

Natural Sleep Solutions

By Robert Oexman, DC



Historically, sleep problems have been relegated to a therapist and a couch, with a picture of Sigmund Freud hanging in the background.

Sleep disorders have been difficult for health care practitioners to assess, since typically they happen in an unconscious state. As a specialty, sleep gained momentum in the 1980s, with the growing evidence that adult sleep apnea was a life-threatening issue that could be diagnosed and treated. As government and private industry poured money into academic institutions, it soon became apparent that the benefits of a good night of sleep amounted to more than just a great way to escape the day.

Research and treatment soon followed the path of dollars spent. Pharmaceutical companies, eager to move into new markets, stepped up their research and marketing efforts. In 2008, 56 million prescriptions were written for sleep-related drugs, up 54 percent from the previous four years. The advertising dollars for Ambien and Lunesta alone were more than \$230 million in 2008. In 2009, more than \$4.5 billion was spent in sleep labs, mostly to diagnose sleep apnea. Interestingly, the most common sleep disorder is insomnia, which is more difficult to diagnose and treat.

As with other medications, the promises of a lifetime of good slumber with a nightly pill are starting to be questioned. Today, cognitive behavioral therapy for insomnia (CBTI) has been well established in the research literature and clinics as an effective treatment for primary and comorbid insomnia. CBTI has also shown better results with long-term use, although its implementation has been limited by the small number of practitioners who are trained to deliver the therapy. However, there are aspects of CBTI that all health care practitioners should be aware of as they discuss sleep-related com-

plaints of insomnia with their patients. In this issue, we'll focus on stimulus control.

Stimulus Control

The following six strategies can help reduce stimulus control and improve the quality of sleep:



1. **Retire only when sleepy.** Do not force sleep.
2. **Keep a standard wake-up time** on both weekends and workdays. This prevents a constant struggle for your circadian rhythm.
3. **The bedroom should be used for sleep and intimacy only.** Do not read, watch TV, work on the computer or catch up on office work while in bed. Reading or watching TV prior to sleep reduces the amount of circulating melatonin because of the exposure from the light. If you associate your bedroom with activities other than sleep, you may be tempted to work during awakenings at night.
4. **Get out of bed when you are unable to sleep.** If you have been awake more than 20 minutes, get out of bed. Go to another room and engage in a non-stimulating activity in very dim light, such as meditation or simple housework that is easily finished in a short time. Light from a reading lamp or a TV will reduce the amount of melatonin produced and decrease the quality of sleep.

5. **Don't worry or plan in bed.** Make a time in the day or early evening for constructive worry or planning. During this time, you can write down your plans and concerns. This should include tasks that you have to do the next day or personal worries about finances, health or family members. If you wake up, know that you have your thoughts down on paper and that you will deal with them the next day.

6. **Avoid daytime napping.** There are two separate drives that control sleep: circadian and homeostatic. The circadian drive for sleep is biphasic, which causes us to be sleepy right after lunch and again in the late evening. A nap in the daytime decreases the homeostatic drive for us to sleep when going to bed that night. By avoiding the urge to sleep during the afternoon circadian drive for sleep, you will have a stronger homeostatic drive for sleep in the late evening. ■

Next month: Sleep restriction

Robert Oexman, DC, is director of the Sleep to Live Institute in Joplin, Mo. He currently oversees the institute's research studies, particularly the impact of the sleep environment on quality of sleep. Dr. Oexman is also the vice president of strategic development and research for Kingsdown Inc., a North Carolina-based company that manufactures and distributes sleep-related products in domestic and international markets. Dr. Oexman has worked on research projects at major universities across the United States. He also lectures nationally and internationally to physicians, manufacturers, retailers and the general public on the topic of sleep and how the environment affects sleep. Dr. Oexman has taught strategic business development for graduate students at Missouri State University. He is a member of ACA's Governors' Advisory Cabinet.