

# The no shut-eye blues 



> Having trouble catching your Z's? Take steps to get a good night's rest.

## By M elinda Sacks Photos by N orma Lopez Molina

Your husband's head has barely hit the pillow and already he's snoring away. M eanwhile, you lienext to him with eyes wide open, worrying about thekids, work, bills - and how you will get up in the morning if you can't get any sleep tonight.
0 r, it's 3 a.m. and theglow from thealarm clock seems to begetting brighter by the minute. Theharder you try to dozeoff, the moreawakeyou feel. The odds of your being alert for that 8 a.m. meeting are not looking good.

Sound familiar? According to theN ational Sleep Foundation, nearly 40 percent of adults say they have some symptoms of insomnia within a given year. Lack of sleep, saysTara $N$ ader, managing director of Bay Sleep Clinic, has reached epidemic proportions in the United States. A nd the results of poor sleep arefar moresignificant than most people realize.

Insomnia, Latin for " no sleep," is defined by thenon-profit N ational Sleep Foundation ( N SF) as the inability to fall asleep or remain asleep. It is the most common sleep complaint
among A mericans, 15 percent of whom say they suffer from chronic insomnia, which may drag on for weeks, months or even years.
"Weneed sleep to rejuvenate ourselves at night," says N ader, sitting in one of the sleep studies rooms of her M enlo Park clinic, where a queen-size bed complete with a teddy bear is part of thefurnishings.
"Try not sleeping for a whole night and you area zombie. M orecar accidents are caused by sleep deprivation than by alcohol intoxication," she says. "The moresleepy you are, the more dangerous you are. N ot to mention the health risks of not getting enough sleep."
"Peopledon't realizehow serious it is to havesleep problems," continues N ader, whose clinics in M enlo Park, Los G atos and San Francisco diagnose and treat a wide variety of related disorders. " H eart disease, high blood pressure, sexual dysfunction, stroke, poor mental health, obesity - all of them can be related to poor sleep."

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## SHUT-EYE

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M ost peoplewho suffer from insomnia find the problem plagues them for a few nights and then goes away for a while. H alf of all those who experience it report that it is related to stress and worry, according to a 2004 national sleep survey conducted by N SF.
W hen it comes to shut-eye, however, thenumber of hours logged isn't the soleanswer.
"A n individual'ssleep requirement depends on sleep quantity as well as sleep quality and timing," says Dr. Shanon Takaoka, a pulmonary/critical care physician and post-doctoral fellow at theStanford Sleep Disorders C enter. "Although existing data suggest that eight to ninehours of sleep is optimal for
many people," shesays, "there is considerable variability in sleep length."
To figureout a person's requirements, Takaoka says it is important to know how long heor shewould sleep if left to awaken on his/her own. It is also critical to noticehow fatigued someone feels after different amounts of sleep. Thegoal is to obtain enough sleep to wakerefreshed and beableto remain alert without effort through the day.

## Good sleep hygiene

To become a healthy sleeper, it's useful to think about sleep as part of overall personal hygiene. Just as webrush our teeth and try to eat a healthy diet, developing and maintaining good sleep habits will lead to better health, according to Takaoka.

For most people, following some simplesteps can pave thew ay to a better night's repose:

## Beforebed:

- Avoid alcohol. Even though it may help you fall asleep, it will wakeyou up in a couple of hours.
- Don't eat or drink a large amount within four hours of bedtime.
- Eliminate or reducecaffeinein your diet, especially during the last six
hours of the day.
- Get some exercise daily, but not within three or four hours of bedtime. Yoga, meditation and other forms of relaxation can also bevery helpful.
- Takea warm shower to raiseyour body temperature. As your temperaturefalls after the shower it will help you becomesleepy.
- K eep naps to no longer than one hour.
- If you wakeup and can't fall back to sleep within 15 minutes, leave the bed and try reading or drinking a glass of warm milk until you aresleepy again.
-W hen you wakeup in the morning look at light. It will help you awaken.


## In the bedroom:

- Usethebed and bedroom for sleep and sex only. If you want to read or watch TV, do it in another room.
- Establish a regular bedtimeroutine and a regular wake-up schedule and stick to them even on weekends (within an hour or two at most).
- K eep the temperature down in the bedroom.
- Block out light and sound. Try an eye pillow or earplugs.
- Consider using a fan or whitenoise machineor play very soft, calming music.

O neof themostimportant thingsyou can do beforegoing to bed isto " retire your day," asN ader putsit. "Writedown everything you haveto do and everything that isweighing on your mind beforeyou go to bed," shesuggests. "Then leaveit until morning. Thereis nothingyou can do about it whileyou arein bed."

## When to turn to the pros

In reality, everyoneneeds slightly morethan eight hours of sleep to maintain optimal levels of performance, says Dr. Alejandro D. Chediak, presi-dent-elect of theA merican A cademy of Sleep M edicine. Chediak runs a sleep disorders program at Mt . Sinai M edical Center in M iami Beach, Fla. "H umans have a great capacity to compensatefor sleep loss using behaviors such as increased consumption of alertness-promoting substances like caffeine, increased carbohydrate intake and other similar measures," he says. But these coping strategies don't mean someone is getting enough rest.
Women areslightly morelikely to experiencesleep disturbances than men, largely due to hormonal fluctuations, say experts. A ging can also contribute to difficulty sleeping.


## Sleep questionnaire

If you answer yes to two or more of the following questions, you should consider talking to a health professional about your sleep, according to Bay Sleep Clinic:

Have you been told that you snore excessively, or that your breathing is interrupted while you sleep?

Do you feel sleepy or fatigued during the day?
Do you doze off while reading, watching TV or driving?
Do your legs jerk frequently or feel uncomfortable (restless) before or during sleep?

Do you have trouble falling asleep?
Do you awake with a headache?
Do you experience memory loss?
Do you awake gasping for air?
Do you find your heart beating irregularly at night?
Do you awake in the morning without feeling refreshed?
Do you ever experience sleep paralysis?
Do you have a weight problem?
Is your work or family life affected by sleep problems?
Do you feel that you get less sleep than you need at night?

If getting enough rest is proving evasive even after trying themeasures suggested here, it is probably timefor a professional evaluation, says Stanford'sTakaoka.

O ther signs that a consultation may behelpful includeheavy snoring, daily fatigue, teeth grinding or severely restless legs that interferewith falling asleep.

At places likeBay Sleep Clinic and the Stanford Sleep D isorders C enter, individuals may wind up having their slumber monitored all night.

## Treating the problem

$M$ any of thosew ho suffer from significant sleep problemshavesleep apnea, say the experts. Four out of 100 males over 40 arereported to be victims of the disorder, which is often signaled by snoring.

O bstructive Sleep A pnea is a condition in which a person repeatedly stops
breathing for short periodsduring the sleep cycle because of a collapseof a portion of the breathing airway. The result is that air does not reach the lungs, sleep patterns are disrupted and fatigue and chronic sleepiness result.

Sleep apnea can becaused by anatomical obstructions such as enlarged tonsils, by thenatural aging process - which can causea slackening of airways or the muscles that hold them open - or by thetongue falling back into the mouth.
$O$ ne treatment for this disorder is the CPAP, or Continuous Positive A irway Pressure device. The masklikeCPAP, prescribed and fitted by a physician, hel pskeep the airw ay open and ishighly effective, but does not cure the problem. If theCPAP does not work, surgery is a last option.

Sleep medications, called hypnotics, can betaken, but only when the cause of insomnia has been prop-
erly evaluated and sleep difficulties areinterfering with daily life. W hile hypnotics will help many, if taken for long periods they can also cause morning sedation, memory problems, headaches and addiction.

These solutionsmay seem drastic, but thereis no getting around the importance of sleep. A fter all, humans devoteone-third of their lives to it. Plus, sleep deprivation, warnsTakaoka, " can result in impairment of shortterm memory and attention, mood changes such as depression, anxiety or irritability, and diminished motor skills and ability to process new information. Individuals who areexcessively sleepy areat high risk for automobileaccidents and work errors."

Fortunately, " most sleep disorders arereadily diagnosed and treated," Takaoka says. H er bottom-line recommendation: "H avea low threshold for seeking help."

## Resources

Bay Sleep Clinic: www.baysleep.com
Stanford Sleep Disorders Center:
http:/ / www.stanfordhospital.com/ clinics medServices/ clinics/ sleep/ sleepDisorders

National Sleep Foundation: www.sleepfoundation.org

American Academy of Sleep Medicines: www.sleepeducation.com

The Promise of Sleep: A Pioneer in Sleep Medicine Explores the Vital Connection Between Health, Happiness and a Good Night's Sleep, by William C. Dement and Christopher Vaughn. Bantam Dell Pub Group.

No More Snoring, by Victor Hoffstein, M.D., Ph.D., head of the Respiratory and Sleep Division at the Nose and Sinus Clinic at St. Michael's Hospital in Toronto John Wiley \& Sons Inc.

A Woman's Guide to Sleep: Guaranteed Solutions for a Good Night's Rest, by Joyce Walsleben and Rita Baron-Faust. Random House Inc.

