



A Good Night's Sleep

What Happens When We Sleep?

In normal sleep, Rapid Eye Movement (REM) sleep comes and goes throughout the night, and makes up about one-fifth of our sleep time. During REM sleep, our brain is very active, our muscles are very relaxed, our eyes move quickly from side to side and we dream. The rest of the time we are in non-REM sleep or deep sleep, where the brain is quiet, although the body may move around. It is in non-REM/deep sleep that hormones are released into the bloodstream and our body repairs itself after the wear and tear of the day. There are 4 stages of non-REM sleep.

In clinical Depression, a sleep imbalance can be common, where there may be little or no deep sleep, a higher degree of REM sleep occurs and there may be more frequent awakenings during the night, which may last long enough for the person to be aware of them. This may be an explanation for why people with Depression can wake up feeling exhausted, and typically report finding mornings more difficult, as they have not had enough recuperative deep sleep.



Research amongst the general population in Japan has found that those whose sleep duration was less than 6 hours, and those who slept for 8 hours or more, tended to be more Depressed than those whose sleep duration was between 6 and 8 hours; so sleep is an important factor in Depression.¹ Furthermore there is good evidence to suggest that improving sleep in people with depression can lead to a reduction, not only in sleep disturbance but also Depressive symptoms.²

What Can I Do About My Sleep Problems?

It can be extremely distressing not being able to sleep. It may help you to know that most people do not need very much sleep at all in order to be physically and mentally healthy. It is possible to function effectively on very little sleep each night. In sleep research laboratories, it has been found that many people who experience insomnia actually sleep more than they think. Sometimes, people who are in a light level of sleep dream they are awake. Therefore, you may be sleeping more than you think. There are also a number of things that you can do to try and improve your sleep:

Physical Pain or Discomfort

If you are in pain or discomfort, then this is likely to

exacerbate your sleep problems. It is important that you seek advice from your GP to address these problems as best as you can. Depending on the nature of the problems, a referral to Physiotherapy to ease pain, or an Occupational Therapist to assess adaptations to your home environment, may be things to consider.

The Environment

Make sure your bed is comfortable. If the mattress is old, try turning or rotating it. Try adding extra support, such as a board or an old door underneath. Washing your bedclothes regularly can also make your bed more comfortable.

Make sure the temperature of the room is right for you. If the room is too hot, use a fan or open the window; if it's too cold, add an extra blanket, use a hot water bottle or look at the heating and insulation in the room. If the room is too light, consider changing the curtains. Add a thicker lining or blackout lining. If cost is a problem, a black plastic bin bag can be an effective blackout blind.

Is the room noisy? Can you ask noisy neighbours to turn down their television or music? Think about

fitting double glazing or internal plastic sheeting to reduce noise. Ask at your local DIY shop for low cost alternative options. Would earplugs help you to block out noise?

Worrying

If you find you are worrying about not sleeping or having extreme or catastrophic fears about the consequences of not sleeping, try jotting down some of your fears on a notepad.

If you are worrying about things in general, at least two hours before bedtime, write down the problems that keep you awake. Also, write down the next step you need to take towards resolving each problem. If you find yourself thinking over the problems in bed, tell yourself you have the matter in hand and that going over it now will not help. If a new worry occurs during the night, write it down or commit it to memory and deal with it the next day.

What Are You Doing Before Bed?

Eating a heavy meal, watching television or playing computer games just before going to bed can make it hard to go to sleep. Although some people find that

watching television or reading in bed before going to sleep helps them nod off, for many this can make them become more alert and add to their sleep problems. If you find this is the case for you, it can be helpful to keep your bed as a place only for sleep and sex. While physical exercise during the day can help you get a good night's sleep, don't exercise within two hours of bed time.

It is important to take time to wind down before you go to bed. Have a warm milky drink (make sure it doesn't contain caffeine) or herbal tea such as chamomile, which is supposed to induce sleep. Establish a clear bedtime routine and stick to it where possible, to retrain yourself to prepare for sleeping. This may include having a bath, listening to relaxing music, using relaxation methods from books or CDs, using scented candles, yoga, or meditation – whatever works for you.

Caffeine, Alcohol and Cigarettes

Caffeine is a chemical found in coffee, tea, cola and diet cola drinks, hot chocolate and some herbal drinks. It causes increased alertness and can cause physical and psychological addiction if taken at high levels. It can be tempting to drink a lot of caffeine to stay awake and alert during the day if you're tired from lack of sleep the night before, but this can exacerbate your sleep problem. Try not to drink too much caffeine and avoid it in the few hours leading up to going to bed (none after 6pm is good). Nicotine can also keep you alert, so try not to smoke too much before bed.

It can also be tempting to drink alcohol to reduce feelings of tension and help you get off to sleep. While alcohol is a sedative, it is not a good idea to try to use it to sort out a sleep problem. This is because alcohol does not lead to normal, restful sleep. In addition, alcohol causes you to pass increasing amounts of urine, which further disrupts sleep.

Keep Your Sleep Pattern Consistent

Go to bed when you feel tired and try to go to bed and

get up at the same time each day, even if you have slept poorly. This can be the most difficult area to achieve in the initial stages until the routine is re-established, but you need to try to teach your body what time to fall asleep and what time to get up. Go to sleep some time between 10 pm and midnight and try to get up at a sensible time between 7 am and 9 am (adjust these times to fit your own circumstances). You will find yourself in a vicious circle of sleep dysfunction if you allow yourself to sleep during the day.

The Quarter of an Hour Rule³

Don't lie in bed awake for more than quarter of an hour. After this time get up and do something else until you start to feel sleepy, but try not to do something too active like watching a scary film. Go into another room and read something light (like a magazine), until you feel sleepy, and only then return to the bedroom. Repeat this process if you are unable to fall asleep within quarter of an hour.

What About Sleeping Pills?

Traditional 'sleeping pills' are from a class of drugs called benzodiazepines. Sleeping tablets can be helpful to break the vicious circle of poor sleep and increasing anxiety about sleep but should not be used as a long term treatment for sleep problems. They are extremely addictive and while you may find them effective initially, in a few weeks you can become physically dependent on them and will need to take increasing doses to get the same effect. Some anti-depressants can have a sedating effect that may assist you to sleep when taken at night. Speak to your doctor about these.

None of these suggestions are miracle cures, but we hope you will find some of them helpful. Be gentle with yourself and don't expect to change everything immediately. With practice, and taking things stage by stage, you can make helpful changes to your sleep pattern, and improve your overall well-being.

For Help and Support

- **Depression Alliance Scotland** 0845 123 23 20, email info@dascot.org or visit our website at www.dascot.org

Books

- **Overcoming Depression and Low Mood** by Chris Williams (Hodder Arnold) has a useful section on sleep. This information is also available online as part of the free course available at www.livinglifetothefull.com
- **Dreaming reality: How dreaming keeps us sane, or can drive us mad** Joe Griffin and Ivan Tyrrell, (HG Publishing)
- **Overcoming Sleep Problems** by Professor Colin Espie (Constable and Robinson)

Other

- **BBC** website on sleep: www.bbc.co.uk/science/humanbody/sleep/
- **The Royal College of Psychiatrists** factsheet on sleep. It is available on their website www.rcpsych.ac.uk or from Royal College Psychiatrists Scottish Division, 12 Queen Street, Edinburgh EH2 1JE, Tel: 0131 220 2910

References

1. Y. Kaneita, et al. (2006). The relationship between depression and sleep disturbances: a Japanese nationwide general population survey. *J Clin Psychiatry* 67(2):196–203.
2. For example Taylor et al (2007). A pilot study of Cognitive Behavioural Therapy of Insomnia in People with Mild Depression. *Behaviour Therapy*, 38, 49-57
3. Malaffo M and Espie C A (2006) Insomnia: The Quarter of an Hour Rule. *Sleep* 29 Abstract Suppl. A257