



QUEST FOR REST

It affects our mood, work, health and happiness but satisfying sleep is a pipe dream for millions of Australians, who simply aren't getting enough

ELISSA LAWRENCE

It's a stupefying slowness of the senses. A brain fog impossible to shake, dangerous to ignore. Sleep, the king of all human behaviour, is fundamental to how we feel – it regulates our mood, affects productivity, concentration, decision-making, safety, even long-term health.

Yet millions of Australians – up to 45 per cent of us – don't get enough and function less than optimally under the effects of chronic and enduring inadequate sleep.

Underpinning sleeplessness are medical reasons spearheaded by the nation's obesity epidemic and further complicated by a 24-7 age of smartphones, binge TV watching, work emails, online shopping and computer games.

But in an era of outsourcing just about anything we can think of, sleep is one of the few things we absolutely have to do ourselves. And it may just be the single most important factor in living a happy, healthy life.

SLEEP PHYSICIAN AND AUSTRALASIAN SLEEP ASSOCIATION (ASA) immediate past president Dr Maree Barnes says it's time to take sleep seriously, and give it the same importance as good diet and exercise. "People think they can get by on four or five hours' sleep and that sleeping is for those who are lazy and weak. We think we can skimp on sleep but we can't," Barnes says. "We know conclusively that if you measure people's neurocognitive function – memory, attention, concentration, decision-making and driving – that if they sleep longer, they perform better. It's as simple as that. But what we are starting to understand is that there are actual physical medical consequences too.

"Short sleepers are more likely to have diabetes and other metabolic problems, heart attacks, some forms of cancer, infections like colds, flu and bacterial infections because your immune system is depressed if you don't get enough sleep. A lot of research that has come out in the past five years is helping us to understand why sleep is important and why we live a better life if we sleep enough."

Science may only be just catching up to what humans inherently know, even if we don't put it into practice. A 2017 British study of more than 8000 people covering 60 different aspects of their behaviour in how they live and feel found better sleep is "the biggest single contributor to living better". The Living Well Index, carried out last September by Oxford Economics and the National Centre for Social Research, found "getting a good night's sleep is the thing that has the strongest association with how we feel". For the typical person, it found, improving sleep to the level of those who are living best would be "equivalent to them having more than four times as much disposable income".

But achieving enough sleep is easier said than done. The ASA states insomnia – trouble falling asleep, waking



Sleep expert Dr Maree Barnes with patient Patrick Hutchinson at Melbourne's Austin Hospital. Picture: Andrew Tauber

frequently or waking early and not able to resume sleep – affects up to 30 per cent of adult Australian population. About 10 per cent of adults suffer obstructive sleep apnoea (where breathing is repetitively interrupted during sleep due to collapse of the upper airway), rendering them tired, irritable and prone to falling asleep during the day.

"Obesity is the biggest contributor to obstructive sleep apnoea," Barnes says. "As the prevalence of obesity increases, sleep apnoea is becoming much more prevalent. We have an ageing population, a population that exercises less and eats more. All of those things contribute to illnesses that cause difficulties with our sleep.

"Sleep apnoea also affects children but the typical patient is an overweight, middle-aged to late-middle-aged man who snores and is grumpy and irritable. Obstructive sleep apnoea is a scourge that we have good treatment for and we need to do something about because it is causing significant death, destruction, calamity and cost to our society in the form of workplace accidents and falling asleep behind the wheel while driving." Barnes says it is also "a very sad thing" that sleep problems in children are often misdiagnosed as

behavioural issues such as Attention Deficit Hyperactivity Disorder (ADHD) and learning difficulties.

THE LONG-TERM EFFECTS OF INADEQUATE SLEEP ARE even more alarming, with researchers studying links with developing dementia. Professor Elizabeth Coulson, a Queensland Brain Institute neuroscientist specialising in dementia, says sleep has a vital role in memory consolidation and the removal of toxic proteins from the brain. Based at the University of Queensland, the institute is also researching the impact on the brain of hypoxia, or changing blood oxygen levels, that are seen in patients with sleep apnoea.

"We know people who have sleep disruption, particularly sleep apnoea, are at a higher risk to get dementia," Coulson says. "One of the reasons we sleep is the brain replays the day's events and it's very important for your memory to have that period of sleep. If you are sleep-deprived and waking often, you will be disrupted in laying down those memories in the brain. People who are sleep-deprived do have worse memories. Even one bad night's sleep makes you worse with your memory the next day.

"Usually, if you get a good night's sleep, you get better. One theory is that if sleep deprivation happens for too long, you never get better and that may lead to dementia."

Coulson says many dementia cases are characterised by a buildup of toxic proteins, or amyloid plaques, in the brain. When we sleep, the body's glymphatic system clears out these proteins from the brain and into the bloodstream. Disrupted sleep may therefore contribute to a buildup of amyloid, making you susceptible to the disease. "Your brain, which is a big computer, doesn't work efficiently without enough sleep, so many of the things it does – reaction times when driving, making decisions, impulse control, are going to be affected," Coulson says. "Sleep disruption also has effects on your metabolism. There are comorbidities with sleep apnoea such as obesity, diabetes and cardiovascular issues that are themselves risk factors for dementia."

A sleep debt can quickly add up. Coulson says sleeping six hours a night for 12 days is similar in cognitive and physical performance to being awake for 24 hours straight. And no sleep for between 20 and 25 hours, Coulson says, causes the same impairment as someone with a blood-alcohol level of 0.1 per cent, or twice the legal limit. "There is evidence many adults are sleep-deprived," she says. "A lot of people out there are not at their peak performance."

A 2017 Deloitte Access Economics report for the Sleep Health Foundation, entitled *Asleep on the Job*, found four in 10 Australian adults, or 7.4 million people, frequently suffered from inadequate sleep, including 1.1 million people ▶



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with sleep disorders such as insomnia and obstructive sleep apnoea, 2.5 million with health problems that affect their sleep, and 3.8 million who routinely fail to get enough sleep.

It found sleep deprivation was linked to more than 3000 deaths in 2016-17, including almost 400 from falling asleep at the wheel of a vehicle or from industrial accidents due to lack of sleep. The remaining deaths resulted from heart disease and diabetes linked to sleep disorders.

And it all comes at a massive cost, estimated to be a whopping \$66.3 billion in 2016-17. This includes \$26.2 billion in financial costs with \$17.9 billion, or \$2418 per person, in productivity losses. Add health system costs, home carer costs and \$5.9 million in "deadweight losses" such as welfare payments and missed tax revenue. There was also \$40.1 billion, or \$5420 per person, measured in loss of wellbeing.

A 2016 University of Adelaide study, commissioned for the Sleep Health Foundation, found up to 45 per cent of adults slept either poorly or not long enough most nights. It found the "effect of the 24/7 society is profound", with 44 per cent of adults on the internet just before bed almost every night. Almost a third of adults (29 per cent) reported making errors at work due to sleepiness or sleep problems, while another 29 per cent reported driving when drowsy at least once each month. One in five said they'd nodded off while driving within the past year. Results from a comparative 2010 study suggest sleep problems are now up to 10 per cent worse.

CLINICAL PSYCHOLOGIST KATHRYN SMITH, OF BRISBANE-based practice Psychology Consultants, specialises in sleep issues and runs a group insomnia program called Towards Better Sleep. The program has run up to four times a year for the past 14 years and has helped hundreds of people with sleep problems. Smith says the treatment program includes education about sleep and changes as we age, behavioural techniques, correcting faulty thinking and relaxation strategies. "We see significant improvement," Smith says. "There are a lot more people out there with insomnia than will seek help for it. Often they will try everything else before they come to a psychologist. Often people will be behaving in ways that are incompatible with sleep and how they are thinking. They use technology late. They try to stay online until the very last moment. We have increasing work demands and stress piling on top of us in a 24/7 society and it impacts on us greatly."

"The problem with computers and smartphones is they use a lot of light and light remains the main regulator of sleep. Blue-green light is likely to wake you up and suppress melatonin (the hormone that helps regulate the body's cycle of sleep and wakefulness). Using technology also increases your level of arousal. When we want to sleep, we need to decrease arousal levels. Being online encourages mental overactivity and getting further away from sleep. It's easy to keep yourself awake, harder to force yourself asleep."

Smith says it was a common mistake for insomniacs to go to bed earlier but, without behavioural change, they could simply end up spending more time awake in bed.

Sheelah Sugars, 73, of Highgate Hill in Brisbane's inner south, completed the insomnia program, consisting of four one-hour sessions over a six-week period, last year. Sugars says she had previously gone through periods of poor sleep in her 30s and 40s when she was a high-school teacher but her insomnia re-emerged about three years ago when her



Sheelah Sugars completed an insomnia program in 2017.



Clinical/sleep psychologist Kathryn Smith.
Pictures: Annette Dew (above), Claudia Baxter/AAP

late husband, orthopaedic surgeon Bill Sugars, was ill with cancer (he died aged 72 just over a year ago). "My husband was ill for about three years," Sugars says. "I would go to bed and know I had to be bright the next morning but found I just couldn't relax enough to fall asleep. There was a lot going on in the background and the insomnia set in."

"I felt like I didn't sleep at all. I'd be up and down all night and then as soon as the kookaburras sounded, that would be it. Insomnia is terrible because not sleeping affects everything you do in life. I was so irritable and snappy. I couldn't think properly, you lose the ability to be

rational and focused, and you take it out on people around you. Then you can get depressed and anxious about it all."

Sugars was taught about good sleep hygiene techniques such as making her bedroom comfortable, avoiding eating a heavy meal before bed, skipping caffeine for six hours, keeping active during the day with no daytime napping, and having a relaxation routine. She was also surprised at advice to go to bed later. "Because I was so tired I couldn't wait to get into bed," Sugars says. "But I was taught to put bedtime off, to go to bed at a set time and allow about eight hours for sleep. Then it's important to get up. I didn't really have a good routine before. I used to feel panicked and anxious that I wasn't sleeping... I'd be thinking about how I only had a few hours left to get sleep. Then the next night, you'd be wondering if it would be as bad again."

Sugars says she now uses breathing exercises and relaxation techniques, avoids alcohol later in the evening and wears special glasses to reduce the blue rays from the TV and computer. "Most of the time I do sleep well now. I have found a big improvement," she says. "I will still have the odd night where I haven't slept well but I don't get that panic or anxiety that I'm not sleeping."

Smith says the quality and quantity of sleep changes as we age, with the amount of deep sleep we achieve becoming less. "Your body deteriorates but so does your sleep, and that is normal," Smith says. "Often we think we should be able to sleep like we did as a kid, but there are changes from young adult to middle age to elderly."

"People can also be light sleepers if they drink alcohol, which can disrupt sleep and the ability to achieve a deeper sleep. Most people can be helped. We ask people to do things quite differently at times and, as with any human behaviour, it's an effort to change. There's a big variety of behaviours people present with but if we can correct misconceptions they have about sleep and help them relax, that is often the cure. If people put the effort in, they will usually get the results."

SLEEP IS A YOUNG FIELD OF STUDY. ONLY 20 OR 30 YEARS ago, the ASA's Barnes says, "we weren't all that interested in sleep". But the topic is attracting more attention, including in the form of a swath of recently published books.

New York Times bestselling author and globally successful online publisher Arianna Huffington wrote *The Sleep Revolution: Transforming Your Life One Night at a Time*, in which she says we are "in the midst of a sleep deprivation crisis" and that a "sleep revolution" is needed to overcome "our cultural dismissal of sleep as time wasted".

American neurologist and sleep specialist Dr W. Chris Winter wrote *The Sleep Solution: Why Your Sleep is Broken and How to Fix It* to empower readers to stop taking sleeping pills and to take control of their sleep. He says extended periods of inadequate sleep have a severe impact on health, "kind of like a really slow heart attack".

Australian author Michael McGirr also wrote *Snooze: The Lost Art of Sleep*, drawing on his own troubles sleeping as well as examining the causes and consequences of getting too little sleep. "Many people still don't prioritise sleep," Barnes says. "Sedatives are also not the cure for insomnia. They are a short-term fix for a long-term problem. Go and see a sleep psychologist instead. It's time to take your sleep seriously and do something about it." ■



TIPS FOR A BETTER NIGHT'S SLEEP

- Go to bed at the same time every night and spend no more than about eight hours in bed. The body's internal clock and hormones that control sleepiness and wakefulness work best if there is a regular sleep routine.
- In the hour before bed, adhere to a relaxing, wind-down sleep routine. This may include a warm bath, reading, or a warm drink (but avoid caffeine for at least four hours before retiring).
- Avoid stimulating activities an hour before

- bed, including exercise, computer games, television, movies, important discussions.
- Don't go to bed on a full stomach. The evening meal should be at least two hours before bedtime.
- If not asleep after 20 minutes in bed, get up and go to another room and sit quietly (no TV, computer, food or drink) until you feel tired.
- Don't doze on the couch during the evening as it will be harder to fall asleep when you go to bed.

- Keep the bedroom free from distractions such as television, computer, radio, phone and pets.
- Getting sunlight during the day will help you sleep better.
- Avoid smoking before going to bed or during the night.
- Alcohol may help you get to sleep but ultimately it makes it harder to stay asleep and exacerbates problems such as snoring and sleep apnoea.

sleephealthfoundation.org.au