

SLEEP WELL AGAIN

LISA MORRONE, P.T.



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Chapter 1

So Tired of Being Tired

The March of the Weary Soldier

I can feel my alarm clock staring at me, beckoning me to open my eyelids and take a peek. I resist and try to fall back to sleep. But as I lie there, the temptation to know grows stronger. I finally give in and lift one lid long enough to focus on the numbers. 3:13 a.m. Ugh. I try to force myself to get back to sleep. But instead I begin doing the math... adding up the number of hours I've already slept, and then the number of hours between now and the time my alarm is set to ring. "If I don't fall back to sleep soon, my day will be doomed from the start..."

And now, the very thought of dragging myself through the next day with burning eyes at half-mast has pushed my anxiety button. So I spend the next two hours tossing and turning, fretting more and more with each passing hour. An hour later, after I finally fall back to sleep, the inevitable happens—my alarm clock rings! Let the weary day begin...

Most everyone experiences a bad night's sleep from time to time. One sleepless night every few weeks, while troublesome, is not usually of great concern. It's when these nights of broken sleep begin to pile up, becoming more the norm rather than the exception—then there's a problem. *Sleep deprivation*, which by definition is getting less than 7 to 8 hours of sleep per night, has set in. Relentless nights of

insufficient sleep steal your energy, your focus, and your creativity—not to mention your joy.

And poor sleep is stealing your health as well. It is well documented that the lack of sufficient sleep will significantly raise your risk of injury both at home and at the workplace, increase the odds of your being in a fatal traffic accident, and adversely affect your longevity. To put it starkly, sleep deprivation leads to life deprivation.

“Styles” of Sleep Problems

You may have trouble falling asleep. Night after night *sleep initiation* eludes you for one reason or another. Some of you can’t get the thoughts swirling around your mind to retire when you’re ready to. For others, physical discomfort is the reason you can’t get comfortable enough to drift off to sleep. Or possibly you bring to bed a plate piled high with stressful emotions, which you begin to chew on as soon as you turn off the lights. Many of you, without realizing it, have picked up some bad bedtime habits that are sabotaging your sleep efforts. If trouble initiating sleep is your nighttime issue, be encouraged. This problem is often easily repaired.

Some of you are thinking, *I can fall asleep—my problem is I can’t stay asleep!* For you and others like you, nighttime waking is an unwanted guest in your bedroom—like someone leaning over you and shaking your shoulder until you regain consciousness. (For those of you who are parents of little ones, this may be literal rather than figurative.) Some people find they wake prematurely from stressful dreams or anxious minds, while others are wakened by nagging physical pain—headaches, neckaches, or backaches, shoulder or hip pain, or a burning sensation in their midsection. For those of you who are in your second half of life, many of you may wake to the “sound” of your bladder alarm going off, compelling you to make an unwanted trip to the bathroom. Still others of you haven’t a clue as to why you are suddenly awake—you just are. This book will offer many suggestions that will work together to enable you to *stay* asleep.

A third “style” of sleep deprivation takes the form of *early-morning wakefulness*. You fall asleep quickly and sleep soundly, but unfortunately, you just can’t seem to make it last long enough to be considered a full night’s sleep (7 to 8 hours). This is often the case when mental and emotional stressors are so prominent that as soon as the opportunity for wakefulness presents itself, the brain shakes off its slumber and your mind is off and running. (I know this one well.) The early-morning wake-up call is also associated with aging. But it doesn’t have to come along with getting older. You’ll find many easy-to-apply tips throughout this book that can lead to a fuller night’s slumber and a brighter daybreak.

For those of you who sleep with a partner, your sleeping problem may have nothing to do with you. It’s *your partner’s nighttime noises or motions* that are interrupting your peaceful night’s sleep. If you share your bed with a snorer, then you know the drill—try to fall asleep quickly before they do. When your partner tosses and turns or jerks and flails, your bedroom takes on a “rock and roll” atmosphere that denies rest for the weary. And for those parents who share your bed with your children: Everything from nursing to little feet kicking to nighttime potty runs is likely to be disrupting your sleep.

If your rest regularly gets shortchanged, then I imagine you are desperate for a seamless night’s sleep. In fact, you’re likely in search of many of them. You’re done with taking mandatory naps or nodding off here and there during the day. You’re tired of dragging your deflated self through the day—each and every day—so tired, in fact, that you’ve bought this book (knowing you’ll have the time to read it during your many wakeful hours). You’re hoping it can shed some light on how you can get a better night’s sleep and wake up refreshed instead of ready for bed again!

While this book is not a cure-all, it is a cure-*most*. The major factors that may be preventing you from sleeping well will be investigated and addressed, chapter by chapter—*bladder problems, physical*

pain, sleep apnea, restless legs syndrome, overactive brain, and even your own pre-bedtime behavior. Furthermore, in chapter 10, we'll discuss the most popular sleeping aids available on the market today. This way you'll have enough information to allow you, along with your physician, to make an educated decision about whether or not to begin using these herbal or medicinal remedies. Finally I will wrap up with an appendix aimed at getting the teenagers in your life a better night's sleep, so they can set the stage for a lifetime of being well-rested.

But before we jump into the main course of this book, let's begin with an appetizer plate of sleep terms that will aid you in diagnosing, labeling, and treating your own sleep misbehavior.

Insomnia

When I hear the term *insomnia*, cartoon images from my childhood come to mind. I picture a weary character dressed in a long-sleeved nightshirt, slumped in a parlor chair in the dead of night. Beside him on a table stands a lit, burnt-down candle. His eyes have been devilishly propped open with toothpicks to prevent him from ever getting some sleep. Poor guy. Lack of necessary sleep is certainly agonizing. For those of you who have lived through nights that seem as tormenting as this, it's probably not surprising to you that sleep deprivation is used as a form of torture the world over.

Since the term *dysomnia* (see sidebar below) is not in most people's vocabulary, those who have trouble sleeping typically say they are suffering from *insomnia*. The word *insomnia* literally means "no sleep"—which can actually be misleading. People who suffer from insomnia often report that they don't get any sleep. However, what is nearer to the truth of the matter is that they are not getting *enough* restful sleep. There are three qualifications that must be present in order for you to be diagnosed as having insomnia:

1. You experience poor sleep—either trouble falling or staying asleep, or poor-quality sleep.

2. Your poor sleep has a deleterious effect on you (mentally or physically) during the day.
3. This sleep problem occurs even though you have the opportunity to sleep and a favorable environment in which to do so.

There are different ways the medical field has chosen to classify insomnia. The most common classifications are based on its cause (*primary* or *secondary*) and duration (*transient*, *short-term*, or *chronic*). From the definitions below you can begin to qualify and quantify your particular sleep problem using standard terms.

DYSSOMNIA

This fancy word, when translated literally, means “bad sleep.” And while everyone has an occasion of bad sleep, this term is more accurately used when describing ongoing sleep problems. As lonely as you feel sitting up all by yourself when everyone else appears to be asleep, you are most certainly not alone. Dyssomnia affects one out of every three adults each year to one degree or another, yet only 5 percent seek medical help.¹

As we began to discuss above, the reasons behind dyssomnia are numerous. It can result from physical or chemical factors, or neurological or emotional issues—or a combination of these. Regardless of the cause, when you suffer from dyssomnia, consistently getting less than six hours of shut-eye per night, the quality and quantity of your life are significantly diminished.²

Primary Insomnia

When sleeplessness is not found to be caused by an underlying medical, psychiatric, or environmental factor, it is labeled *primary insomnia*. Sleeplessness *is* the problem; it's not the result of

another problem. While some primary insomniacs have suffered with it since childhood, others have passed through a time of major or long-lasting stress that has altered their sleeping ability. Even after the situation has been resolved, long-term sleep disturbances continue to plague them.

Having endured this, many of these have developed a stress response whenever they approach the time of sleep. In addition to worry (*Will I be able to sleep tonight?*), other poor habits may have found their way into the life of the primary insomniac, such as regular nap-taking and going to bed extra early.³ Both of these habits, while they seem to make the best of a bad situation, actually work against restoring a normal sleep routine.

Secondary Insomnia

In the case of *secondary insomnia* there are medical, emotional, or neurological reasons, or a combination of them, why one's normal sleep state has become disrupted. Sleep disruption is the symptom of another co-existing health problem. Below is a list of some of the major culprits fueling secondary insomnia (most of which we will be addressing in this book):

- headaches
- back pain
- neck pain
- other joint aches and pains, such as knee and shoulder
- heartburn (acid reflux)
- bladder conditions
- waking to breathe (sleep apnea)
- restless legs syndrome
- emotional upset, such as depression, anxiety, post-traumatic stress disorder

- major medical issues, such as stroke, overactive thyroid (Grave's disease), asthma, congestive heart failure, Alzheimer's, or Parkinson's disease
- menopause, hot flashes
- side effects of some prescription medications
- caffeine
- nicotine
- alcohol
- illicit drugs

Half of these causes for sleeplessness can be handled quickly, and better sleep can be restored to you as soon as tonight. Others will require a commitment to the appropriate medical or psychological intervention I recommend. But it is worth every effort that you make. You can regain the sleep you need to live a long and productive life by being proactive and addressing your sleep problem head-on.

Transient Insomnia

When your sleep is altered for just a few days in a row, you are experiencing *transient insomnia*. A work deadline or project overload can land me in this category a number of times throughout the year. While living with transient insomnia, my days become something to be tolerated and my nights something to be dreaded. You probably know exactly what I'm talking about.

Short-Term Insomnia

When sleep-altered days lengthen to two or three weeks, then you've advanced into the realm of *short-term insomnia*. Late-term pregnancy seems to inevitably do this to women. Between the aches and pains, the kicking baby (who never chooses to sleep when you

do), and the pressure on your bladder, welcome to months of interrupted sleep! A training ground, I always mused, for the sleep-challenged months to follow.

Chronic Insomnia

When you battle with trouble falling asleep, staying asleep, or getting a restful night's sleep that has lasted beyond one month, your condition earns the distinction of *chronic insomnia*. You may be experiencing months of sleep disruption while going through a rough patch with your rebellious teen or if, sadly, you are facing a divorce. Maybe your world has been altered by a job layoff or a life-changing health diagnosis or physical ailment. In all these cases and more, it is reasonable to experience dramatic changes in your sleep behavior. For me, I've lived through months on end of interrupted sleep due to back and leg pain. When my physical pain finally settled down enough for me to sleep through the night, it took a while to retrain myself to approach bedtime with a peaceful and welcoming attitude, instead of worry and dread.



Whether you suffer with transient, short-term, or chronic insomnia, the cure may be right at your very fingertips. In the book you're holding you'll find dozens of truly effective methods of alleviating secondary insomnias...and even some of the troubling components of primary insomnia. What remains is to determine what your specific sleep-disturbing issue is, or if you, in fact, have more than one thing working against you.

Once you make that discovery, you can begin reclaiming those lost hours of rest one step at a time. But as is the case with automotive mechanics, it is vital that you understand the mechanisms of sleep before we can begin diagnostics and repairs. Are you ready to get started? Let's meet in the "body shop" in the next chapter.