

Oh, for a Peaceful Night of Sleep!

I have been having a terrible time sleeping and it seems an alarm clock in my body wakes me every night at 2:20am, 3:15am, 4:20am and 5:10am. Getting back to sleep doesn't come easily as my mind replays the day's events and issues I'm concerned with. I have Diabetes and poor sleep is a symptom of this disease.

I have talked to other Santas who are having the same problem This made me curious about sleep loss and I found some interesting information which I have included in the following paragraphs. This and other information concerning sleep disorders may be found at the Center for Disease Control, CDC.gov

I have also have an upcoming Doctors appointment and my concerns over my sleeping patterns will be at the top of the list of questions I ask him.

Key Sleep Disorders

Sleep-related difficulties affect many people. The following is a description of some of the major sleep disorders. If you, or someone you know, is experiencing any of the following, it is important to receive an evaluation by a healthcare provider or, if necessary, a provider specializing in sleep medicine.

Insomnia

Insomnia is characterized by an inability to initiate or maintain sleep. It may also take the form of *early morning awakening* in which the individual awakens several hours early and is unable to resume sleeping. Difficulty initiating or maintaining sleep may often manifest itself as *excessive daytime sleepiness*, which characteristically results in functional impairment throughout the day. Before arriving at a diagnosis of primary insomnia, the healthcare provider will rule out other potential causes, such as other sleep disorders, side effects of medications, substance abuse, depression, or other previously undetected illness. *Chronic psycho physiological insomnia* (or "learned" or "conditioned" insomnia) may result from a stressor combined with fear of being unable to sleep. Individuals with this condition may sleep better when not in their own beds. Health care providers may treat chronic insomnia with a combination of use of sedative-hypnotic or sedating antidepressant medications, along with behavioral techniques to promote regular sleep.

Narcolepsy



Excessive daytime sleepiness (including episodes of *irresistible sleepiness*) combined with sudden muscle weakness are the hallmark signs of narcolepsy. The sudden muscle weakness seen in narcolepsy may be elicited by strong emotion or surprise. Episodes of narcolepsy have been described as “sleep attacks” and may occur in unusual circumstances, such as walking and other forms of physical activity. The healthcare provider may treat narcolepsy with stimulant medications combined with behavioral interventions, such as regularly scheduled naps, to minimize the potential disruptiveness of narcolepsy on the individual’s life.

Restless Legs Syndrome (RLS)

RLS is characterized by an unpleasant “creeping” sensation, often feeling like it is originating in the lower legs, but often associated with aches and pains throughout the legs. This often causes difficulty initiating sleep and is relieved by movement of the leg, such as walking or kicking. Abnormalities in the neurotransmitter *dopamine* have often been associated with RLS. Healthcare providers often combine a medication to help correct the underlying dopamine abnormality along with a medicine to promote sleep continuity in the treatment of RLS.

Sleep Apnea

Snoring may be more than just an annoying habit – it may be a sign of sleep apnea. Persons with sleep apnea characteristically make periodic gasping or “snorting” noises, during which their sleep is momentarily interrupted. Those with sleep apnea may also experience excessive daytime sleepiness, as their sleep is commonly interrupted and may not feel restorative. Treatment of sleep apnea is dependent on its cause. If other medical problems are present, such as *congestive heart failure* or nasal obstruction, sleep apnea may resolve with treatment of these conditions. Gentle air pressure administered during sleep (typically in the form of a nasal *continuous positive airway pressure* device) may also be effective in the treatment of sleep apnea. As interruption of regular breathing or obstruction of the airway during sleep can pose serious health complications, symptoms of sleep apnea should be taken seriously. Treatment should be sought from a health care provider.

Sleep and Chronic Disease

As chronic diseases have assumed an increasingly common role in premature death and illness, interest in the role of sleep health in the development and management of chronic diseases has grown. Notably, insufficient sleep has been linked to the development and management of a number of chronic diseases and conditions, including diabetes, cardiovascular disease, obesity, and depression.

Diabetes

Research has found that insufficient sleep is linked to an increased risk for the development of Type 2 diabetes. Specifically, sleep duration and quality have emerged as predictors of levels of *Hemoglobin A1c*, an important marker of blood sugar control. Recent research suggests that optimizing sleep duration and quality may be important means of improving blood sugar control in persons with Type 2 diabetes.¹

Cardiovascular Disease

Persons with sleep apnea have been found to be at increased risk for a number of cardiovascular diseases. Notably, hypertension, stroke, coronary heart disease and irregular heartbeats (*cardiac arrhythmias*) have been found to be more common among those with disordered sleep than their peers without sleep abnormalities. Likewise, sleep apnea and hardening of the arteries (*atherosclerosis*) appear to share some common physiological characteristics, further suggesting that sleep apnea may be an important predictor of cardiovascular disease.²

Obesity

Laboratory research has found that short sleep duration results in metabolic changes that may be linked to obesity. Epidemiologic studies conducted in the community have also revealed an association between short sleep duration and excess body weight. This association has been reported in all age groups—but has been particularly pronounced in children. It is believed that sleep in childhood and adolescence is particularly important for brain development and that insufficient sleep in youngsters may adversely affect the function of a region of the brain known as the *hypothalamus*, which regulates appetite and the expenditure of energy.³

Depression

The relationship between sleep and depression is complex. While sleep disturbance has long been held to be an important symptom of depression, recent research has indicated that depressive symptoms may decrease once sleep apnea has been effectively treated and sufficient sleep restored. The interrelatedness of sleep and depression suggests it is important that the sleep sufficiency of persons with depression be assessed and that symptoms of depression be monitored among persons with a sleep disorder.^{4,5}

References

1. Knutson KL, Ryden AM, Mander VA, Van Cauter E. Role of sleep duration and quality in the risk and severity of type 2 diabetes mellitus. *Arch Intern Med* 2006;166:1768–1764.

2. Kasasbeh E, Chi DS, Krishnaswamy G. Inflammatory aspects of sleep apnea and their cardiovascular consequences. *South Med J* 2006;99:58–67.
3. Taheri S. The link between short sleep duration and obesity: We should recommend more sleep to prevent obesity. *Arch Dis Child* 2006;91:881–884.
4. Zimmerman M, McGlinchey JB, Young D, Chelminski I. Diagnosing major depressive disorder I: A psychometric evaluation of the DSM-IV symptom criteria. *J Nerv Ment Dis* 2006;194:158–163.
5. Schwartz DJ, Kohler WC, Karatinos G. Symptoms of depression in individuals with obstructive sleep apnea may be amenable to treatment with continuous positive airway pressure. *Chest* 2005;128:1304–1306.

6. How Much Sleep Do I Need?

7. Sleep guidelines from the National Sleep Foundation below have noted that the need for sleep changes as we age (*including naps):

NEWBORNS	
(0–2 months)	12–18 hours
INFANTS	
(3–11 months)	14–15 hours
TODDLERS	
(1–3 years)	12–14 hours
PRESCHOOLERS	
(3–5 years)	11–13 hours
SCHOOL-AGE CHILDREN	
(5–10 years)	10–11 hours
TEENS	
(10–17)	8.5–9.25 hours
ADULTS	
	7–9 hours
(Taken from the National Sleep Foundation Web site.)	

For further information—and a more comprehensive listing of recommended hours of sleep for different age groups—please see the National Sleep Foundation Web site at <http://www.sleepfoundation.org/site>

Wishing you Love! Hope! And Joy! and a good night's rest!

Santa Lou Knezevich

Santa America International Advisory Council