

What's keeping you up at night?

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. Hello I'm Steven Clark.

According to the American Academy of Sleep Medicine 10% of Americans have chronic insomnia which means they have a problem going to sleep and waking up. This can result in fatigue, inability to focus or concentrate, poor memory, mood disturbances, daytime sleepiness, low energy or motivation, and increased errors or accident. With us today is Dr. Mediha Ibrahim director of the Center for Sleep medicine at SBH Health System. Welcome Dr. Ibrahim.

So you know we always read about how adults should have 7, 8, 9 hours of sleep a night. What about those people who flaunt the fact they only sleep four or five hours. Are they looking for trouble down the road?

What I would say is it is recommended to at least get seven hours of sleep. However, those individuals that say that they only sleep five hours now you do have short sleepers, but then you also have individuals who say five hours but eventually they feel like they have been sleep deprived and they end up

catching up their sleep at some point later on in the weekend or when they have some downtime.

Again what I've read in the literature is that people should have a consistent sleep schedule, but yet I guess you're saying you can't catch up on the weekends or in holidays when you're not working.

Right there is something that ends up happening is like sleep debt that ends up happening but some for some people that's hard for them to catch up on. So those individuals that are more sensitive to having maybe daytime impairment because they've skipped out on getting adequate sleep then in those individuals it is recommended that they stick with a strict sleep schedule and even on the weekends to ensure that you know they oversleep less today on Saturday and then Sunday they might have difficulty falling asleep.

Now I know you know obviously shift workers have a different situation. My daughter is a fellow and she works 30 straight hours and then goes home and collapses until she has to work again. Is that good or bad?

Some people are able to recover and bounce back in their circadian rhythm, but in some individuals it might be more

difficult so there are ways that they can try to improve their sleep once they do get home like while they're driving home after a thirty hour shift maybe wear sunglasses, you know don't drink caffeine while they're going home so that somehow they're able to initiate sleep, go to sleep and then bounce up right now.

When we talk about chronic insomnia what does that mean?
How do you define that?

So chronic insomnia is insomnia lasting for more than three months versus acute or short-term insomnia which is less than three months and acute can usually be set due to stressors that might have happen acutely.

So again if you're stressed out about work or family or something that in the short-term can affect your sleep pattern?

Correct yes.

But then normally when that stress dissipates you should be able to go back to a normal sleep.

Right, agree.

I'm guessing as a sleep specialist you're not one to recommend sleeping pills.

Right, I don't recommend sleeping pills to be used in the long term. However, if a patient needs it for a short term and let's say if it's secondary to acute insomnia they can go on you know the sleeping pills versus you know chronic insomnia but for that one would do sleeping pills in conjunction with cognitive behavioral therapy which has been shown to be effective.

Okay, now that you brought up cognitive behavioral therapy what exactly is that?

So cognitive behavioral therapy, it's a few sessions that our patient would encounter with a therapist and what they do is they talk to them about their approach to sleep and what is causing them difficulties to sleep and how to go around that.

Now let's go over a few tips that I've read about in the literature and just you know give me a little bit of an explanation.

Establish a relaxing bedtime routine. What does that mean?

So that means like you know before you go to bed you want to know the stressors that might be of the day maybe for some

people that can prevent them from falling asleep so in those individuals maybe write it down so that when they're laying down and they're ready to sleep it's off their mind. The electronics should be turned off, like a phone or a television – you shouldn't have a television in your bedroom – that should be turned on because the light from there can make someone feel more alert and possibly decrease melatonin which you need to fall asleep and so that when their body goes ahead into the room and into the bed that it's the cue for the body itself like okay now it's time to relax and now it's time to go to sleep.

Okay, another tip I've read about if you don't fall asleep after 20 minutes, get out of bed. What do you say about that?

So if you can't fall asleep after 20 minutes we do recommend that you get up, go to another space try to do something boring in a dim lit area. Like if you don't like reading algebra books I tell you go pick up an algebra book and then when you feel like you can fall asleep again then you would go back to your bed and try to reinitiate sleep. We don't want patients spending more than 20 minutes in bed because then that would go ahead and maybe create a bad habit in their body like you know create a bad cue like okay I'm going to go hit the bed now more alert. You want to have the body go to bed and be like okay time to go to sleep.

I know this is what I have done. I don't know if this works with other people, something to suggest, if I have a hard time falling asleep for whatever reason I think about something that is relatively insignificant in my life like try to remember the names of every dog in my community just to think about something that will not be too stressful will help me go to sleep is that something you'd recommend?

Yeah that's something that's fine as long as you can think about something more relaxing. Relaxing thoughts can help someone go to sleep better.

Okay now another one is avoid consuming alcohol before Bedtime. So I guess contrary to some people's opinion, drinking alcohol or smoking a little weed is not beneficial right?

So as far as alcohol goes we tell patients to avoid drinking alcohol prior to bed because it can disrupt the later part of their sleep and as far as the cannabis goes I mean there has been research that has looked into this matter, but they did find that although it might help and you know low doses can help with some sleep portion of it, but for long and heavy use of cannabis can adversely affect it.

Another one is don't go to bed unless you are sleepy.

Correct

Now again I know people in my family I have that problem where you get home at night you put on the TV or something you fall asleep so you sort of wake up and get a second wind and then you can't fall asleep. Is that a sort of a universal problem?

I would say don't make it into an habit because TVs should not be in the bedroom. Again it should be a relaxing environment and you know when you watch TV there might be something more stimulating and that would maybe keep you more awake so let's just say it should be a quiet environment and if you do wake up in the middle of the night and you are unable to fall asleep within 20 minutes and again those 20 minutes I'm not asking you to clock watch what time it is. If it taking too long then I would again suggest get out of your bed go to another room and try to reinitiate.

If you're doing something quiet let's say you're reading a book or a boring book that's okay.

What about taking a warm bath? Does that help?

Anything that's relaxing. There are studies that I've seen that meditation before going to sleep is helpful and it's shown in the older population and the younger population so if they find like taking a bath is relaxing then yeah okay.

So another suggestion is not to eat a large meal at night. When should you stop eating? What's the latest you should eat dinner?

I would say about two to three hours prior to bedtime would be a good time. I mean and if you feel like okay after eating a large meal two or three hours you're still not falling asleep and you feel hungry then maybe a light snack is okay but that's about it and nothing spicy.

Okay that's good to know. Now is there anything you know people are called night owls which means I guess their body rhythm or something they just don't fall asleep early. Instead of ten or eleven o'clock they find it's two o'clock and they're still puttering around. So what can they do?

So in those patients they have delayed sleep phase syndrome so there are ways to alter it like maybe possibly taking melatonin low-dose can try to pull the sleep towards a more

evening schedule and exposure to light during the day might help shift their circadian rhythms, but yes there are those kids that are night owls or adults that are night owls.

You explained this to me the other day you try to I guess change your sleeping patterns a little bit each day to try to so instead of going to bed I don't know 1:30 or something then go at 12:30. Ss that you can do it by increments?

You can try by increments of 30 minutes or so you can try to shift your circadian rhythm by 30 minutes or so and then stick with it and then after once you have accomplished where they want to be then try to stick with that sleep schedule.

Do you see many patients who are shift workers who again work you know midnight till 7:00 in the morning whether it's police officers or health workers who don't wake up to the sun?

I do see those.

What can you do for them?

I mean it's a different story right so in some patients it's difficult. It depends if they're able to function at those shifts you know

you can develop a shift work sleep disorder so what we try to do is you know I try to work with them as to give them a good sleep hygiene tips on how to approach it if they're always working nights and then in some cases if they really can't handle it then we suggest that they stick with day shifts.

Well, yeah, but that's easier said than done and you know and also I know a lot of police officers and also a lot of nurses, a lot of physicians are constantly changing their shifts and I guess you just sort of like you know sort of push through it, right?

For some they're able to push through it and again you have some people that are night owls and then you have some that have a very hard time with working those hours.

Now I know you do sleep studies for sleep apnea but for insomnia does that make any sense doing the sleep study?

No, I think unless we suspect an underlying sleep disorders NS other sleep abnormality that might be caught um causing it then it's worth doing it but for insomnia I think obtaining history, adequate history you know getting a sleep diary from our patient figuring out what's preventing them from initiating sleep and maintaining sleep. If we can work on those then that's pretty much what we do.

And you're successful even with people who've had years and years of insomnia?

Right, we have cognitive behavioral therapy sessions that we offer weekly in conjunction with our psychology department so they're fairly successful you have patients come back with good outcomes.

Okay, great so Dr. Ibrahim if someone is interested in making an appointment for the Sleep Center is there a number they can call?

Yes, they can call 718-960-3730 to set up an appointment.

Okay great thank you for joining us on SBH Bronx Health Talk. Again, for more information on sleep disorders or other services available at SBH Health System visit www.sbhny.org and thank you for joining us.