

Wellness WATCH

PROVIDED BY YOUR DISTRICT IN THE INTEREST OF YOUR GOOD HEALTH

NO MORE SLEEPLESS NIGHTS—SLEEP PROBLEMS AND WHAT TO DO ABOUT THEM

Night is so precious that it would be pusillanimous to sleep all through it! A “bad night” is not always a bad thing. —Brian W. Aldiss, British author

With all due respect to Aldiss, most people who’ve struggled to fall asleep can’t find anything good in a bad night caused by insomnia. And the insomniac camp includes a lot more people than you might think.

From 50 to 70 million Americans suffer from ongoing sleep disorders, undermining our performance at work, school, or home and damaging our overall health and longevity, according to the Institute of Medicine. Up to 15 percent of us are afflicted with chronic insomnia. As alarming, researchers say sleep disorders are badly underreported. Millions of people with sleep disorders have not asked their doctors for help.

These facts won’t surprise anyone who works in the public schools. Chances are you’re an early riser, since the school day can start at 7:15 a.m. in some districts—or 30 minutes before first period for many faculty and administrators. Bus drivers and cafeteria staff with breakfast duties report to work at dawn.

The work day can stretch long after the final bell, for coaches of all types,

teachers of the performing arts, administrators who attend public meetings scheduled evenings, and custodians. Plus, lesson prep and grading are built into every teacher’s daily routine.

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And these work schedules don’t even include the demands of your personal life. Your job in K–12 education almost guarantees you’ll have a fast-paced life style during the school year. The result? You may be among the millions who lack the time to get the sleep you need while struggling with a sleep deficiency.

You Pay When the Sandman Won’t Visit
One reason that insomnia occurs is because the amount of necessary sleep changes from one person to another. Your body may demand seven to nine hours of sleep like most adults while your spouse can chug

along with only four hours and your coworker requires a minimum of ten, according to the Web MD Web site. The standardized schedules that rule our busy lives don’t always accommodate these variable sleep needs.

Yet once you become sleep deprived, the amount of sleep you need actually increases. After a certain point, your body simply cannot adapt to getting less sleep than you biologically require; the hours of sleep you’ve lost must be replenished. You end up requiring more hours of sleep to fill the deficit. As your sleep deficit grows, the consequences of sleep deprivation grow, too.

Sleep deprivation can impair your abilities to learn, problem solve, concentrate, and remember. Your emotional well-being may be undercut by crankiness, impatience, and a limited capacity to handle stress. Your body’s immune defenses can be compromised, making you vulnerable to passing infections. Cardiovascular problems can arise. And now lack of sleep is increasingly linked to weight problems and diabetes because it affects hormone levels, including insulin, notes Web MD.

Finally, excessive daytime sleepiness can hinder your job performance and result in accidents.

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Open Your Eyes to Sleep Disorders

While there are more than eighty identifiable sleep disorders, the classic problem is insomnia: you get insufficient or unrefreshing sleep. Insomnia takes four different forms, says the National Institutes of Health:

- Difficulty falling to sleep
- Waking too early and not being able to get back to sleep
- Waking up feeling unrefreshed
- Frequent awakenings that prevent restorative sleep

Short-term or transient insomnia usually lasts a few days to four weeks and is usually triggered by jumps in stress levels, schedule disruptions such as jet lag or project deadlines, or changes in your hormones or environment. Intermittent insomnia occurs on and off, for varied periods of time. Long-term or chronic insomnia lasts from three days to one month or more; it's the insomnia that won't seem to go away.

Chronic insomnia usually stems from a mix of factors or from physical or psychological conditions that linger for months or years, such as aging, chronic illness or pain, depression, or hormonal fluctuations. Medication side effects or smoking or drinking alcohol or caffeinated beverages can also lead to chronic insomnia. Left untreated, chronic insomnia usually becomes worse rather than going away on its own.

Insomnia can be fed to other sleep disorders. Among the best known are: restless leg syndrome, tingling sensations cause you to compulsively kick your legs while lying down; sleep apnea, your breathing is temporarily interrupted, jarring you awake; and narcolepsy, you're hit with sudden, uncontrollable sleep attacks at all hours of the day or night. Alternately, your biological clock may be out of whack, making you sleepy during

daytime and wide awake at night.

No matter what the cause, chronic insomnia and other sleep disorders require medical attention.

Insomnia ID

Many doctors look first at your medical history for clues to the cause of insomnia. Others may ask you to keep a sleep diary, when you record the quantity and quality of your sleep for two weeks or more. Some may interview your spouse to pin down your sleep problem. Another popular tool is the Epworth Sleepiness Scale, which assesses your daytime sleepiness. It's available here under "When Catnaps Become a Habit."

Because short-term or intermittent insomnia last only a few days, they may not require medical treatment. Increasingly, doctors prescribe medications for short-term use only to return those suffering from insomnia to healthy sleep.

Experts agree chronic insomnia requires a broader, more systemic treatment. The National Institute of Health lays out a four-step plan to follow under your doctor's supervision:

- Identify and treat underlying medical or psychological problems.
- Identify behaviors that can worsen insomnia and stop them.
- Consider use of sleep medications, but only for a short while and under doctor's orders.
- Use behavioral techniques such as relaxation therapy, sleep restriction therapy, and reconditioning.

How You Help Yourself Get to Sleep

You can work with your doctor to stop reduce the cycle of tossing and turning by following several techniques recommended on the eMedicine Web site:

- Before bedtime, avoid strenuous activities, large meals or drinking excessive fluids. These can speed up your metabolism or cause you to awaken during the night.
- Control the noise levels in your bedroom. And that T.V. in your bedroom? Some sleep specialists recommend moving it to make your sleeping space more peaceful. A white noise machine emits a uniform hum that helps soothe some people to sleep.
- Darken your bedroom. Your biological clock is especially sensitive to light. Hang drapes or shades that block the dawn sun. If you routinely fall asleep with the lights on, set a timer on your lamp to ensure your room is dark at night.
- Learn to relax using methods such as self-hypnosis, meditation, or relaxation breathing.
- Use your bed only for sleep—no more reading or watching T.V. in bed. Retrain your mind to associate your bed with sleep.
- Set up steady sleep routines and stick to them. Go to bed and rise at roughly the same time every day to reset your biological clock. Also limit daytime naps to 15 minutes to keep your biological clock set correctly.

Your doctor can suggest other ways for you to get the relaxing, restorative shuteye you need to make bad nights of insomnia a thing of the past.

When Catnaps Become a Habit

How likely are you to doze off during normal daily activities? Your tendency to catnap can be a telling symptom of a sleep deficit or a sleep disorder. Find out if you're at risk by taking this questionnaire called The Epworth Sleepiness Scale developed by Dr. Murray Johns at the Epworth Hospital in Melbourne, Australia. Even if you have not been in the following situations recently, try to assess how they would have affected you. Use the scale to choose the most appropriate number for each situation.

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Situation	Chance of Dozing
Watching TV	
Sitting inactive in a public place (i.e., a theatre or a meeting)	
As a car passenger for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
Total	

A total score of 10 or more suggests you may need further medical evaluation to determine the cause of excessive daytime sleepiness and whether an underlying sleep disorder exists. A total score of 10 or less suggests that you are not suffering from excessive daytime sleepiness.