

Dreaming of a Good Night's Sleep

How Much Sleep Do You Need?

Age	Average daily sleep needed
Birth to 3 months	14-17 hours
4-11 months	12-16 hours
1-2 years	11-14 hours
3-5 years	10-13 hours
6-12 years	9-12 hours
13-18 years	8-10 hours
Adults (18-65 years)	7-9 hours
Older adults (65+)	7-8 hours

(Suni & Singh, 2022)



Feeling alert throughout the day is one of the best ways to tell if you are meeting your personal sleep need.

Did you know?

Newborns sleep an average of 16 hours per day, including naptime. They spend twice as much time in REM sleep as compared to adults. In infants, the neurological barrier that paralyzes arm and leg muscles during REM sleep is not fully developed. This can result in dramatic movements of the limbs during dreaming.

Unlike over-tired adults, sleep-deprived children may become more active. This may even lead to a misdiagnosis of attention-deficit hyperactivity.

Teens may not begin to feel sleepy until 10 p.m. or later. During puberty, natural sleep-wake cycles shift, making it harder to fall asleep and get up early. Teachers in high schools that change to later start times report that students are more alert and less likely to fall asleep in class. The impact of shifted-cycle sleep deprivation extends beyond schoolwork; sleep-deprived teens and young adults are more prone to developing anxiety and depression.

It is a myth that the elderly need less sleep. Sleep needs remains the same throughout adulthood, but seniors may struggle to get it all in one overnight block. Older adults tend to sleep more lightly and wake up more frequently. This may lead to more daytime napping, which can, in turn, interfere with nighttime sleep.

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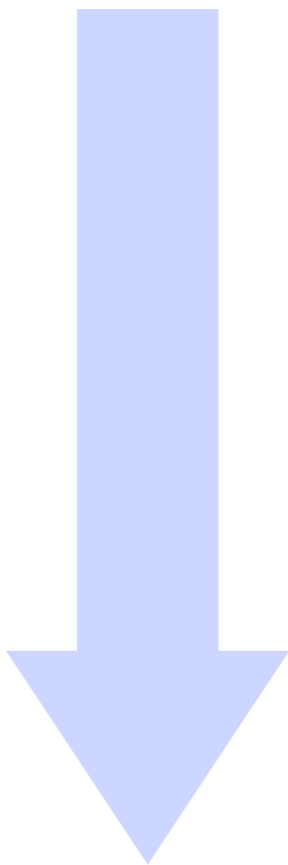
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Pay Off Your Debt

Whether the cause is a sleep disorder, less than perfect sleep hygiene, or simply a busy life, it's easy to rack up sleep debt. Like most debt, sleep debt doesn't go away on its own. It can affect your ability to focus and be at your best. How can you pay off the debt?



Installment plan.

Avoid only using the weekends to catch up on sleep, which can have negative health impacts. Instead, pay down modest amounts of sleep debt in small steps by building an extra 15 to 30 minutes of sleep into your schedule at a time. On weekdays that may mean making yourself go to bed a bit earlier. On weekends you may have the option of sleeping in as well. But don't go more than two hours past your normal wake time or you risk shifting your sleep-wake cycle. This will cause you to have trouble waking on time in the coming week.

A small down payment.

Daytime naps can help offset sleep debt. However, they are less effective than nighttime sleep because less time is spent in restorative deep sleep. If you do nap, limit it to 20 minutes and plan to wake up before 1 p.m. to avoid interfering with quality nighttime sleep.

Break open the bank.

Major sleep debt may require drastic action. If you are committed to getting back on track, try an alarm-free sleep vacation. Go to bed at the same time every night and allow your body to awaken naturally in the morning. You won't need to repay one hour for every hour lost, but it still may take a couple of weeks to gradually pay off the debt. In the process, you will also discover the amount of sleep your body naturally requires.

Stay debt free.

Going forward, make sleep the priority it should be. Plan to get enough sleep on a regular basis and schedule accordingly. Address any sleep disorders and be sure to correct any poor sleep habits that have caused you problems in the past.

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Sleep Disorders

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 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, 2021; Mayo Clinic, 2023)

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 (Mayo Clinic, 2023) – 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 (Levi, 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.

(Mayo Clinic, 2023)

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 (Cleveland Clinic, 2020). 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, 2022). 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).

(Pacheco, 2022; Harvard Medical School, 2022)

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, 2023). 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 Journal

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

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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