

Expert discusses sleep disorders, healthy rest

June 21 2013, by Craig Sailor

With the arrival of Friday's summer solstice, there's now little night for sleepers who crave darkness. But lack of light is only one impediment to getting a good night's sleep.

The federal [Centers for Disease Control and Prevention](#) estimates that sleep or [wakefulness](#) disorders affect 50 million to 70 million adult Americans. Lack of sleep can lead to problems ranging from an inability to complete simple daytime tasks to life-threatening medical issues.

Sleep, both why we need it and how to obtain it, remains a mystery to science but is a huge money-maker for businesses capitalizing on consumers desperate for a good night's nod.

Sleep is the professional realm of Dr. Kim Mebust, the executive medical director of MultiCare sleep centers. Mebust, 50, the daughter of a nurse, developed an interest in sleep as a [medical practice](#) while still a teen in Connecticut and helping her mother on the job.

Mebust, a [neurologist](#), earned her medical degree at the University of Connecticut and performed her residency at Duke University Medical Center. She founded MultiCare's sleep labs in 1996.

Q: How did you sleep last night?

A: I slept very well.

Q: Do you have an [alarm clock](#)?

A: Yes, I do.

Q: I would have thought, of all people, you would have the whole sleep thing down.

A: I wake up before my alarm, which is what you want to be able to do. To be a healthy sleeper you generally are going to be trained to wake up a little bit before your alarm clock goes off.

Q: What is the purpose of sleep?

A: We think sleep provides the ability for the nervous system to regenerate and replenish its energy so that it can go on and focus and be alert later.

Q: Why did you get into treating [sleep disorders](#)?

A: Sleep was to me something I could really make a difference in someone's life. A third of your life is devoted to sleep so when you're not sleeping well it can invade many areas of your life. If you can easily put your finger on why they are not able to sleep well and then treat them, it's life-changing for them.

Q: Around the [summer solstice](#), June 21, we'll only have about eight hours between sunset and sunrise. Add in twilight and we're talking less than six hours of total darkness. Do you see more sleep patients this time of year?

A: I don't think so but there are patients who have a significant problem with light and dark. Those patients tend to want to go to bed much later than everyone else like 1, 2, 3 o'clock in the morning. The light exposure they get at the end of the day can really shift their body clock and their desire for sleep to much later in to the night. Those patients I counsel to

wear dark sunglasses and avoid light exposure in the afternoons and make sure they get first light exposure in the morning when they wake up so they can keep their brain on track. It affects many teenagers.

Q: What about in the winter with our short, dark days?

A: There are people who are very sensitive to the darkness as well. They have seasonal affective disorder or they will have sleep inertia where they just can't seem to get out of bed in the morning. That's where we employ light box therapy in the morning so they can get that bright light exposure.

Q: Do we really need "memory foam" mattresses for a good night's sleep? How much of our sleep habits is cultural or hyped by the mattress industry?

A: I think (mattresses) are way overpriced. You can get a good quality mattress - the majority of people want to get a moderately firm mattress - without having to spend thousands of dollars. It's pretty much a fad, these expensive mattresses.

Q: It seems like just about everyone has sleep issues at some stage in life. Are sleep disorders more common at a certain age?

A: At any age sleep can become an issue. Whether it's a child who doesn't want to sleep through the night and they're going through that development of the circadian rhythm pattern - where they are learning their nights and days at 3 to 6 months old - or whether you have someone who is 90 years old and they can't sleep for whatever reason.

Q: What about insomnia?

A: Insomnia is a very common sleep disorder. At some point in

everybody's life they're going to have some difficulty with sleep. Insomnia is a "waste basket" term. The definition is that you have trouble getting to sleep, trouble staying asleep or both, and then there's an associated difficulty with functioning the next day because of that loss of sleep. You can have restless leg syndrome - which is a disorder where people feel like they have to move their legs in the evening time. That interferes with their ability to get to sleep. They'll come in and say, "I have insomnia," and you won't know what they are talking about until you tease it out from them and you can figure out they have this problem. And then you might see this 400-pound truck driver and he says, "I maybe get four hours a sleep a night. I wake up sweaty. There's no point in me going to sleep." You find out they're choking and gasping in their sleep and that's why they have sleep-maintenance insomnia. But there are some people with psychological conditions or they're on medications that keep them from getting to sleep.

Q: Can ADHD in kids be a sign of sleep disorders?

A: Absolutely. When children are tired they become hyperactive. So you're going to see a kid not paying attention in class perhaps because they've been up too late at night or they haven't been getting good quality sleep. They're also a little bit different when we look at sleep apnea. Kids with sleep apnea tend to be on the skinnier side. They often are mouth-breathers and have giant tonsils. So, if we have kids who have behavior problems, if they snore, if they move around in their sleep, it's important to have them checked out for a sleep disorder rather than devoting your child to many years of Adderall or Ritalin or some other stimulant when it may not be targeting the right disorder.

Q: What deadly health problems can sleep disorders lead to?

A: One of the newer links we've seen is the association with changes in your metabolism, your glucose regulation, your cortisone production and

diabetes. Patients who are not sleeping well have a risk of gaining more weight and developing diabetes. When you're sleeping you're supposed to be at rest and you're going to have your lowest heart rate and blood pressure. You're giving your body a chance to rest and regenerate. If you have something that's disturbing your sleep and collapsing your airway and dropping your oxygen levels, you're going to have spikes in your epinephrine levels, your flight or fight mechanisms. Your blood pressure and pulse go up. It's abnormal for the body to experience that at night. Those patients can have a problem with blood pressure. You have a higher chance of having a heart attack early in the morning. Stroke, too, can be a by-product in conjunction with people who have sleep apnea.

Q. Why do we dream?

A: That's nature's way of letting us all go insane in the middle of the night. We don't know whether it's a problem-solving exercise or an emotional release for people.

Q: Why do some people vividly remember their dreams and others can't remember them at all?

A: When someone tells me they don't sleep well and are tired all the time and, specifically, they don't dream makes me concerned they're having some type of sleep disorder that's interrupting their sleep pattern.

Q: Is it true that our brains disconnect from our bodies when we dream?

A: The natural protective mechanism is that you are naturally paralyzed when you are in dream sleep so that you don't have the capability of acting out your dreams. But there are disorders where you lose that protective mechanism and your motor functions are still functioning so that people will act out their dreams. That disorder usually occurs in men over 60, but it can be seen in women, too. The dreams are usually of a

violent nature. They are either trying to fend off an attacker or fight against someone. So they are usually striking out - kicking, punching. That can lead to them jumping out of bed, striking a wall, striking a partner, causing injury to themselves or someone else. So it can be a very dangerous thing. Some medications can cause people to do that. But generally we see it more as part of the aging process. It can be linked to people having neurodegenerative disorders like Alzheimer's disease and Parkinson's disease.

Q: What's your take on napping?

A: Some kids need naps. The occasional nap here and there - 15, 30 minutes - is probably not a bad thing. As a routine thing it might be a sign that there's a sleep problem.

Q: For kids and adults?

A: Yes.

Q: Are you seeing the use of smartphones affect peoples' sleep?

A: Oh my gosh, yes. Not only can these phones act as alarm clocks but they can help people figure out their sleep patterns (though apps and wrist band accelerometers).

Q: But what about interrupting sleep?

A: Absolutely. There are teenagers I've seen who are texting all night long. They are listening to their iPods or phones. They can't seem to let it go. It's really a big deal.

Q: Are you optimistic about your profession?

A: I don't know how quickly we'll be able to solve those problems, but people will continue to have sleep problems for a very long time. I am assured to have a job in the future because there will always be problems with people's sleep.

GETTING A GOOD NIGHT'S SLEEP

- Make your sleep environment conducive to sleep. It should be cool, dark and quiet.
- Have a good quality bed, mattress and pillow.
- Give yourself time to unwind. Don't watch TV up until the last minute before you go to [sleep](#). Take an hour away from any media.
- To get drowsy reading, read something particularly boring.

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