

The notes below are a summary of what Deirdre McSwiney, Chief Sleep Technologist at the Mater Private Hospital, covered in her Aware lecture on sleep problems (May 2011). As always, none of this is straight advice that's guaranteed to work in every case – but there are some good best practice tips in there that you might find useful. Please see your GP or an expert if your sleep is a big problem. Sleep patterns have a huge effect on mood and it's important to address them.

## **Introduction**

Sleep is really deep-rooted in the brain and body. It's a very strong instinct. While we can override our hunger mechanisms, the body demands sleep no matter what we say. As a rule, even when we say that we "haven't slept", the body has taken just enough sleep somehow to keep itself going.

The strength of our instinct for sleep can also be seen in the way that the body treats fresh air and sunset as natural cues. Our desire to sleep more in winter months also reflects a basic hibernation impulse.

## **Different stages of sleep**

What we call 'sleep' involves a number of different stages. As we progress through these, we are gradually harder to wake and gradually more disorientated if awoken suddenly.

It's important to do everything we can to avoid interfering with the body's instincts and natural rhythms. Doing this is referred to as practising good 'sleep hygiene'.

A few points:

- Most sleep problems are self-inflicted in one way or another (see below)
- Most are curable but resetting your body's patterns may take time
- The notion of 'just being a bad sleeper' is wrong. 'Good' sleepers wake too; they are just less affected. Achieving this is the goal for self-confessed bad sleepers.

Deirdre was keen to emphasise that the notion of 'good sleep' (being able to sleep through the night without disturbance) is a myth. All of us have some degree of sleep fragmentation. Those who have disturbed nights and remember the disturbance (rather than the periods in between, which they did spend asleep!) are the ones that develop sleep difficulties. Frustration and distress can set in to present as a sleep problem. 'Good' sleepers have the same disturbances but they just don't make an issue out of them.

## **Examples of good and bad sleep hygiene**

- One of the main 'cues' for good sleep is the development of the sleep/bed connection. Your bed is only for sleep and if you are not asleep get out of it!
- Use of screens immediately before trying to sleep is not encouraged. TVs, laptops, mobiles should not be used close to bedtime. Even reading can be disruptive.
- Our core body temperature is raised by having a bath or a shower close to bedtime and that does not help with sleep onset.
- Watch out for less well-known sources of caffeine. We all know about coffee and tea but

these are now available decaff. Chocolate/hot chocolate contain caffeine and extra-strength headache tablets can contain 25% caffeine.

- Addressing sleep problems means you need to address the right problem, e.g. there are different types of sleeping pills depending on whether you have difficulty attaining or maintaining sleep. Medical supervision is really important in this kind of area though. Buying things online and self-medicating can be harmful.

- Likewise, the solution must match the problem. e.g. Earplugs can be used to counteract difficulty getting asleep due to noise, while a new set of blinds can help to address consistent early morning wake-ups.

- A key tip was to differentiate between sleep need and tiredness. This is key to getting at a sleep problem. Tiredness, after hard physical work or intense concentration, can be satisfied by having a rest or a break. **Sleep need is entirely different:** it should be almost irresistible, as it should be 'read' as a normal biological signal. Bedtime is determined by feeling SLEEPY, not simply tiredness and a peek at the clock! We CANNOT make sleep come on.

### **Sleep scheduling**

A good strategy for dealing with some sleep problems is to work out a schedule of sleep.

1. Keep a diary of sleep pattern over 10-12 days.
2. Calculate your average sleep over a 10-night period. e.g. If you have slept for 4 hours 6 times, 6 hours twice, 7 hours once and only 2 hours the other night, your total amount of sleep over 10 nights is 45 hours, giving you an average of 4.5 hours per night.
3. Anchor your sleep around a morning rising time, e.g. 7.30am.
4. Then work out what your current bedtime (threshold time) is by subtracting your average amount of sleep from your morning rising time (anchor).
5. At this point most people get quite a start! Base your new bedtime on a 6-hour opportunity to sleep.
6. Ensure an alarm clock wakes you at the appointed time.
7. As sleep patterns begin to consolidate, gently start to increase sleep time at a rate of 15 extra minutes (either side, NOT BOTH!) per week.

It can take many weeks to establish your ideal sleep pattern this way. This often needs the help of a group or single therapist to direct and encourage the change.

It's important to maintain contact with your GP or sleep expert if further problems develop or progress not as good as it can be.

Thanks again to Deirdre for her informative talk.