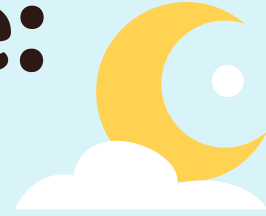




SLEEP HYGIENE



Sleep Hygiene: Definition



- A set of behavioural and environmental recommendations intended to promote healthy sleep
- Originally developed for use in the treatment of mild to moderate insomnia





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01

Definition & Prevalence of Insomnia

Definition of Insomnia

Persistent trouble falling asleep or staying asleep that affects daytime functioning or causes distress.

**Insomnia can occur as a primary sleep disorder or as a symptom of another sleep disorder



Prevalence of Insomnia



Global

~ 10% of the adult population suffers from insomnia

~ 20% experiences occasional insomnia symptoms

~ 10% to 15% of people have chronic insomnia



Canada

~ 23.8% of adults report night-time insomnia symptoms⁺

> 90% of them reporting symptoms for at least 1 year

⁺Night-time insomnia symptoms are determined by “most of the time”/“all of the time” response to “How often do you have trouble going to sleep or staying asleep?”

****More prevalent in adults and women****



02

Symptoms of Insomnia/Sleep Problems




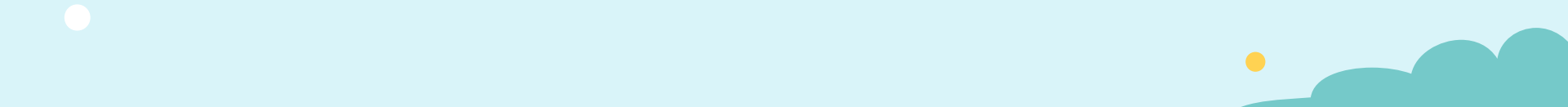


Common Symptoms of Insomnia

- **Having a hard time falling asleep at night**
 - **Waking up during the night or too early**
 - **Daytime sleepiness**
 - **Feeling tired or sleepy during the day**
 - **Feeling cranky, depressed or anxious**
 - **Having a hard time paying attention, focusing on tasks or remembering**
- 
- 



Common Symptoms of Sleep Disorders

- **Difficulty falling asleep or staying asleep through the night**
 - **Snoring, gasping or choking**
 - **Feeling an uncomfortable urge to move while trying to fall asleep**
 - **Behavioural changes & mood changes**
 - **Difficulty meeting deadlines/performance expectations during school or work**
 - **Frequent accidents/falls**
- 
- 

Insomnia vs Trouble Sleeping

Insomnia

Persistent difficulty falling asleep or staying asleep

Symptoms occur at least 3x/week for at least 1 week

Causes daytime impairment and distress

Trouble Sleeping

Broad range of sleep disturbances that do not meet the criteria for insomnia

Occurs occasionally or sporadically

Can be influenced by environmental changes or situational stress

Different Types of Insomnia

Sleep Onset Insomnia

Trouble falling asleep

Most people fall asleep within 10 to 20 minutes

Individuals with sleep onset insomnia may lay in bed for 30 mins or more

Causes:

- Stress
- Alcohol
- Caffeine
- Poor sleep hygiene

Sleep Maintenance Insomnia

Difficulty staying asleep

Often wake up one or more times and have trouble getting back to sleep

May involve waking up too early in the morning

Causes:

- Menopause
- Alcohol
- Chronic pain
- Depression
- Babies

Mixed Insomnia

Difficulty falling asleep and staying asleep

Symptoms are a combination of both sleep onset and maintenance insomnia

Different Types of Insomnia Cont'd

Acute (short-term)

- Sleep difficulties that occur at least 3 days/week for at least 1 week, **but not** longer than 3 months
- Often resolves on its own

Chronic (long-term)

- Sleeping difficulties and related daytime symptoms for at least 3 days/week for **longer** than 3 months



03

**Sleep
Assessment
Tools**



Epworth Sleepiness Scale

Epworth Sleepiness Scale

Name: _____ Today's date: _____

Your age (Yrs): _____ Your sex (Male = M, Female = F): _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

It is important that you answer each question as best you can.

Epworth Sleepiness Scale (cont'd)

Situation	Chance of Dozing (0-3)
Sitting and reading _____	
Watching TV _____	
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	
As a passenger in a car for an hour without a break _____	
Lying down to rest in the afternoon when circumstances permit _____	
Sitting and talking to someone _____	
Sitting quietly after a lunch without alcohol _____	
In a car, while stopped for a few minutes in the traffic _____	

THANK YOU FOR YOUR COOPERATION

Epworth Sleepiness Scale (cont'd)

- **0-5 Lower Normal Daytime Sleepiness**
- **6-10 Higher Normal Daytime Sleepiness**
- **11-12 Mild Excessive Daytime Sleepiness**
- **13-15 Moderate Excessive Daytime Sleepiness**
- **16-24 Severe Excessive Daytime Sleepiness**

Sleep Hygiene Index

SLEEP HYGIENE INDEX (SHI)

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale to make your choice.

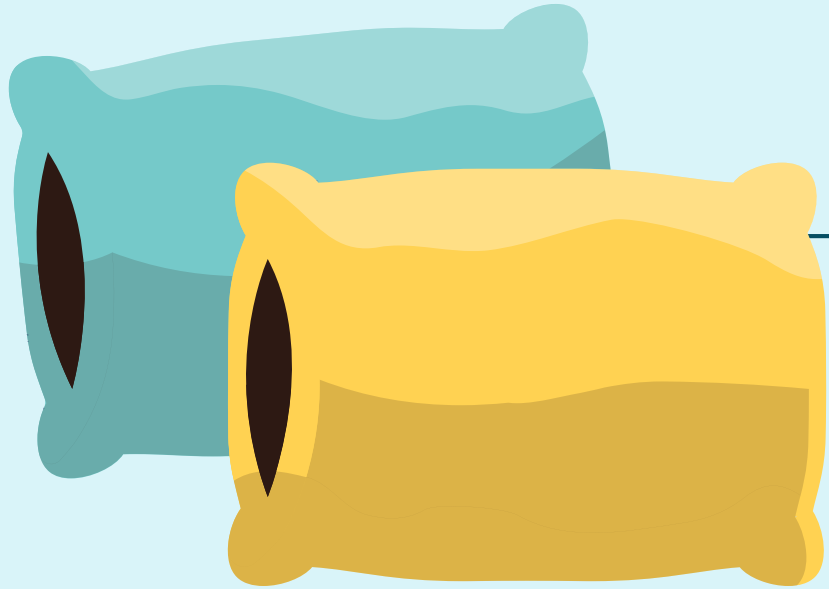
	0	1	2	3	4	
	Never	Rarely	sometimes	Frequent	Always	
1. I take daytime naps lasting two or more hours.				0 1 2 3 4		_____
2. I go to bed at different times from day to day.				0 1 2 3 4		_____
3. I get out of bed at different times from day to day.				0 1 2 3 4		_____
4. I exercise to the point of sweating within 1 hr of going to bed.				0 1 2 3 4		_____
5. I stay in bed longer than I should two or three times a week.				0 1 2 3 4		_____

Sleep Hygiene Index (cont'd)

6. I use alcohol, tobacco, or caffeine within 4hrs of going to bed or after going to bed.	0	1	2	3	4	_____
7. I do something that may wake me up before bedtime (for example: play video games, use the internet, or clean).	0	1	2	3	4	_____
8. I go to bed feeling stressed, angry, upset, or nervous.	0	1	2	3	4	_____
9. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study).	0	1	2	3	4	_____
10. I sleep on an uncomfortable bed (for example: poor mattress or pillow, too much or not enough blankets).	0	1	2	3	4	_____
11. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy).	0	1	2	3	4	_____
12. I do important work before bedtime (for example: pay bills, schedule, or study).	0	1	2	3	4	_____
13. I think, plan, or worry when I am in bed.	0	1	2	3	4	_____
Total score = _____						

Sleep Hygiene Index (cont'd)

- **A 13-item self-report index to assess the presence of sleep hygiene behaviours**
- **Each of the item is rated on a five-point scale (ranging from 0 [never] to 4 [always])**
- **Total scores ranged from 0 to 52, higher scores indicating poorer sleep hygiene status**




04

**Factors
Affecting Sleep**



Factors/Behaviours Affecting Sleep Hygiene



- **Sleeping environment:** blue light from electronics
 - **Caffeine/alcohol:** interfere with the ability to fall asleep or stay asleep
 - **Snoring:** some snoring is normal, but excessive snoring can affect the sleeper or the partner of the sleeper
 - Irregular sleep schedule
 - **Mental health issues:** e.g. anxiety disorders, bipolar disorder, depression, and PTSD
 - Some medications may increase the need to go to the bathroom
 - Stress
- 

05

**Good Sleep
Hygiene**



Good Sleep Hygiene

It's all about putting yourself in the best position to sleep well each and every night:

1. Optimize sleep schedule, pre-bed routine, and daily routines
 - **Be consistent:** go to bed each night and get up each morning at the same time, including weekends
 - **Avoid** large meals, caffeine, and alcohol before bedtime
 - **Get some exercise:** being physically active during the day can help falling asleep more easily at night



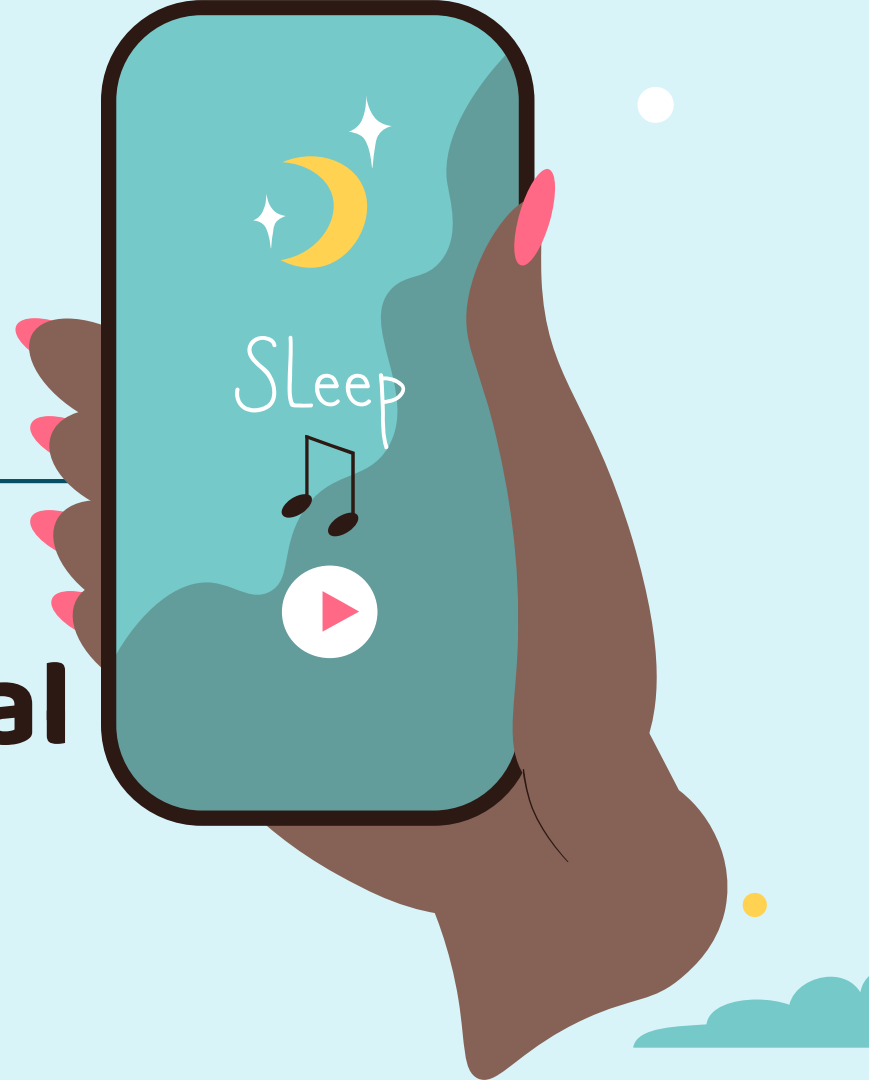
Good Sleep Hygiene

2. Create a pleasant bedroom environment: quiet, dark, relaxing, and at a comfortable temperature
3. Remove electronic devices, like TVs, computers, and smart phones, from the bedroom
4. Develop into habits to make quality sleep feel more automatic



06

**Non-
Pharmacological
Options**



Relaxation Training

Practice relaxation techniques –

- during the day
- prior to bedtime
- in the middle of the night (if unable to fall back asleep)





Relaxation Training

01

**Progressive
Muscle
Relaxation**

02

**Deep Breathing
Techniques**

03

Body Scanning

04

**Autogenic
Training**

Autogenic Training

Visualizing a peaceful scene and repeating autogenic phrases to deepen the relaxation response

- Begin with breathing
- Focus attention on different areas of your body: Start with your right arm and repeat the phrase, "My right arm is heavy, I am completely calm"
- Shift attention to your heartbeat: While breathing deeply, repeat to yourself six times, "My heartbeat is calm and regular," and then say, "I am completely calm."



Melatonin

- Over-the-counter
- Hormone involved in sleep regulation
- Take between 30 to 60 minutes before bedtime
- Can be used to treat insomnia related to secondary causes (e.g. jet lag/shift work)
- Side effects (often related to dosage): headaches, daytime sleepiness, irritability

** Consult your primary care provider for more information
or other treatment options**

Sleep Tight

