

# Getting a Good Night's Sleep

*To sleep, perchance to dream; ay, there's the rub." William Shakespeare, "Hamlet"; Act III.*  
*We all know that sleep is necessary. We all want a good night's sleep. But what exactly is sleep? Why do we have trouble sleeping? And what can we do about it? That's the focus of this issue of Update. Fortunately, since Shakespeare penned those famous words, science has brought us a greater understanding of sleep. Our cover story by sleep expert Delwyn Bartlett, is continued inside, where you'll also find some useful ideas and techniques for improving sleep.*

## Managing Pain and Sleep

### ***What is sleep?***

We are still learning about sleep but it is thought to be an essential and reversible state where the individual is not aware or responsive to the environment - good "time out".

### ***How much sleep is needed?***

Again there is no real consensus. However a recent survey in NSW (3,304 people) found individuals reported a mean sleep time of 7.2 hours during the week and 7.6 hours at weekends (Motor Accidents Authority of NSW Report 2004). Other overseas research suggests that less than 6 hours or greater than 8 hours is associated with increased medical and psychiatric complications (Kripke 2002). Overall there is a wide variation in sleep needs which appear to range from 4 to 10 hours.

### ***Sleep Stages.***

We cycle through all the stages of sleep approximately every 90 minutes. Most people do not realise the most predominant type of sleep is stage 2 sleep, which is light sleep and is present throughout the night (45-55%). In the first two cycles (180 minutes or 3 hours) of the night most of the deep sleep required is achieved. During deep sleep or slow wave sleep the brain has rest time and the body secretes various amounts of growth hormone to repair damaged cells. Towards the end of each sleep cycle increasing amounts of dream sleep are apparent. During dream sleep the brain processes information. It is a time not dissimilar to being awake, but the body is semi paralysed so individuals do not get up and act out their dreams.

### ***What happens when pain interferes with sleep?***

Many individuals who experience pain report difficulties with going to sleep, staying asleep and waking too early (US National Sleep Foundation 1996). Research on pain and sleep stages shows that individuals experiencing pain often have more stage 1 sleep than normal. This means they have more transitional sleep (stage 1) between being awake and being in true sleep (stage 2 sleep) compared with individuals who do not have pain.

Also individuals who experience pain are often found to have alpha wave intrusion in deep sleep which is unusual as alpha waves are usually only found in an awake but relaxed state. This repeated finding of alpha wave intrusions suggests that deep sleep, the recuperative stage of sleep, is being disrupted in some way.

### ***How can you manage pain symptoms and improve your sleep?***

1. Try not to put too much pressure on yourself to go to sleep - that makes sleep a process which requires effort and it becomes much harder to achieve. "How you think about your sleep is how you will feel about your sleep". The most difficult thing to do is NOT to directly relate your night time sleep to what happens or how you feel the following day.
2. Try to get up at the same time most mornings. Combining the same getting up time with early morning light exposure will help to reset your brain to Light suppresses the sleep hormone melatonin in the morning and increasing darkness at night is the trigger for the release of melatonin at night.

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3. Work out how long you are spending in bed and how long you are actually asleep. Spending long periods in bed and not sleeping leads to bed being a frustrating, painful and anxious place to be, which is not conducive to sleeping. Spending 8 hours in bed but sleeping for 6 hours will reduce your sleep confidence - reducing the time you spend in bed will increase your sleep debt and improve your sleep. Go to bed later or get up earlier or do a little of both of these strategies. You may need to balance the shortened sleep time with a rest time but not a sleep time.

4. If you are unable to sleep it is important NOT to stay in bed for long periods of time. Get up even for a short time - have a warm drink, do some gentle stretches or slow breathing exercises and go back to bed when you feel more comfortable. You may need to do this a few times throughout the night if you have a difficult night sleep wise or pain wise. This strategy helps you to separate the bed from not sleeping and from being in pain.

5. Look at lifestyle factors. Exercise, even gentle exercise strategies such as stretching, is useful in strengthening muscles and improving sleep patterns. Exercise also helps your mood - it gives you a sense that you are doing something beneficial, and you are. Research has shown that exercise reduces pain and fatigue levels in individuals with fibromyalgia (Hakkinen, 2001). However you need to be patient and take things slowly - in the above study improvements were only found after 21 weeks of a muscle strengthening program which was twice weekly.

6. Use sleeping tablets ONLY in times of acute stress and as a means of temporarily resetting better sleep patterns by having some additional "time out".

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### Better Than Counting Sheep!

**For anyone with a chronic illness, getting to sleep can be difficult. When we relax or are not active we can become more aware of pain, since we have more time and fewer thoughts to take our minds away.** The good news is that there are some useful techniques we can practice at night to occupy our minds, keep pain away and help us find good sleep sooner.

The Distraction Technique is something you already use. An example is when you read a good book or watch a gripping program and find you have forgotten your problems while occupied. The trick is to learn how to do this just with your mind. Some people play games - I'm going to name a country that begins with A, then B, and so on. Others might do maths in their head - count backwards from 100 in threes, for example.

Distraction can be used at many times to manage pain and is especially useful when waiting for pain medication to start working. If you can learn to find ways to keep your mind busy in the dark (naming the children in your class at school, capitals of countries, reliving a special day in your mind) it may help you fall asleep as well.

The Visualisation technique is similar to Distraction, but this time your mind creates pictures. These may be from past events, what you want the future to be, or just beautiful sights or places. Research at Oxford University recently showed that people who thought about beautiful gardens, family celebrations or waterfalls fell asleep sooner than people who made lists or counted. (Harvey & Payne, [www.newscientist.com](http://www.newscientist.com))

So rather than counting sheep you might want to wander across the meadows with them-- the meadows of your mind, of course!

**To learn these techniques and more, contact the Training Coordinator on (03) 8531 8008 for details of the next Better Health Self Management course in your area.**

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## Five Mistaken Ideas About Sleep

*Extracted and abridged from the "No More Sleepless Nights Workbook" by Peter Hauri, Murray Jarman and Shirley Linde. Published by John Wiley & Sons, New York, 2001. Available for loan from the Arthritis Victoria Resource Centre.*

Many times, the causes underlying poor sleep are your beliefs and attitudes about sleep. These five categories of errors in belief about sleep may help you better understand and move on to more positive alternatives.

### **1. Misidentifying the cause of your insomnia.**

Poor sleepers often list pain, allergies, menopause, age or depression as causes of poor sleep. Common causes that are often overlooked include lifestyle, bad habits and psychological issues. Addressing these secondary causes of insomnia can lead to a significant improvement in your sleep.

### **2. Overemphasising the impact of poor sleep.**

Try to avoid blaming all your daytime troubles on poor sleep. There may be other factors that cause these daytime problems, and worrying about your sleep may be more harmful than the lack of sleep itself. There is no evidence that anyone has ever died from lack of sleep alone!

### **3. Unrealistic sleep expectations.**

Poor sleepers often believe that they must achieve the mythical standard of eight hours of sleep each night and feel anxious if they do not meet that target. Not so! Every individual's needs are different, and your needs can also be different at different times. Try to avoid comparing your sleep to anyone else's. Many do we with six or seven hours, and the world is full of very productive "short sleepers".

### **4. Lack of control over sleep.**

The lack of predictability poor sleepers experience in their sleep patterns can cause a feeling of loss of control and helplessness. You can take some of the pressure off by asking yourself "what's the worst thing that could happen if I don't get any sleep?" It's not a catastrophe, and one thing is certain: sleeplessness will eventually lead to sleepiness and sleep. Poor sleep may diminish the quality of life, but it doesn't control it completely.

### **5. Poor sleep habits.**

To cover just a few:

- Bedtime rituals can be relaxing for many, but often make poor sleepers tense up as they signal coming frustration. If that's the case, try changing the rituals. Get changed for bed early in the evening, wear different sleep clothes, or sleep a night or two on the couch. In short, experiment with new ways of doing things, and let the rituals work for you, not against you.
- Give yourself time to wind down by doing relaxing things before bed. A warm bath (about 40 degrees Celsius) has proven to relax many.
- Hide the bedroom clock. In the long run you will sleep better if you have no idea what time it is. This represents a big change in your attitude to sleep. Many a patient has stated that hiding the clock was the single most important change that cured his or her insomnia.

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## ARTHRITIS FOUNDATION RESOURCE CENTRE

### Items available for borrowing --- Sleep

The good sleep guide: 10 steps to better sleep and how to break the worry cycle / Sharp, Timothy J. -- Ringwood: Penguin, 2001.

Guided meditation for sleep: An integrated approach to improve your sleep / Vaja, Simonette. / New World Music & Media. -Camperdown, NSW: New World Music & Media, 2002. [CD]

How to get a good night's sleep : More than 100 ways you can improve your sleep / Graber, Richard; Gouin, Paul. - Minneapolis, MN: Chronimed Publishing, 1995.

Insomnia: 50 essential things to do / DiGeronimo, Theresa Foy. -- New York; Ringwood: Penguin, 1997.

Learn to sleep well: Proven strategies for getting to sleep and staying asleep / Idzikowski, Chris. -- London: Duncan Baird Publishers, 2000.

Nature's touch: Deep sleep / Allegro Corporation. Allegro Corporation, 2000. [CD]

No more sleepless nights / Hauri, Peter; Linde, Shirley. -- New York: John Wiley & Sons, 1991.

The pocket idiot's guide to a good night's sleep / Moore-Ede, Martin; LeVert, Suzanne. -- New York: Macmillan Publishing Co., Inc. 1999.

### USEFUL WEBSITES

National Sleep Foundation (USA) <http://www.sleepfoundation.org/>

The mission of the National Sleep Foundation is to improve public health and safety by achieving understanding of sleep and sleep disorders and by supporting education, sleep-related research, and advocacy. This site is filled with information about sleep: sleep hygiene, tips to get a good night sleep, forums for people to relate their sleep stories and/or advice, and much more.

Star Sleeper Homepage <http://www.nhlbi.nih.gov/health/public/sleep/starslp/>

This site aims to educate young children - their parents, teachers, and paediatricians - about the importance of adequate night-time sleep for children. The site, hosted by Garfield, the Campaign "spokescat," features an online mystery for children to solve, along with other games and downloadable features that provide information about the importance of sleep. The site also contains special resources for parents, teachers, and paediatricians to use in helping children get the sleep they need.