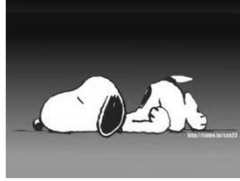


**SLEEP 101 : THE BASICS**



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**SLEEP  
WHAT IS IT ?**

**JUST 8 HOURS OF UNCONSCIOUSNESS  
OR SOMETHING MORE ?**

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**SLEEP PERIOD AND PREFERRED PHASE  
SLEEP CONTINUITY  
SLEEP ARCHITECTURE**

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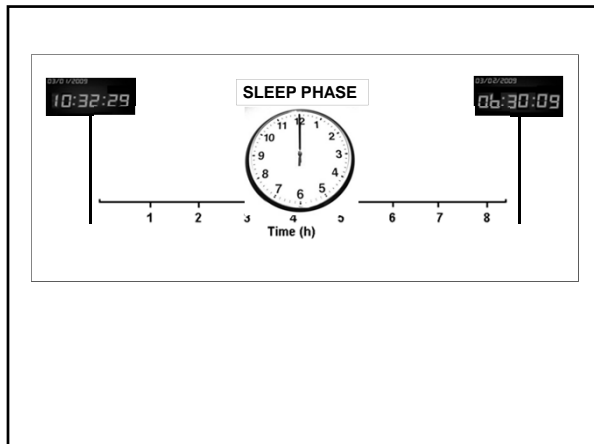
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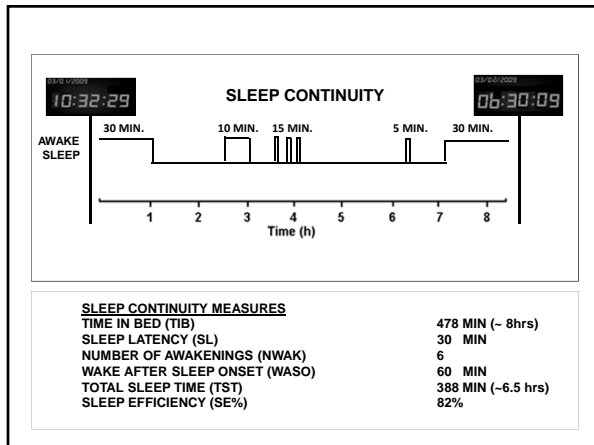
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**SLEEP CONTINUITY MEASURES**

TIME IN BED (TIB)	478 MIN (~ 8hrs)
SLEEP LATENCY (SL)	30 MIN
NUMBER OF AWAKENINGS (NWA)	6
WAKE AFTER SLEEP ONSET (WASO)	60 MIN
TOTAL SLEEP TIME (TST)	388 MIN (~6.5 hrs)
SLEEP EFFICIENCY (SE%)	82%

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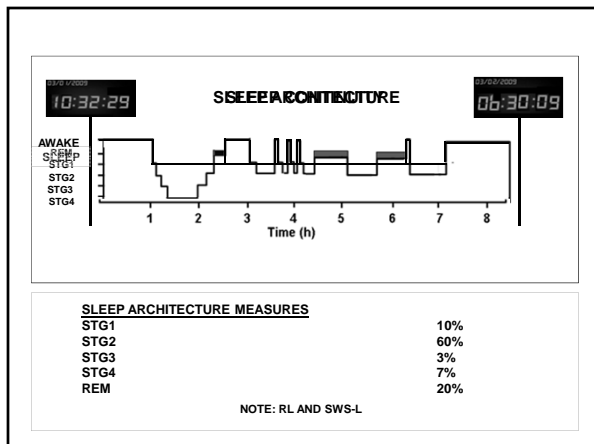
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**SLEEP ARCHITECTURE MEASURES**

STG1	10%
STG2	60%
STG3	3%
STG4	7%
REM	20%

NOTE: RL AND SWS-L

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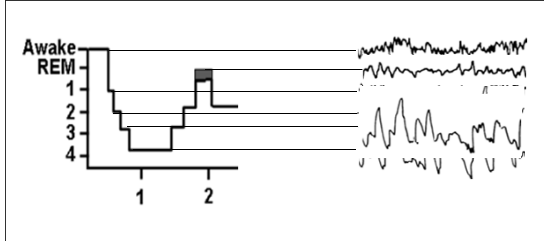
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**HOW ARE THE STAGES OF SLEEP CLASSIFIED ?**




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**ONE FINAL OBSERVATION  
APART FROM  
SLEEP CONTINUITY & SLEEP ARCHITECTURE**

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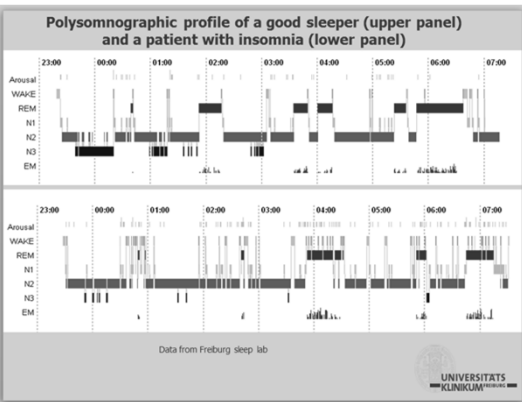
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**WHAT IS THE FUNCTION OF SLEEP ?**

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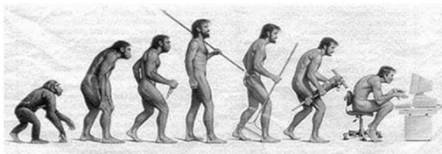
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**ALLAN RECHTSCHAFFEN**

**“IF SLEEP DOES NOT SERVE AN ABSOLUTELY  
VITAL FUNCTION,  
THEN IT IS THE BIGGEST MISTAKE  
THE EVOLUTIONARY PROCESS EVER MADE.”**

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**ANY IDEAS ABOUT THE FUNCTION(S) OF SLEEP ?**



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**POSSIBLE FUNCTIONS OF SLEEP**

- ENFORCED MOBILITY
- CONSERVATION OF EFFORT & ENERGY
- GROWTH & TISSUE RESTORATION
- AUGMENTATION OF IMMUNE FUNCTION
- MEMORY CONSOLIDATION
- MOOD REGULATION
- PROMOTION OPTIMAL PERFORMANCE

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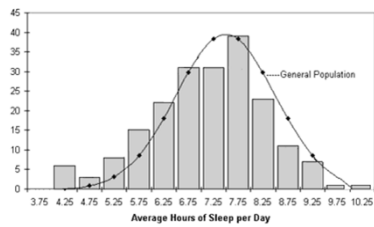
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**HOW MUCH SLEEP DOES ONE NEED ?**



**THE POPULATION MODE IS ABOUT 7.5 HOURS**

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**THE PROBLEM**

**THE PROBLEM WITH USING POPULATION NORMS IS THAT "INDIVIDUALS MAY SEEK MORE SLEEP THAN THEY NEED WHEN IDIOGRAPHIC SLEEP NEEDS ARE DEFINED BY NOMOTHETIC GOALS" (KENNETH LICHSTEIN, 2010)**

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**SAY WHAT ?**



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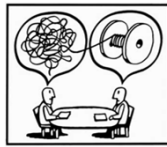
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**TRANSLATION**



**PROBLEMS ARRISE WHEN THE INDIVIDUAL GOVERNS WHEN AND HOW MUCH THEY SLEEP BASED ON "UNIVERSAL NORMS".**

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**A NOMOTHETIC**



**HOW MUCH SHOULD ONE SLEEP ?  
BY NATURE 5 HOURS, BY CUSTOM 7,  
BY LAZINESS 9 AND BY WICKEDNESS 11."**

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**THE PROBLEM**

**THE PROBLEM IS THAT BOTH TOO LITTLE  
AND TOO MUCH SLEEP MAY BE  
DELETERIOUS TO ONE'S HEALTH,  
FUNCTIONING, AND SENSE OF WELL BEING.**

**A BALANCE MUST BE STRUCK**

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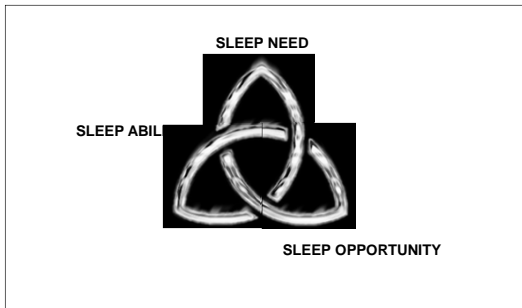
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**WHAT HAPPENS WHEN THINGS ARE  
OUT OF BALANCE ?**

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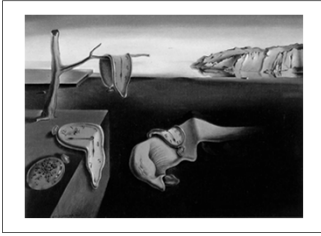
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**WHEN NEED IS MORE THAN ABILITY,  
THIS IS INSOMNIA OR A CRD OR OTHER SLEEP DX**

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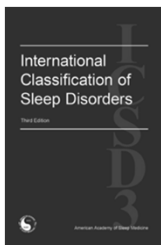
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- Insomnia**
  - Idiopathic
  - Psychophysiologic
  - Paradoxical
- Narcolepsy**
- Sleep Disordered Breathing (SDB)**
  - Sleep apnea (Hypopnea, CSA, OSA)
  - Snoring
  - Upper airway resistance syndrome
- Restless leg syndrome / Periodic limb movement disorder**
- Hypersomnia**
- Circadian rhythm sleep disorders**
  - Delayed sleep phase syndrome
  - Advanced sleep phase syndrome
  - Non-24-hour sleep-wake syndrome
  - Jet Lag
- Parasomnias**
  - REM sleep Behaviour disorder
  - Sleep terror
  - Sleepwalking
  - Enuresis
  - Bedwetting
  - Sleep talking
  - Sleep sex
  - Explosive head syndrome
- Sleeping sickness**
- Fatal Familial Insomnia**

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**WHEN NEED IS LESS THAN ABILITY,  
THIS IS LIKELY THE PHENOMENON OF SHORT SLEEP**

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**WHEN NEED AND ABILITY ARE MORE THAN OPPORTUNITY,  
THIS IS INSUFFICIENT SLEEP SYNDROME (SLEEP DEPRIVATION)**

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**SO THAT'S A GENERAL CONCEPTUAL  
FRAMEWORK**



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**LET'S LOOK AT THINGS WHEN THEY'VE  
BEEN FULLY FRAMED**



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