



Sleep Healthy, Live Healthy

By: Gary E. Foresman, MD

That dreaded statement, usually uttered at the end of the office visit with your doctor, “I can’t get to sleep at all” said in half query and half acceptance. The doctor responds, “Yeah, well neither can I.” The patient leaves feeling neglected and the doctor just feels like he dodged a bullet. With almost no education whatsoever about the benefits of a normal sleep pattern and the risks of insomnia, the average physician has been brought up in a model where “fighting through” lack of sleep is worn with a badge of honor. Subsequently, a lack of recognition that insomnia is as significant a risk factor for all-cause mortality as other well known risk factors such as smoking and high blood pressure makes insomnia one of the most under-recognized and under-treated health conditions among Americans.

The numbers are staggering, and approach 50-60% of people with disordered sleep patterns which affect their quality of life. With multiple studies now available, it has become clear that between seven to eight hours of sleep a night is required for optimal health. Even one night of insomnia can drive one’s blood pressure up by six points, which may not sound significant, but can have significant consequences. Chronic insomnia (averaging less than seven hours of sleep per night) leads to a 60-80% increase in risk of diabetes, hypertension, chronic inflammation and all-cause mortality within ten years. Insomnia is not just an inconvenience. Furthermore, hypersomnia (excess sleep) of greater than nine hours per night is also associated with an approximately 75% increase in cardiovascular mortality.

Many people are familiar with the saying “familiarity breeds contempt” and two dramatically important health conditions, constipation and insomnia lead to more patient apathy than any other common medical complaints. It is the chronicity of these conditions that make them vastly more important, therefore needing even more aggressive treatment. Similarly, this can be compared to the smoking of two packs per day for one week versus thirty years – which do you think is more significant?

Myself included, when it comes to looking at healthy lifestyle, I will often forget to ask a patient about their sleep quality, even though I know better. I think for many physicians this lies also in our reluctance to prescribe often addicting medicines or ones with myriads of side-effects, as no good clinical trials prove that these medicines are safe, and many suggest they may be harmful. So why ask about a condition that we aren’t particularly fond of treating?

If someone experiences sleep disturbances – whether excess or not enough of – one of the simplest methods of evaluation is to have their sleep partner watch them even

if only for an hour or two while they are actually sleeping. Simple observations of body movements, breathing patterns, including stoppages of airflow of more than ten seconds on a consistent basis, can indicate the need for a sleep study to look for conditions such as sleep apnea and restless leg syndrome. Also having someone objectively observe the bedroom for quality of mattress, pillows, décor, etc. all can make for helpful suggestions on how to improve sleep quality by looking at the physical setting.

Anyone with sleep disturbances that affects their quality of daytime activities needs a full medical evaluation by their physician. Do not go to your physician with a list of twenty other complaints and leave insomnia at the end of the list and expect him/her to pay much attention to it. When you trivialize your symptoms, it is difficult for your physician to take them seriously. If you have insomnia, I implore you to see your physician regarding what factors can help you prevent insomnia and not “save” this problem as a last second “oh yeah, by the way I can’t sleep, can I have a medicine?” conversation.

Two common chronic medical conditions which affect sleep are asthma and chronic heartburn (which often overlap). If you have these conditions (or either of them) make sure you are treating them adequately, as I have often found that more optimal treatment of them leads to more optimal sleep quality. If you have episodes where you stop breathing at night or legendary snoring, or the feelings of irritability in the legs, you should strongly consider a sleep study for evaluation. A local oxygen supply company offers free overnight oxygen testing that is a very good screen for sleep apnea, and can be performed in one’s own home. The first step, however, is recognizing that insomnia is a serious medical condition that demands your respect as well as your physicians.

So far we have discussed the need for quality attention by yourself and your physician in the diagnosis and treatment of insomnia. Sleep disturbances dramatically worsen quality of life, and an appropriate history and physical exam occasionally with appropriate laboratory tests and also occasionally a sleep study evaluation may be required as part of the diagnostic work-up.

A key question as we get older is how often to we get up at night to urinate. Underlying prostate problems in men and incontinence problems in women need to be addressed primarily. Furthermore, if someone has significant edema (swelling), when they lay down at night, this fluid mobilizes and they spend the night going to the bathroom. My point is a clear perspective on why you are waking up, and occasionally taking a sleep and dream history, can give you significant insights into why you have a sleep disturbance.

The most common cause of insomnia is excessive rumination (thoughts) whereby upon awakening, your mental turmoil prevents your gentle return to sleep. The classic “counting sheep” process comes from this understanding that we need to break the cycle of thoughts to help us fall asleep. Insomnia is primarily a stress-related condition, and the daily practice of a stress-reduction technique is by far the only lasting and logical approach to this disorder. One does not practice meditation during an insomnia episode, one practices stress reduction daily so that we don’t get insomnia. However, knowing a technique already such as diaphragmatic breathing or progressive relaxation can help so much when one has thoughts going like a runaway train. Cognitive behavioral therapy (CBT), as guided by psychotherapists, has by far a better success rate at treating insomnia than any medicine on the market. CBT has shown benefits for 6

months after learning the training, whereas medicines stop working the day you stop taking them.

Assuming you have spent time with your primary care physician and treated all appropriate medical conditions whether chronic pain, heartburn, asthma, prostate problems, edema etc. and you have taken up a stress reduction program, then the following advice pertains to those people who have continued insomnia.

Practicing good “sleep hygiene” includes the following practices-- it is not meant to be an all inclusive list, but touches on the primary approaches.

Set a Sleep Schedule

Going to bed at approximately 10:00 p.m. and arising at about 6:00 a.m. is the best approach to follow your body’s biorhythms. If you have insomnia you cannot nap.

Avoid All Stimulants

Including coffee, chocolate and decongestants.

Avoid all Alcohol at Night

Although it is a sedative, it leads to an abnormally light sleep pattern.

Develop a Night Time Routine

This routine will signify to your body that you are winding down to sleep. Yes, this is just as you would have done for your children.

Remember that your Bed is ONLY for Sleep and Sex

Do NOT utilize it as a place to read, watch TV etc. If one hasn’t fallen to sleep in 20-30 minutes, leave your room and do not come back until drowsy.

Insure That You Have a Quality Mattress and Pillows

Spend appropriately considering the fact that you are going to spend approximately 1/3 of your life with these items.

You have now dealt with stress reduction and home environment. If you still have recurrent insomnia, you should consider the following natural approaches, which can be used alone, or usually even more effectively in combination, and if necessary, for the long-term. Remember some people, just like people with chronic constipation, need nutritional support for optimal function. Whether it is fair or not is irrelevant, we just deal with what is. And if it is effective, whether or not you need to take 4, 6, or 8 healthy nutritional supplements at night is wholly irrelevant. The key is “Does it work?” and “Is it safe?” Breaking the cycle of insomnia can usually let the person know that they can sleep again, and I find it quite rare for people to require continued treatment unless they haven’t taken care of the underlying cause. Natural alternatives to consider include:

Aromatherapy

Calming oils diffused in your room such as lavender and/or chamomile can help tremendously. There is also a nice roll-on blend called “Sandman” that my patients have found extremely effective.

Melatonin

At a dosage of 2-3mgs nightly in the sustained release form if the person has multiple awakenings, or in the immediate release form if they simply can't get to sleep. This can be taken as you go to bed, and I have found it has a cumulative effect and should not be tossed aside if it doesn't work in the first few nights.

Multi-Nutrient Sleep Aids

These are herbal combinations usually with minerals such as magnesium and calcium. My two favorites are Myonutrients PM (A Natural Balance – a blend of Calcium, Magnesium, Passionflower, Hops, Valerian and Lemon Balm) 2-4 tabs per night (also very good for restless leg syndrome) and NutraSleep by Source Naturals, 2-4 tabs per night. Either one can be combined with Melatonin.

5-HTP (5-hydroxy tryptophan)

An excellent sleep aid at the dose of 100-200mg per night – it too can be used in combination if needed.

If one has appropriately looked at lifestyle, stress-reduction, had adequate training in CBT or self-hypnosis and even found inadequate relief with natural sleep aids (as those mentioned above), we can then consider the use of chronic insomnia medicines. If someone has insomnia that affects their quality of life, the benefits of medicines outweigh the risks of not sleeping. Classes of medicines:

Sedative Hypnotics – Benzodiazepines:

These are the classic sleep aids that accumulate in the body and if taken long-term tend to lose effectiveness. For short-term temazepam 7.5mg-15mg is probably the best choice. Requires triplicate prescription.

Sedative Hypnotics – Non-Benzodiazepine:

They still have some addicting potential, but are generally considered safer. Generic zolpidem 5-10mg works well, but often lasts for 5-6 hours. The newer zolpidem-ER (Ambien CR) does provide benefits as sleep time usually increases to 6-7 hours. Cost is an issue. Lunesta provides an option. Also requires triplicate prescription.

Melatonin Receptor Agonist – Non-Sedating:

Ramelteon (Rozerem) usually requires 2 weeks for full effectiveness and the patient must understand that it won't "hit them" like a typical sedative. Has no addictive potential and is a good option for people who are concerned about drug side-effects.

Most of the older medicines such as antihistamines and antidepressants are no longer being prescribed for insomnia as their risks outweigh the benefits of the newer classes of medicines. Be aware that last year \$197 million dollars was spent on sleep research, whereas \$400 million dollars were spent on advertising these medicines. One

must be leery about the long-term risks of any medicine, but even more concerned about the long-term risks of insomnia.

Hopefully this information guides your choices in choosing the path to healthier sleep and therefore a healthier life.

Live in the Now,
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