%

(9282 people)
Drugs that can contribute to insomnia

- Stimulant medication
- Blood pressure pills
- Asthma medications
- Chemotherapy
- Decongestants (cough medicines)
- Antidepressants
- Hormones

- Alcohol
- Caffeine (tea, coffee, pop, chocolate)
- Nicotine
- Marijuana
What determines good sleep?

An interaction between three main factors:

1. Your body: body clock and balancing systems

2. Your thoughts

3. Your environment
Understanding your body

- Two systems interact to produce healthy sleep:
  1. Body Clock
  2. Balancing system
Mismatches between habits and the body clock

Whether an owl or lark, you’ll need to go to bed within your circadian schedule
“I go to bed around 11 and get up at 6 every morning”

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<th>Tuesday</th>
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<td>Time to fall asleep</td>
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<td>40</td>
<td>60</td>
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<td>Time awake during night</td>
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<tr>
<td>Wake time</td>
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<td>6 am</td>
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<td>10:50 am</td>
<td>11:45 am</td>
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How can you keep your body clock in alignment?

- Keep a schedule to avoid “jetlag without the scenery”
- Get regular natural light exposure
Balancing system

• Like a thermostat for sleep

• Based on hours spent awake or asleep and your level of activity
Sleep Drive

• The less time you spend awake (and active) during a 24 hour period, the less sleep drive you have

• Less sleep drive = less deep (slow wave sleep)

• Less deep sleep = lighter more broken sleep
How much sleep should you get?

• One size does not fit all (Typical sleep length ranges 6-9 hours, with an avg of 7.5)

• Takes us 30 mins. to fall asleep; a few wake-ups (<10 mins = sleepy)
Strategies for an active mind

- If it is a mental disorder, seek treatment
- Deal with the day’s emotional business before getting into bed
- Create a buffer an hour before bed (relaxation routine, problem solving/lists earlier in the evening, dealing with problems before bed, exercise, challenge unreasonable thinking)
- Get out of bed when it occurs or it will become an unwanted mental habit
Your environment and habits
Disrupting the value of the bed for sleep
Recipe for Good Sleep

Strong sleep drive  
+  
Regularly scheduled sleep opportunity  
with correct circadian placement  
+  
Low arousal
Effective treatments for insomnia

• **Medications;** helpful with short-term insomnias (interactions with other medications; can cause falls in older adults; can become tolerant over time; rebound insomnia—effect is over once you stop; doesn’t actually address the cause)

• **Gold standard for chronic insomnia** is Cognitive Behaviour Therapy (National Institutes of Health, 2005): more durable than drugs
Some CBT components

1. Establish a standard rising time.

2. Use the bed only for sleep.

3. Avoid long periods of wakefulness in bed.

4. Avoid thinking, problem-solving, etc. in bed.

5. Eliminate daytime naps.

6. Don’t retire unless sleepy.

7. Limit time in bed to amount of time needed for sleep.

8. Limit smoking, exercise, alcohol, caffeine before bed.
What about healthy sleep tips for those without insomnia?

- Same as above, however....
- Many people do not allot enough time for sleep and compensation may be needed
Healthy sleep indicators

- Sleep 85-90% of time in bed (no insomnia)
- Fall asleep within 30 minutes and spend less than 30 minutes awake during the night (>3 pees)
- Wake-up feeling refreshed
- Wake-up just before alarm
- Feel sleepy the same time at night each night
Sleep well.