

THE REST OF YOUR LIFE

Sleep Deprived? Tips to Try for Restful Shut-Eye

Holly J. Kramer, M.D., finds it ironic that, given the emphasis in recent years on medical residents getting enough sleep to perform optimally, no one seems to be thinking about the well-being of attending physicians when it comes to getting adequate shut-eye.

If you think about most people who are in private practice, they have to get up in the middle of the night, go to the emergency room and see patients, and then go to clinic [the] next day," said Dr. Kramer, an epidemiologist at Loyola University Medical Center (LUMC) in Maywood, Ill.

"They don't have anyone saying, 'You haven't gotten 8 hours of sleep. You need to go back home.' We're putting so much emphasis on residents, yet there's no emphasis on all the other people who are taking care of patients [and] also might be sleep deprived," she said.

The issue hit home earlier this year when her department chair invited a sleep expert to talk to the attending physicians about the dangers of sleep deprivation. Dr. Kramer was pregnant with her first child at the time, and she began to wonder how the lack of sleep that accompanies a new baby would affect her practice when she returns from maternity leave.

"It made me worried about what it's going to be like to juggle all of this and go to work on very little sleep—[like] going through a 'pseudoresidency' all over again—yet I'm not going to have anyone telling me I need to go home and get rest," she said. "It's something that a lot of attendings have to deal with. No one talks about it."

Michael J. Sateia, M.D., president of the board of the American Academy of Sleep Medicine (AASM), agreed that sleep deprivation among attending physicians has been neglected.

The larger medical organizations to which physicians belong really have not

focused on this adequately," said Dr. Sateia, who also directs the sleep disorders center at Dartmouth Hitchcock Medical Center, Hanover, N.H.

"At the AASM, we have been a part of trying to provide the education for residents, [as well as] for staff physicians. I think we still have a long way to go in terms of outreach," said Dr. Sateia.

Daniel F. Dilling, M.D., of the center for sleep disorders in the pulmonary and critical care division at LUMC, likened significant sleep deprivation to having a blood alcohol level of 0.1, "whether that is an inability to concentrate; problems with dexterity, memory, and recall; or problems with reason and logic," he said. Sleep deprivation makes things worse.

Shift workers and physicians who are on call for long periods of time tend to struggle the most when it comes to getting adequate sleep.

About 20% of the American workforce is engaged in shift work. This segment of the population generally gets 5-7 hours per week less than nonshift workers, mainly because they "are often faced with the task of sleeping out of sync with their biological clock," Dr. Sateia said. "Physiologically, that makes it more difficult to sleep. Some people adapt to this reasonably well; [others] adapt to it very poorly. The result is that they are sleep deprived."

Being on call presents its own hazards with respect to sleep, Dr. Sateia added. "Not only if you have to work, but also the fact that you are in a sense 'on alert.' For many physicians, just knowing that they may be called can interfere with sleep. For others, being called and having their sleep interrupted [is another challenge]. The interruption may only be 5-10 minutes, but then they face difficulties returning to sleep. That can rob them of a good night's sleep."

Individual sleep needs vary greatly, noted Rebecca Smith-Coggins, M.D., of the division of emergency medicine at Stan-



COURTESY DR. CATHERINE A. MARCO

When working nights, Dr. Catherine A. Marco tries to sleep 3 hours before and after her shift.

ford (Calif.) University. "It's hardwired," she said. "You're either a person who needs 7 hours, 8 hours, or 9 hours. A lot of times we fool ourselves into thinking, 'I'm getting good at getting away with just 6 hours, because I've been doing it for years.' That's not really true. You're probably functioning with a sleep debt, and you'd feel much better if you started sleeping enough to fulfill what your sleep need is."

She and other physicians interviewed for this story offered the following advice on how to secure a good night's sleep:

► **Keep a consistent schedule.** Prior to her night shift duties a few times a month, Catherine A. Marco, M.D., tries to get 3 hours of sleep before the shift begins and 3 hours afterward.

"The logic behind that is trying to anchor those sleep hours as close to nighttime when you normally sleep," said Dr. Marco, an attending physician in emergency medicine at St. Vincent Mercy Medical Center in Toledo, Ohio. "By waiting and sleeping the next day, you've completely reversed your sleep schedule."

If you're unable to fall asleep within 20 minutes or so, get out of bed and engage in a quiet activity like reading, Dr. Sateia advised. "Do something relaxing until you feel drowsy again, and ready to give [sleep] another try. Repeat as necessary."

► **The darker the room, the better.** Consider sleep masks or hotel-quality window shades, especially if you do shift work, Dr. Dilling said.

► **Limit caffeine and alcohol intake.** Caffeine can carry effects for 4-6 hours. "The one time [that] alcohol may be beneficial to sleep is if you're really tense and anxious about something and you just can't get to sleep," Dr. Smith-Coggins said.

"Some people find that one beer or one glass of wine can be helpful to relax you and let you fall asleep without the negative effects. Generally, though, alcohol is well known to shorten total sleep time and fragment one's sleep," she said.

► **Be a noise abater.** Wear ear plugs. Post "no delivery" signs on your door. Turn your phone ringer off. Run a fan or air conditioner in your bedroom for white noise.

► **Sleep in a cool room.** This is key dur-

ing the summer months, Dr. Smith-Coggins said, "because you sleep less efficiently when your body temperature is elevated. That's why we get our most efficient sleep at about 3 a.m.-4 a.m., because our body temperature is lowest then."

► **Avoid pets in bed.** Your furry friends may not seem like they're disturbing your sleep, "but they really can," Dr. Dilling said. "Not only from their movement, but if they cause any kind of nasal congestion, they can impact your ability to stay asleep."

► **Be wary of sleeping pills.** Stay away if you can, "because some of them are physiologically addicting and some are more psychologically addicting," Dr. Smith-Coggins said. "But they

can help physicians if they take the smallest amount possible as infrequently as possible." Often people get used to them and take higher and higher doses. "That's when they get into trouble."

► **Work in some nap time.** For example, if you're on night coverage but are still required to work days, so-called "power naps" that last 15-20 minutes "can be helpful in restoring our cognitive function when we're in a sleep-deprived situation," Dr. Sateia said. "It's certainly not a substitute for a full night of sleep, but it can be helpful. The one caveat about napping is that if you are having an insomnia problem, you need to be very careful because that may reduce your sleep drive and make it even more difficult for you."

► **Watch what you eat.** Data on diet's effect on sleep "is all over the place," Dr. Smith-Coggins said. "The one thing most sleep researchers would agree on is that if you're going to eat before bed, a small amount is better than a large amount." Try to leave some time between when you eat and when you go to bed.

► **Age matters.** As people age, sleep tends to become lighter and more fragmented. Such changes "are not necessarily an inevitable consequence of aging but may be more a function of many of the things that go with aging," such as additional health problems, psychological stresses, medication usage, and more frequent sleep disorders, Dr. Sateia said.

"In order to try to minimize the impact of those things, do everything you can to remain physically and psychologically healthy; use medication judiciously and only as indicated; maintain regular exercise; and try to maintain as active a life as possible," he said.

► **Get a check-up.** If the tips listed here don't work, a bona fide sleep disorder or other medical condition could be the root cause of your insomnia or fragmented sleep pattern. For example, if you're sleeping partner tells you that you're a loud snorer or notices that you periodically stop breathing when you sleep, that may indicate obstructive sleep apnea. ■

By Doug Brunk, San Diego Bureau

Don't Drive Drowsy: Nap, Coffee Help

When Dr. Smith-Coggins is asked to lecture groups of physicians about sleep, she often poses the following question to her peers: "How many of you have dozed off sometime in the last year while driving?"

The number of physicians in the room who raise their hands "is just scary," she said. "Drowsy driving is something that physicians need to pay attention to."

If you're feeling sleep deprived after a long period of work, she maintains that only two things have been proven to make your ride home safer.

The first is a 15- to 20-minute nap before you go. "Or, if you're driving and you start feeling sleepy, pull over," she said. "Get off the road and take your nap then."

The second-best option is to consume 2 cups of drip coffee before you hit the road. "That's a lot," she ac-

knowledged. "Plus you have the problem of getting home and not being able to sleep."

In a recent randomized study of emergency physicians, she and her associates found that a nap in the middle of a night shift led to improved job performance.

Performance measures included tests of memory recall and reaction time, as well as a computer-based IV insertion simulation that analyzes motor dexterity.

Subjects were given a 40-minute napping opportunity. The average amount of sleep time was 25 minutes.

"We did find evidence of improved performance during the shift in those subjects who were randomized to get a nap when compared with the group that didn't get the nap," Dr. Smith-Coggins said.