

SLEEPING SOUNDLY

Contents:

- [About Sleep](#)
- [Related Services at Tang Center](#)
- [Related Topics](#)

About Sleep

Sleeping soundly should come easy after a hard day at school or work. But, for many of us, nighttime slumber is disrupted by thoughts of our "to-do" list, worries about our studies or workload, or interruptions from roommates, children or snoring partners. One third of all American adults experience an occasional or persistent sleep disturbance known as insomnia. According to modest estimates, at least 20-30 million Americans suffer from insomnia.

Dangers of Sleep Deprivation

The term "insomnia" describes trouble falling asleep, disrupted sleep or waking up too early. There are three types of insomnia: 1) transient insomnia -- lasting for a few nights; 2) short-term insomnia -- lasting up to three weeks; and 3) chronic insomnia -- lingering for up to a month or more.

Many factors lead to the disruption of normal sleep. Insomnia is a symptom of some larger problem related to lifestyle or physical or psychological health. This may include day-to-day pressures of job or school stress, psychological problems like anxiety or depression, or major events such as relationship problems, illness or death of a loved one.

The resulting fatigue of sleep deprivation can lead to increased stress, irritability, even catastrophe. An estimated 200,000 to 400,000 car and truck accidents every year are related to lack of sleep. Fatigue can lower motivation and negatively impact job performance and personal relationships. Evidence also suggests that sleeplessness may compromise the immune system.

Sleep Quantity vs. Quality

The amount of sleep each of us requires is an individual matter. Some people feel rested with 5-6 hours of sleep; others need 9-10 hours. Generally, most adults sleep 7-8 hours in a 24-hour period. Since no research indicates that a particular amount of sleep is needed, whatever makes you feel refreshed and alert is considered adequate.

The quality of sleep we get is probably more important than the quantity. Sleep consists of two types of slumber: REM sleep includes rapid eye movement and dreaming, while non-REM sleep includes four stages ranging from light to deep sleep. Each night you pass through 4-6 cycles of REM and non-REM sleep. It is in these deeper stages of sleep that the body restores itself, giving you that refreshed feeling. As we age, we spend less time getting the stage-four kind of rest. This explains why 40% of all sleeping pills are consumed by people in the 65-79 age group.

How to Get Your 40 Winks

To improve the quality of your sleep, try these slumber-friendly techniques:

- Go to bed and wake up at the same time every night and day, including weekends.
- Develop a relaxing, nightly routine such as reading, listening to music, taking a bath.
- Create an environment conducive to sleep -- quiet, dark, comfortable.
- Do not use bedtime to do work.
- Get regular exercise during the day.
- Avoid stimulants -- caffeine or nicotine -- several hours before bedtime.
- Do not over- or under-eat before bedtime.
- Do not consume alcohol before bedtime (it can lead to disrupted sleep).
- Avoid naps unless you have no problem sleeping at night.
- Ask your physician if any of your prescribed medication causes sleep disruption.
- Try relaxing each muscle from your toes to your head or think of a repetitive mental routine such as counting sheep!

- If you cannot get to sleep, get up and do something relaxing.

If, after one to two weeks, you do not see improvement, consult your doctor. Your physician can explore physical or emotional causes and prescribe treatment accordingly to alleviate your sleeplessness.

Related Services at the Tang Center

For Students:

- Advice Nurse: (510) 643-7197
- Appointments: (510) 642-2000

For Faculty and Staff:

- Please refer questions to your health plan or primary care provider.

Related Topics

- [Depression](#)
- [Exercise: Fitting Fitness In](#)
- [Exercise: Starting A Walking Program](#)

Disclaimer: The information provided here is not intended to diagnose, treat or provide a second opinion on any health problem or disease. It is meant to support, not replace, the relationship that exists between an individual and his/her clinician.

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