“WHAT ARE WE GOING TO DO TODAY?”
THE SAME THING AS EVERY DAY …!
## SESSION – 3 POST FIRST WEEK OF ACTIVE TX

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SESSION – 3 POST FIRST WEEK OF ACTIVE TX

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 1

NO CHANGE
NO CHANGE

GWEN COMPLAINS
DID THE PATIENT SLEEP RESTRICT?

THEY SAID

“I DID”
“I WANTED TO BUT COULDN’T”
“I DIDN’T WANT TO”

DID THE PATIENT PRACTICE STC?

THEY SAID

“I DID”
“I WANTED TO BUT COULDN’T”
“I DIDN’T WANT TO”
THEY SAID

“I DID”

DOES THE DIARY REFLECT THIS ??
### WAS THERE A DELAY IN TTB?
Was most of the WASO spent out of bed?

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
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<tbody>
<tr>
<td>Time to bed</td>
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<td>TTB total time in bed</td>
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**COMPLIANT**

PTTB = TTB?
TTOB = WASO?

### ASSESS WHETHER SRT WAS POTENT ENOUGH
-15 or CTRL-ALT-DEL

### REVIEW INSTRUCTIONS
ASSESS OBSTACLES
DID THE PATIENT SLEEP RESTRICT?
DID THE PATIENT PRACTICE STC?

THEY SAID
“I WANTED TO BUT COULDN’T”

“NO PAIN NO GAIN” ADDRESS “COULDN’T”!
MAYBE SSM! MAYBE SOR!

THEY SAID
“I DIDN’T WANT TO”

DISCUSS DELAYING TX
GRAPH MEAN SLEEP CONTINUITY – SCENARIO 1

SESSION – 2 TREATMENT INITIATION

SRT APPLIED
TST = 297
TIB = 330

TST/TIB = 90%

UPWARD TITRATE
SESSION – 2 TREATMENT INITIATION

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 2

SRT APPLIED

TST = 285
TIB = 330

TST/TIB = 86%

STICK!
SESSION – 2 TREATMENT INITIATION

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 3

SRT APPLIED
TST = 240
TIB = 330
TST/TIB = 72%
CONTINUE DOWNWARD TITRATION
THE CALCULATION OF SLEEP EFFICIENCY
THE PATIENT’S WAY

INSOMNIA = 1:51 A.M. + ETERNITY + 1:52 A.M. + ETERNITY + 1:53 A.M. + ETERNITY
THE THERAPIST’S WAY

SE% = ([TST / TIB] * 100)

TIB = TOB – TTB
TIB = TST + (SL + WASO)
LET’S SPEND SOME TIME WITH THIS

Revisit
THERE IS NO PERFECT RULE
RULE OF THUMB

For TIB whatever makes TIB bigger, provided the patient wanted/was trying to sleep.

- in bed early: counts
- in bed late - due to schedule: doesn't count
- out of bed early - due to EMA: counts
- out of bed early - due to schedule: doesn't count

For TST whatever makes TST smaller
- time awake out of bed: counts
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SLEEP HYGIENE IS NOT THE 10 COMMANDMENTS

IT IS NOT EFFECTIVE AS A MONOTHERAPY
MANY OF ITS TENETS ARE UNTESTED
SEVERAL OF THE IMPERATIVES MAY BE “WRONG HEADED”

BEST TAILORED TO THE INDIVIDUAL
BEST USED TO HAVE PATIENT BETTER “GROK” SLEEP
INTRODUCING SLEEP HYGIENE
THE 30 SEC. VERSION

VIDEO IN GIFT BASKET
INTRODUCING SLEEP HYGIENE
THE 5 MINUTE VERSION

VIDEO IN GIFT BASKET
SLEEP HYGIENE

1. **Sleep only as much as you need to feel refreshed during the following day.**
   Restricting your time in bed helps to consolidate and deepen your sleep. Excessively long times in bed lead to fragmented and shallow sleep. Get up at your regular time the next day, no matter how little you sleep.

2. **Get up at the same time each day, 7 days a week.**
   A regular wake time in the morning leads to regular times of sleep onset, and helps to set your “biological clock.”

3. **Exercise regularly.**
   Schedule exercise times so that they do not occur within 3 hours of when you intend to go to bed. Exercise makes it easier to initiate sleep and deepen sleep.

4. **Make sure your bedroom is comfortable and free from light and noise.**
   A comfortable, noise-free sleep environment will reduce the likelihood that you will wake up during the night. Noise that does not awaken you may also disturb the quality of your sleep. Carpeting, insulated curtains, and closing the door may help.

5. **Make sure that your bedroom is at a comfortable temperature during the night.**
   Excessively warm or cold sleep environments may disturb sleep.

6. **Eat regular meals and do not go to bed hungry.**
   Hunger may disturb sleep. A light snack at bedtime (especially carbohydrates) may help sleep, but avoid greasy or “heavy” foods.

7. **Avoid excessive liquids in the evening.**
   Reducing liquid intake will minimize the need for nighttime trips to the bathroom.

8. **Cut down on all caffeine products.**
   Caffeinated beverages and foods (coffee, tea, cola, chocolate) can cause difficulty falling asleep, awakenings during the night, and shallow sleep. Even caffeine early in the day can disrupt nighttime sleep.

9. **Avoid alcohol, especially in the evening.**
   Although alcohol helps tensed people fall asleep more easily, it causes awakenings later in the night.

10. **Smoking may disturb sleep.**
    Nicotine is a stimulant. Try not to smoke during the night when you have trouble sleeping.

11. **Don’t take your problems to bed.**
    Plan some time earlier in the evening for working on your problems or planning the next day’s activities. Worrying may interfere with initiating sleep and produce shallow sleep.

12. **Do not try to fall asleep.**
    This only makes the problem worse. Instead, turn on the light, leave the bedroom, and do something different like reading a book. Don’t engage in stimulating activity. Return to bed only when you are sleepy.

13. **Put the clock under the bed or turn it so that you can’t see it.**
    Clock watching may lead to frustration, anger, and worry, which interfere with sleep.

14. **Avoid naps.**
    Staying awake during the day helps you to fall asleep at night.
Chapter 3

Sleep Hygiene

Donn Rosner
Department of Psychiatry, Brown University, Providence, RI
The Sleep Disorders Center of Lifespan Hospitals, Providence, RI

Philip R. Gehman
Department of Psychiatry, University of Pennsylvania, Philadelphia, PA

PROTOCOL NAME
sleep hygiene.

GROSS INDICATION
Sleep hygiene is indicated for patients who engage in habits, consume substances, and/or set up sleep environments that are not conducive to initiating or maintaining sleep.

SPECIFIC INDICATION
To date, there is no evidence to suggest that this form of therapy is differentially effective for one or another type of insomnia (psychophysiological vs idiopathic vs parasomnias) or for any of the phenotypes/subtypes of insomnia (initial vs middle vs late insomnia). This said, it stands to reason that sleep hygiene factors are an important precipitating or perpetuating factor for “inadequate sleep hygiene” and, conversely, are of little relevance for “idiopathic insomnia.”

CONTRAINDICATIONS
While it is generally held that sleep hygiene is a benign intervention for which there are no contraindications, it may be that specific rules, in specific patients, may not be carried out safely. For example:

- physical activity may not be possible for patients with physical limitations;
- evening snacking may not be appropriate for patients with GERD or other disorders that require restrictive diets;
- rapid smoking cessation in heavy smokers may prove to be as deleterious to sleep as smoking itself;
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SLEEP HYGIENE

2. Get up at the same time each day, 7 days a week.

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4. Make sure your bedroom is comfortable and free from light and noise.

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SLEEP HYGIENE

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#### SLEEP HYGIENE

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**A BIT OF HUMOR BEFORE DEBUNKING**
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I... AM... DETERMINED... TO... GO... TO... SLEEP...
“Sleep (is like) a dove which has landed near one’s hand and stays there as long as one does not pay any attention to it; if one attempts to grab it, it quickly flies away”

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Clock watching may lead to frustration, anger, and worry which interfere with sleep.

**I CAN’T RESIST SOME EXAMPLES HERE**
GIFT IDEAS FOR PEOPLE YOU HATE WHO HAVE INSOMNIA
CLOSE TO HOME  JOHN MCPHERSON

SLEEP MONITOR
AMOUNT OF TIME YOU'VE BEEN LYING THERE WIDE AWAKE.
TIME REMAINING UNTIL YOU HAVE TO GET UP.

When technology is bad.

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SESSION – 3 POST FIRST WEEK OF ACTIVE TX

SLEEP HYGIENE

14. **Avoid naps.** Staying awake during the day helps you to fall asleep at night.
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4. Make sure your bedroom is comfortable and free from light and noise.

INTERESTING – NO WHERE IS THERE A MENTION OF NIGHT TIME LIGHT EXPOSURE

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WHAT ABOUT LIGHT EXPOSURE?
THE PROBLEM

SLIDE PROVIDED BY SIGRID VEASEY
A SOLUTION
A SOLUTION
ANOTHER SOLUTION
ALL THIS SAID
MAYBE LIGHT’S NOT SUCH A PROBLEM VS.
I JUST CAN’T STAY AWAKE UNTIL THE PRESCRIBED BEDTIME ?!

IRONY

I JUST CAN’T GET OUT OF BED

SLEEP OF REASON
SESSION – 3 POST FIRST WEEK OF ACTIVE TX

NEXT WEEK

REVIEW YOUR SLEEP DIARY DATA

TITRATION & TROUBLE SHOOTING
BREAK
Michael Perlis PhD
Director, Upenn Behavioral Sleep Medicine Program
mperlis@upenn.edu