



Why Am I So Sleepy? Do I Have a Sleep Disorder?



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In the last issue I wrote about the importance of sleep. Adequate sleep is needed to clear the brain of toxins, process information and consolidate memories, strengthen the immune system, restore and repair physical functions and regulate mood. Between 7 and 9 hours is the sleep time goal for adults. Most of us fall far short of that. What is keeping us from getting adequate sleep? For many of us, it is not a true sleep disorder but an inability to make sleep a priority and get into the bed on time. For others, it is a diagnosis: insomnia, sleep apnea, circadian sleep disorder, restless leg syndrome, or narcolepsy. These are the common sleep disorders.

Insomnia is the most common sleep disorder in the US affecting 30% of the population. It is defined as difficulty falling asleep, and/or staying asleep, and/or returning to sleep. It can cause fatigue or excessive daytime sleepiness, low energy, difficulty with concentration and task performance and mood disturbances. Insomnia can occur around times of stress and resolves when the stress resolves. Chronic insomnia can result from chronic stress and other factors such as shift work, poor sleep hygiene, chronic pain, the hormonal changes of menopause, environmental factors like noise or snoring in the room, chronic infection, asthma, gastrointestinal reflux (heartburn), depression, frequent urination, nicotine/caffeine, alcohol or other drugs, and medication effects. Insomnia is considered chronic when it occurs at least 3 nights per week and has lasted at least 3 months.

Women experience insomnia and excessive daytime sleepiness more than men. Various changes in hormones during women's lives contribute to this. Sleep disruption can occur in certain phases of the menstrual cycle, pregnancy (with hormone changes, temperature fluctuations and discomfort) and in perimenopause (with hot

flashes and night sweats). Young mothers have nighttime infant or child demands that can be a set-up for hypervigilance and insomnia that persists for years. Working mothers of infants and young children may be especially sleep deprived.

People with chronic pain often experience chronic insomnia. Localized or widespread physical pain disturbs Stage 3 of sleep (nonREM, slow delta wave, deep sleep) and results in feeling unrefreshed in the morning with tenderness and diffuse musculoskeletal pain. This is characteristic of a condition known as fibromyalgia. Sleep deprivation, in turn, produces increased sensitivity to pain, poorer response to sleep medications and reduced pain tolerance. Thus the relationship between sleep disturbances and pain appears to be reciprocal. Seems best to find a way to treat the pain as the root cause of the poor sleep. Persons with chronic infections (chronic Lyme disease, bacterial disease, viruses...) can have sleep disruptions because of immune system activation. Just as in chronic pain, inflammation worsens sleep disorders and sleep disorders increase inflammation.

Circadian Rhythm Sleep Disorders are disruptions in a person's sleep patterns due to conflict with their internal body clock. There are several types of these. Delayed Sleep Phase Syndrome occurs in the night owl who cannot fall asleep until very late at night, with the resulting need to sleep late in the morning or into the afternoon. Melatonin production is delayed but lasts just as long making early rising more difficult. People with this disorder complain of late-night insomnia, excessive daytime sleepiness and have an increased risk of depression. It is found in 7% of teenagers (usually aged 14 to mid 20s). Changing school start times could really help the sleep needs of teenagers. Chronic Lyme disease is often associated with Delayed Sleep Phase Syndrome.

Advanced Sleep Phase Syndrome is characterized by falling asleep much earlier and waking up much earlier than normal. This pattern is more common in the elderly. They complain of early morning insomnia and are also at increased risk of depression. The Irregular Sleep Wake Rhythm has no pattern except that the 7 – 9 hours of sleep occurs over the course of 24 hours in many naps. This is a pattern often seen in people with medical or mental

disorders such as dementia, brain damage, and mental retardation. The Non 24-Hour Sleep-Wake Syndrome occurs primarily in blind people who do not get light signaling from their eyes to their brain. Their body clocks run on a longer than 24-hour cycle and they shift to later bedtimes every few days. The Shift Work Sleep Disorder occurs when a person's work schedule conflicts with their circadian rhythm. If the shift work is consistently night or early morning, the body can adapt. But rotating shift work makes establishing a circadian rhythm more difficult if not impossible with resulting chronic sleep deprivation. Jet Lag can cause a temporary sleep disorder when flying 2 or more time zones from home. Adjusting to the new time zone is often more difficult during eastbound travel because of the earlier waking times. Jet lag can be much more difficult to adjust to in the elderly.

Circadian Sleep Disorders can be treated with behavioral therapy, adjusting timing of melatonin supplements, bright light therapy, good sleep hygiene, and attending to the underlying external causes (if possible). Many people take sleep-promoting medications like Ambien or Lunesta. These can cause side effects like headaches, dizziness, unsteady gait, stomach pain and constipation. To complete the roller coaster, some people will take activating agents in the morning like Provigil, Ritalin, or high doses of caffeine. Side effects of activating agents include: headaches, nausea, nervousness, dizziness, stuffy nose, upset stomach, diarrhea, back pain and difficulty sleeping (ironically). Other side effects include rashes, fever, trouble breathing, chest pain and abnormal heartbeats. I am not a fan of these medications.

Sleep Apnea is a disorder caused by intermittent airway closure in the throat causing apnea (a pause from breathing lasting at least 10 seconds). This causes a temporary lowering of oxygen in the blood so the brain sends out an emergency signal to wake up and breathe. People may not know they have sleep apnea but they will complain of excessive daytime sleepiness. A bedroom partner may witness snoring that gets louder interspersed with pauses that get longer followed by a "startle" – all while asleep. The repeated emergency signal all through the night has been shown to have many con-

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 INTEGRATIVE AND HOLISTIC HEALTH AND WELLNESS
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 (ALSO SEE THE PREVIOUS ARTICLE)

- Google the side effects of all your medications. You will be surprised at what you find.
- See an orthopedic or sports medicine doctor, a physiatrist, chiropractor or pain management doctor if your sleep is disturbed due to musculoskeletal pain.
- If you have delayed sleep phase syndrome, minimize exposure to electronics that mimic daylight (laptops, TV's, cell phones, portable game consoles, etc.) in the evening.
- If you have advanced sleep phase syndrome, increase your exposure to bright light in the evenings.
- See if you have a nutritional or other physiological imbalance that is causing your Sleep Disorder. We can check your essential fatty acids, micronutrients, food allergens, gut microbiome, hormones, etc.
- Don't be afraid of melatonin. It is a very beneficial natural hormone and the best brain-protecting molecule in the human body. It is nontoxic and can be taken at high doses with no concerns. Play with the timing, the dose, and your exposure to light.
- If you are excessively sleepy during the day and you snore, have high blood pressure, or are overweight, you should have a sleep study. We test our patients with the WatchPAT portable screening device that allows you to do a Sleep Study in the comfort of your own bedroom – an environment that best reflects the pattern of your sleep habits. WatchPAT is FDA approved and demonstrates a high degree of correlation (90%) with Polysomnography done in a Sleep Center.

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sequences – mostly on the heart. Sleep apnea can cause high blood pressure, depression, heart problems (abnormal rhythms, heart attack, heart failure), stroke, hormone disruption, increased insulin resistance, memory problems, poor thinking, and increased traffic and workplace accidents. Sleep Apnea is treated with a CPAP system that forces air into the throat to keep it open. Dental appliances may also work. Weight loss, if needed, can relieve sleep apnea and produce many other health benefits as well.

Restless Leg Syndrome is a condition that causes an overwhelming urge to move ones' legs when they are at rest. There may also be unpleasant sensations like ants crawling on or liquid running through the legs that accompanying the restlessness. RLS can be treated by correcting vitamin and mineral deficiencies, a prescribed foot wrap, treating varicose veins, and taking medications with lots of side effects.

Narcolepsy is a sleep disorder found in 1/2000 persons. People will have excessive daytime sleepiness, hallucinations and sleep paralysis, disrupted nighttime sleep and possibly cataplexy (sudden loss of muscle tone). People

with narcolepsy can fall asleep while driving, eating a meal or just talking. It has a genetic component – often family members also have it. It usually begins in childhood or adolescence. The medication Xyrem is used to improve sleep in narcolepsy and is usually accompanied by an activating medication in the morning. Xyrem can cause headaches, dizziness, bedwetting, upset stomach, back pain, and sweating.

I believe the majority of sleep disorders, which are endemic in our country, are most often the result of lifestyle choices (and situations of necessary work or care for others). These are the areas to address first for the optimal health advantages.

Dr. Kate Thomsen's office for holistic health care is located in Pennington, NJ. She is trained in Family Medicine, and Board Certified in Integrative Medicine, and is an Institute for Functional Medicine Certified Practitioner. She has been practicing Functional Medicine for 20 years. For more information see www.drkatethomsen.com or call the office at 609-818-9700.