

Sleep Hygiene Tips

1. Stick to a sleep schedule. Go to bed and wake up at the same time each day. As creatures of habit, people have a hard time adjusting to changes in sleep patterns. Sleeping later on weekends won't fully make up for a lack of sleep during the week and will make it harder to wake up early on Monday morning. – this is the most important tip.^{3(p.293)}
2. Exercise is great, but not too late in the day. Try to exercise at least 30 minutes on most days but not later than 2—3 hours before your bedtime. – exercise raises your core temperature so exercising prevents the normal drop in core body temperature required to initiate sleep.^{3(p.294)}
3. Avoid caffeine and nicotine. Coffee, colas, certain teas, and chocolate contain the stimulant caffeine, and its effects can take as long as 8 hours to wear off fully (the half-life of caffeine is 5-7 hours^{3(p.28)}). Therefore, a cup of coffee in the late afternoon can make it hard for you to fall asleep at night. Nicotine is also a stimulant, often causing smokers to sleep only very lightly. In addition, smokers often wake up too early in the morning because of nicotine withdrawal.
4. Avoid alcoholic drinks before bed. Having a "nightcap" or alcoholic beverage before sleep may help you relax, but heavy use robs you of deep sleep and REM sleep, keeping you in the lighter stages of sleep. Heavy alcohol ingestion also may contribute to impairment in breathing at night. You also tend to wake up in the middle of the night when the effects of the alcohol have worn off.
5. Avoid large meals and beverages late at night. A light snack is okay, but a large meal can cause indigestion that interferes with sleep. Drinking too many fluids at night can cause frequent awakenings to urinate. “Scientific evidence suggests that you should avoid going to bed too full or too hungry, and shy away from diets that are excessively biased toward carbs (greater than 70% of all energy intake), especially sugar.”^{3(p.295)}
6. If possible, avoid medicines that delay or disrupt your sleep. Some commonly prescribed heart, blood pressure, or asthma medications, as well as some over-the-counter and herbal remedies for coughs, colds, or allergies, can disrupt sleep patterns. If you have trouble sleeping, talk to your healthcare provider or pharmacist to see whether any drugs you're taking might be contributing to your insomnia and ask whether they can be taken at other times during the day or early in the evening.
7. Don't take naps after 3 p.m. Naps can help make up for lost sleep, but late afternoon naps can make it harder to fall asleep at night.
8. Relax before bed. Don't overschedule your day so that no time is left for unwinding. A relaxing activity, such as reading or listening to music, should be part of your bedtime ritual.
9. Take a hot bath before bed. The drop in body temperature after getting out of the bath may help you feel sleepy, and the bath can help you relax and slow down so you're more ready to sleep.
10. Have a good sleeping environment. Get rid of anything in your bedroom that might distract you from sleep, such as noises, bright lights, an uncomfortable bed, or warm

Eastern Sierra Physical Therapy and Wellness

temperatures. You sleep better if the temperature in the room is kept on the cool side. A TV, cell phone, or computer in the bedroom can be a distraction and deprive you of needed sleep. Having a comfortable mattress and pillow can help promote a good night's sleep. Individuals who have insomnia often watch the clock. Turn the clock's face out of view so you don't worry about the time while trying to fall asleep. Use ear plugs, light-blocking curtains, or an eye mask if needed.²

11. Have the right sunlight exposure. Daylight is key to regulating daily sleep patterns. Try to get outside in natural sunlight for at least 30 minutes each day. If possible, wake up with the sun or use very bright lights in the morning. Sleep experts recommend that, if you have problems falling asleep, you should get an hour of exposure to morning sunlight and turn down the lights before bedtime. – LED lights (computer/phone/tablet screens and some light bulbs) are best to avoid before bed as they emit blue light which suppresses melatonin release.^{3(p.269)}
12. Don't lie in bed awake. If you find yourself still awake after staying in bed for more than 20 minutes or if you are starting to feel anxious or worried, get up and do some relaxing activity until you feel sleepy. The anxiety of not being able to sleep can make it harder to fall asleep.
13. Use your bed for only sleep and sexual activity to help train your brain that if you are in your bed, you should be sleeping. Do not eat, work, or watch TV in bed. Do these activities outside of the bedroom.²
14. Some additional interventions that have been shown to be effective for insomnia are 1. cognitive behavioral therapy (CBTI) 2. Meditation 3. Diaphragmatic breathing⁷ 4. Mindfulness training 5. Yoga 6. Tai Chi^{4,14,18}

See a health professional if you continue to have trouble sleeping. If you consistently find it difficult to fall or stay asleep and/or feel tired or not well rested during the day despite spending enough time in bed at night, you may have a sleep disorder (sleep apnea, circadian rhythm disorders, restless leg syndrome, etc.).^{7,14,16} Your family healthcare provider or a sleep specialist should be able to help you, and it is important to rule out other health or emotional problems (depression, anxiety, PTSD, medication side effects, etc.) that may be disturbing your sleep. Cognitive behavioral therapy (CBTI) is now thought to be the most effective treatment for chronic insomnia and is most effective when performed by a psychologist with specialized training in this method.^{4,10,12,14,16,17,18} This has been shown to be equally or more effective as sleep medications in the short term and more effective in the long term.^{10,12} The lack of side effects and disruption of the sleep cycle are additional benefits of CBTI over sleep medications.^{9,11,12} Mindfulness training, yoga, and Tai Chi have also been shown to be effective for many people.^{4,14,16}

References: The bulk of the above information comes from reference #1 below, and is largely the same as other lists of recommendations such as reference #2 below. The italicized information above is from additional references found below.

1. <https://medlineplus.gov/magazine/issues/summer12/articles/summer12pg20.html>
2. Siengsukon CF1, Al-Dughmi M2, Stevens S3. Sleep Health Promotion: Practical Information for Physical Therapists. *Phys Ther.* 2017 Aug 1;97(8):826-836.
3. Walker, Matthew. *Why We Sleep.* Penguin Books, 2017. Print.

Eastern Sierra Physical Therapy and Wellness

4. Maness DL1, Khan M1. Nonpharmacologic Management of Chronic Insomnia. *Am Fam Physician*. 2015 Dec 15;92(12):1058-64.
5. Orlandi AC1, Ventura C, Gallinaro AL, Costa RA, Lage LV. Improvement in pain, fatigue, and subjective sleep quality through sleep hygiene tips in patients with fibromyalgia. *Rev Bras Reumatol*. 2012 Oct;52(5):666-78.
6. Hereford JM. *Sleep and Rehabilitation: A Guide for Health Professionals*. Thorofare, NJ: SLACK Inc; 2014.
7. Bloom HG, Ahmed I, Alessi CA, et al. Evidence-based recommendations for the assessment and management of sleep disorders in older persons. *J Am Geriatr Soc*. 2009;57:761–789.
8. National Sleep Foundation. Health sleep tips. Available at: www.sleepfoundation.org.
9. Arbon EL, Knurowska M, et al. Randomised clinical trial of the effects of prolonged-release melatonin, temazepam and zolpidem on slow-wave activity during sleep in healthy people. *J Psychopharmacol*. 2015 Jul;29(7):764-76.
10. Smith MT1, Perlis ML, et al. Comparative meta-analysis of pharmacotherapy and behavior therapy for persistent insomnia. *Am J Psychiatry*. 2002 Jan;159(1):5-11.
11. Kripke DF1, Langer RD, et al. Hypnotics' association with mortality or cancer: a matched cohort study. *BMJ Open*. 2012 Feb 27;2(1):e000850
12. Sharma MP1, Andrade C. Behavioral interventions for insomnia: Theory and practice. *Indian J Psychiatry*. 2012 Oct;54(4):359-66.
13. Zhou ES1, Gardiner P2, et al. Integrative Medicine for Insomnia. *Med Clin North Am*. 2017 Sep;101(5):865-879.
14. Kozasa EH1, Hachul H, et al. Mind-body interventions for the treatment of insomnia: a review. *Braz J Psychiatr*. 2010 Dec;32(4):437-43.
15. Siebern AT1, Suh S, et al. Non-pharmacological treatment of insomnia. *Neurotherapeutics*. 2012 Oct;9(4):717-27.
16. MacLeod S1, Musich S2, et al. Practical non-pharmacological intervention approaches for sleep problems among older adults. *Geriatr Nurs*. 2018 Sep - Oct;39(5):506-512.
- 17.