

Down economy may be causing more to stay up nights

January 8 2009, By Jessica Yadegaran

There are no sheep keeping Mari A. company at bedtime. Rather, she counts thoughts of layoffs, mortgage payments and plummeting stocks. Her insomnia started back in November, when the economy hit a critical low. Restless, she manages to fall asleep but wakes up in the middle of the night and is unable to drift back into a slumber.

Instead of lying in the dark, she gets up and reads the newspaper or watches television as a retreat.

"It's difficult," says the Oakland, Calif., resident, who wished not to disclose her last name to protect her job stability. She hasn't seen a doctor because she says she knows what her problem is. "These issues are a big part of my life, so I just try to stay positive. It's all I can do."

According to the National Sleep Foundation's latest Sleep in America Poll, about two-thirds of adults experience trouble sleeping at least one night a week, while almost one-half report sleep problems almost every night. And that research was culled before the recession was official.

As the economy worsens, those numbers will most likely increase, according to sleep medicine experts. For starters, those at Stanford and the University of California San Francisco report waiting lists of up to two months. While that's not entirely unusual, they are hearing complaints from existing patients that the economic crisis is an additional stressor and is exacerbating their current sleep problems or causing their insomnia to resurface.

Most patients have an inability to fall asleep or stay asleep, says Christine Won, associate director of the Sleep Disorders Center at UCSF Medical Center. "They complain about a lot of anxiety, mind-racing and an inability to relax and unwind," Won says. "I can only assume that the more our economy is in turmoil, the bigger toll it will take on our sleep." People's ability to triumph over their recession-induced insomnia depends on how effective their coping mechanisms are and how much control they have over their finances, she adds.

Ironically, research has yet to prove why we need sleep. Some studies suggest a purging of chemicals; that the body somehow resets itself overnight in slumber mode, Won explains. But we know that a lack of sleep results in a lower immunity, cognition and emotional health. And fragmented sleep has been linked to an increased risk of cardiovascular diseases. Prolonged insomnia can also lead to or increase chances of anxiety, depression and other mood disorders.

Here's a dose of reality: "When you look at rats that are sleep-deprived, they get ulcers, their hair falls out and they die sooner," Won says.

Point made. When a patient comes to see Won, the physician first rules out underlying diseases that may contribute to sleep problems. After that, if she determines that the issue is due to acute stress, Won starts the patient on a regimen of good sleep hygiene, which can include everything from avoiding caffeine to hitting the sheets at the same time every night.

She also tries to undo poor sleeping habits. For instance, fragmented sleepers should not look at the clock every time they wake up because, over time, they may be training their bodies to wake up. Also, Won condones relaxation exercises - yoga, imagery, biofeedback and breathing techniques - an hour before bedtime. All of these lifestyle changes can take up to six weeks to prove effective, but they work for

about 70 percent of patients, Won says.

Those who don't experience relief typically spend a night at the clinic, where their sleep is monitored for evidence of disorders such as sleep apnea or restless leg syndrome. If none is present, Won diagnoses the person with psychophysiological insomnia and prescribes hypnotics, or sleeping pills. A small number of chronic insomniacs require sleep deprivation therapy, or, what Won calls "boot camp for insomniacs."

"We write out a program restricting their sleep for weeks so they essentially fall asleep from exhaustion," she says. "It works, but it's not pleasant."

At the Stanford Sleep Clinic in Palo Alto, postdoctoral psychology fellow Allison T. Siebern educates patients about normal sleep and methods of relaxation. Like UCSF, Stanford has seen a rise in sleep concerns among existing patients, Siebern says.

She works in the behavioral sleep medicine division of the psychology department and performs assessments on patients. Usually, the first step is to create a buffer time before bed to do calming or relaxing activities, such as reading or crafts. For other patients, the challenge is teaching them to limit the time that they're awake in bed. Take note: Do not pay bills in bed or get under the covers with your laptop.

Siebern also teaches patients mindfulness meditation, muscle scans and progressive muscle relaxation and imagery to help them relax. When necessary, she uses timed light exposure, which resets a person's sleep-wake body clock. The biggest mistake people make when it comes to sleep? Putting pressure on themselves, Siebern says.

"When it doesn't happen they become frustrated and it becomes a cycle," she explains. "Sleep is a process that cannot be forced, and the more the

patient tries to control sleep the less likely sleep will happen."

Joe Ruby has almost given up on trying to sleep. The Pittsburg, Calif., resident spent much of 2008 recuperating from surgery to remove a tumor from the back of his head. His sleep issues started with his diagnosis back in late 2007. Ever since, he clocks about four hours of fragmented sleep per night. Usually, he falls asleep at 10 p.m., wakes up at 1 a.m. and isn't sure if he falls back asleep or not. He tosses and turns at night and yawns "like heck" during the days, he says.

"Do I have a lot of things on my mind? My lifeline is tied in stocks and the economy," Ruby says. "Without that I feel I'm going to go under. I have dreams and hallucinations of things going wrong. What am I going to do if the economy worsens? I worked my whole life to have a house so I wouldn't be bothered by landlords."

Now, it's all at risk. Ruby tried sleep medication, but the pills made his sleep too heavy, he says. These days, he tries to stay as active as possible during the day. It seems to help him at night. Otherwise, he spends his nights in a haze of sleep, wakefulness and an overactive mind.

"The world is in chaos," he says. "And it affects me."

IMPROVE SLEEP HYGIENE

Before you visit a doctor, consult this checklist on good sleeping habits from the UCSF Sleep Disorders Clinic:

- Sleep as much as needed to feel refreshed during the following day, but not more. Spending excessive time in bed is related to fragmented and shallow sleep.

- Waking up at a consistent time in the morning strengthens sleep cycles and can help you fall asleep at similar times each night.
- A steady, daily amount of exercise may deepen sleep. Do not exercise right before bedtime.
- Occasional loud noises, such as traffic and airplanes, disturb sleep even in people who are not awakened by noises and cannot remember them in the morning.
- Excessively warm rooms can disturb sleep.
- Hunger may disturb sleep. So, a light snack such as milk and cereal or a turkey sandwich, may help. Both contain tryptophan, an ingredient that promotes sleep.
- Caffeine in the evening disturbs sleep, even in those who feel it does not. Avoid caffeinated beverages at night.
- Alcohol helps tense people fall asleep more easily, but the resulting sleep is more fragmented. Avoid alcohol before bed.
- If you feel frustrated because you cannot sleep, do not stay in bed. Get up, turn on the light and do something different, such as reading or doing simple crafts. Once you are sleepy again, go back to bed.

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