



HEALTHY SLEEP

This Pfizer Australia Health Report looks at sleep, why we need it, what can go wrong and how we can improve it.

There are nearly 70 clinically diagnosable sleep disorders. Some of the most frequent sleep disorders are:

- Insomnia (an inability to either fall asleep or maintain sleep)
- Snoring
- Sleep Apnoea Syndromes
- Sleep Deprivation or lack of sleep
- A sleep disorder as a result of shiftwork
- Narcolepsy
- Restless legs and Periodic Limb Movement Disorder
- Parasomnias (sleep behavioural disorders or "things that go bump in the night") for example: sleep terrors, nightmares and sleep walking and talking
- Circadian Rhythm (biological clock) Disorders (largely through jetlag and shift work).

In its 2004 report "Wake Up Australia", respected analysts Access Economics estimated the total annual financial costs of sleep disorders in Australia to be \$6.2 billion. This cost is incurred

through lost productivity, cost of treatment, morbidity and death.

"We estimate that over 1.2 million Australians (6 percent of the population) experience sleep disorders," Access Economics said.

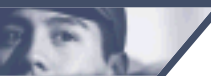
Some illnesses such as heartburn, asthma, depression and heart disease can impact sleep quality and can be worse during sleep periods.

Certain medications and alcohol can affect sleep, sleep patterns and quality of sleep.

The findings in this report are based on responses from 1 600 Australians aged 18 years and over. The research was conducted for Pfizer Australia and The Australasian Sleep Association by independent consultants, Stollznow Research.

The Pfizer Australia Health Report is produced monthly, in partnership with health consumer organisations and medical experts, and provides information and news that you and your family need to live a healthier, happier lifestyle.

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WHY DO WE NEED SLEEP?



Sleep occurs throughout the animal kingdom and it is one of the oldest functions of the human body, yet we do not know a lot regarding why we need to sleep.

We do know that sleep is required for laying down memory, to save the body's energy, to restore daytime mental function and for physical growth.

Sleep, however, is an active process and studies have shown increased activity of certain parts of our brain when we sleep when compared to wakefulness. Yet, during sleep our blood pressure, heart rate, breathing and body temperature decrease compared to wakefulness.

Lack of good sleep due to a sleep disorder or sleep deprivation can lead to a number

of daytime consequences including excessive daytime sleepiness, tiredness and lethargy, morning headache, or neurocognitive dysfunction such as poor memory, anxiety and depression.

The type and duration of sleep we have changes during our lifetime. For example, a newborn child will sleep almost all day apart from when feeding or uncomfortable, and the type of sleep is quite different to adolescents and adults.

As we get older we have less deep sleep (Slow Wave Sleep) and less Rapid Eye Movement sleep (the type of sleep when we usually dream).

Good night's sleep a fairytale for most

New research released in the Pfizer Australia Health Report shows that almost ten percent of Australians are turning to sleeping tablets to help them cope with the nation's rising rate of sleep debt.

In addition, of the one in ten who use sleeping tablets, a third admit to taking them every night.

Associate Professor Harry Teichtahl from the Australasian Sleep Association is concerned at the high use of sleep medications in the community because he believes they often don't address the cause of the sleeping problem.

And according to the findings, sleep disturbances aren't just a problem for those taking sleeping tablets.

Twenty percent reported being disturbed between three and five times every night. Close to two-thirds reported difficulty going to sleep.

Two-in-five say they do not wake up feeling refreshed and close to two-thirds feel sleepy during the day more often than once a week.

Not surprisingly, more than 70 percent of those surveyed feel their ability to get to sleep is affected by the level of work/school or everyday stresses, and that they sleep better when relaxed.

Other key findings in this Pfizer Australia Health Report show that:

- Just under 25 percent of Australians have their sleep disrupted by others in the household who snore on a regular basis
- On average, Australians feel sleepy for approximately five months of the year



- Just over 25 percent of Australians have their sleep regularly interrupted because others in the household have different hours of sleep.

"Insomnia is often caused by worrying," Professor Teichtahl said. "This, combined with the long hours and stresses of our 24-hour society, is a recipe for leaving the majority of the population living in a constant state of fatigue. Not a healthy, or safe, way to live."

"Sleep is important because it is a period of rest and recuperation for the body and brain. Using medications to aid insomnia only masks the problem and those people who are in the habit of having an afternoon nap and trying to sleep in on the weekend are only reinforcing the cycle of poor sleeping patterns."

Sleep deprivation and sleep restriction is very common with teenagers. According to this research, teenagers are unaware of the difference between feeling fatigued, lethargic and feeling sleepy.

COMMON SLEEP DISORDERS:

The three most common sleep disorders are:

- **Sleep deprivation including shift work**
- **Snoring and the sleep apnoea syndromes**
- **Insomnia**

Sleep deprivation including shiftwork

Sleep deprivation, or lack of sleep, is the most common sleep problem in developed countries.

It is often self-induced due to social/lifestyle choices or can be caused by external forces such as working long hours, having babies and children that disrupt the parents' sleep, and shiftwork. Shiftwork, in its own right (particularly some rotating shiftwork), tends to lead to sleep deprivation.

Teenagers and young adults are particularly prone to sleep deprivation because of their study and social needs.

Sleep deprivation can also be caused by sleep disorders, particularly insomnia and the sleep apnoea syndromes.

The consequences of lack of sleep can be severe and these include excessive daytime sleepiness, headaches, declining mental function, fatigue, anxiety and change in behaviour. Excessive daytime sleepiness is a particularly worrying consequence of sleep deprivation as it causes motor vehicle accidents and increases the chances of accidents in the workplace and at home.

The best way to manage sleep deprivation is to try to have enough regular sleep. While individuals tend to have variable sleep requirements, adults, as a rule, require six to eight hours of sleep per day to maintain good health.

Children require more sleep and older adults may require a little less sleep. It always helps to have regular sleep and wake times, and sleep time should be at night wherever possible.

If doing shiftwork, whether regular hours or rotating shifts, the sleep time should be as above. With rotating shifts, discussion with the employer and an occupational health and safety expert may allow for improved shift rotations and, therefore, improved sleep patterns. If a sleep disorder is the cause of sleep deprivation then management of that particular disorder is required.

Snoring and the sleep apnoea syndromes

Snoring is due to vibration of the upper airways that include the soft palate, uvula, oropharynx, the base of the tongue and up to the level of the vocal cords.

As snoring gets worse with increasing upper airway obstruction, partial or total upper airway collapse can occur - this is called obstructive sleep disordered breathing or what is more commonly known as obstructive sleep apnoea (OSA).

Snoring is very common in the community. Approximately 30 to 40 percent of adults snore with males being twice as likely to snore as females. Children can snore and this is usually due to enlarged tonsils.

Alcohol ingestion prior to sleep makes snoring worse by relaxing the upper airways muscles and making them more 'floppy'.

Snoring can be socially disruptive and cause bed partners to sleep poorly. Whether snoring alone (without OSA) is related to long term adverse health outcomes is unclear. Daytime dysfunction such as tiredness and sleepiness is sometimes seen in lone snorers and this is called Upper Airways Resistance Syndrome.



The management of snoring includes making a diagnosis (particularly to exclude significant obstructive sleep apnoea), assessing the impact of the snoring on the bed partner and patient, and treating the snoring.

Treating snoring starts with lifestyle changes such as weight loss and alcohol reduction. In those with significant nasal obstruction, treatment with nasal decongestants and nasal steroids can help.

Snoring is often related to body position during sleep and staying in certain positions, for example laying on your side rather than on your back, can improve snoring. If these measures fail, proceeding to the use of oral devices, continuous positive airway pressure (CPAP) therapy and, occasionally, surgery often helps. The management of snoring is usually best performed by a multidisciplinary team which would include your GP, a dietician, a sleep specialist, a dentist (for the oral appliance), and a specialist surgeon.

Sleep apnoea is the term used for conditions where there is cessation or partial cessation of breathing during sleep (sleep disordered breathing) and symptoms related to the breathing abnormality during sleep. Sleep apnoea can be divided into obstructive, central or mixed types.

Obstructive sleep apnoea (OSA) is by far the most common type of sleep apnoea and occurs in approximately 2% of middle aged females and 4% of middle aged men. Children can also have OSA and this is often due to enlarged tonsils.

Children with OSA can often present with hyperactivity rather than sleepiness, which is a common symptom for adults. The symptoms related to OSA include: snoring, problems with getting to sleep and maintaining sleep, waking from sleep with choking, waking from sleep to pass urine, restless sleep, unrefreshing sleep, morning headaches, daytime sleepiness, and tiredness and lethargy.



Often the patient's bed partner will notice that the patient stops breathing during sleep and that the patient makes loud noises such as snorting and gasping when asleep. The long term health effects of moderate to severe OSA are better defined than for snoring and are primarily related to increased risk of hypertension, heart problems and stroke.

As with snoring, the management of OSA relates to assessing severity of symptoms, examination of the upper airways, making a diagnosis, lifestyle changes, and medical and surgical treatments.

A general practitioner and sleep specialist can assess the severity of the symptoms and examine you, however a sleep study is required to confirm the diagnosis and assess the severity of the sleep disordered breathing.

Like treatment for snoring, lifestyle changes such as weight loss and reduction in alcohol intake can make a large difference to symptoms. Often, however, further treatment is required and the current best option is CPAP therapy applied every night.

CPAP therapy has been shown to stop snoring, reduce or abolish the obstructive sleep disordered breathing and improve

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INSOMNIA

Insomnia is a common and distressing difficulty in falling asleep, going back to sleep or waking too early where the wake period is greater than 30 minutes. Additionally, the individual feels sleep is inadequate for her/his needs. Women report insomnia symptoms nearly twice as often compared with men. Insomnia is more frequent with increasing age but only when associated with other medical and psychiatric disorders.

Shift workers are at risk of insomnia as they are trying to sleep when their brain is trying to be awake and at night they are trying to stay awake when brain and body want to go to sleep.

Insomnia may have a significant impact on daily living. Individuals report lack of energy, irritability, poor performance at work, memory difficulties and concentration problems.

Insomnia's many causes

Possible causes of insomnia are varied. Some medical conditions may cause insomnia, particularly pain, chronic respiratory problems, or other sleep disorders.

Medications such as blood pressure tablets or asthma medication, as well as substances like caffeine (coffee), nicotine (cigarettes) and alcohol, may trigger insomnia and then maintain it.

Psychiatric conditions such as depression and anxiety are commonly associated with insomnia and may be the primary cause.

Other factors that may cause insomnia include illness, loss, death of a family member/friend, financial stresses, or work and relationship issues. Even when these triggers have been resolved, at least to some extent, the person may become worried about not sleeping, which maintains or perpetuates the insomnia symptoms.



The more you worry about not sleeping, the more you worry about going to bed and the more likely you are to continue to experience insomnia. While you might fall asleep watching TV, when you go to bed your mind races and you are wide awake. Unreasonable expectations about what constitutes a good night's sleep may also contribute to this vicious cycle.

The cornerstone of assessing an insomnia complaint is an adequate history and examination that is best undertaken by your GP.

A sleep diary of bed times, how long it took to go to sleep, number of wakes and time of getting up is a useful method of assessing the range of sleep patterns an individual may have.

People with transient (24-48 hours) insomnia should remind themselves that this poor sleep is unusual and likely to go away. For anything longer than that, a person should consider instigating treatment, which can be effective but also difficult to manage.

Management of insomnia:

- Reducing the time spent in bed to match your estimated sleep time (called sleep restriction). Many people compensate

for poor sleep by spending more time in bed to give themselves more time to fall asleep or go back to sleep which, unfortunately, leads to even worse sleep;

- Getting up and going to another room, reading or listening to music in dim light until feeling less tense and more comfortable may induce a person to “let go” and let sleep happen. A person may need to do this a number of times a night and for a number of nights to get back into a better sleep pattern;
- If there is an underlying medical or psychological condition, such as depression, addressing this is important and will reduce the insomnia symptoms. Psychological assistance with stress management, relaxation and controlling thoughts is also very helpful as is attention to simple environmental factors. Information and education about sleep habits and expectations form part of most management programs.

Sleeping tablets may be prescribed for short-term insomnia but may lose their effect after a few weeks. Stopping sleeping medication may result in a few nights of much worse sleep, which is called 'rebound insomnia'. It is better to gradually reduce sleeping tablet use rather than stop abruptly.

The main goal of management for insomnia is to break the vicious cycle that maintains the insomnia. Attention to simple things such as going to bed when relaxed and/or sleepy, getting up at the same time, avoiding too much caffeine and alcohol, doing appropriate exercise and using the bedroom only for sex and sleeping may help. Recent research has shown these treatments increase deep sleep more than sleeping tablets alone.

A list of names and contact details of some health professionals who are members of the Australasian Sleep Association and specialise in insomnia treatments is available on the ASA website.



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daytime function. CPAP also improves sleep onset and sleep maintenance in patients with OSA. Other forms of treatment for OSA include wearing an oral device while asleep or surgery to the upper airways. The management of OSA, like snoring, may require a multidisciplinary team approach.

Central sleep apnoea (CSA) is much less common than obstructive sleep apnoea and patients with CSA often have OSA as well. Central sleep apnoea is when a patient does not breathe during sleep because of a lack of effort to breathe, without upper airway obstruction. It occurs in severe heart failure and a number of other uncommon conditions. The symptoms related to CSA are similar to those of OSA but without the snoring. The management of CSA can be complex and it is therefore recommended that a sleep physician investigates and treats patients with this condition.



USEFUL LINKS

THE AUSTRALASIAN SLEEP ASSOCIATION: www.sleep.org.au

AMERICAN SLEEP ASSOCIATIONS: www.stanford.edu/~dement/sleeplinks.html

CHILDHOOD SLEEP PROBLEMS: www.babyandkids.co.uk

INSOMNIA: <http://www.insomniacure.com/sleeplinks.html>

Starting Treatment

See your family doctor first to discuss your sleeping difficulties.

Unfortunately, most people do not go to see their doctor to discuss such difficulties and are more likely to mention sleep problems when they are having a consultation about something else.

Your doctor can then undertake a proper assessment, initiate treatment or refer you to a sleep disorders clinic, to a psychologist for general advice about sleep habits or to a sleep disorders specialist.



This report was produced in partnership with the Australasian Sleep Association (ASA). The ASA's mission is to lead, coordinate and enable the educational, research, and social activities of healthcare professionals in the sleep medicine field across Australia and New Zealand, with the purpose of promoting a vision of a society that recognises the importance of good sleep to health, public safety and quality of life. You can contact the ASA at GPO Box 295 SYDNEY NSW 2001, via the URL on each page of this booklet or via telephone **02 9920 1968**.

Pfizer Australia
**HEALTH
REPORT**



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