

Transcript- What You Need to Know About Insomnia & Poor Sleep Hygiene

Kennedy: Welcome back, we are joined now by Dr. Rodriguez. He is the Chief Medical Officer at Healthcare2U. He is passionate about the care that is provided to their patients, and what we're going to talk about today; are we sabotaging our sleep? Dr. Rodriguez, how are you this morning?

Dr. Rodriguez: Yes. Well, Mr. Kennedy, thank you.

Kennedy: Well, thank you very much. I appreciate you coming on. I'm one of those people who sabotages their sleep all the time. I'm one of those five-hour-a-night guys, and I know I need more. So, whatever you say in this conversation, you're going to be speaking directly to me.

Dr. Rodriguez: Very good. In private practice, sometimes this is a common problem, and the irony is that I wouldn't see people for chronic insomnia. I would see them for medical illnesses that were related to or due to chronic insomnia. When I come back and ask the patient, "Well, how's your sleep?", most of these patients say their sleep is terrible, and so that's what we're trying to prevent. If we can keep someone on a regular good sleep cycle, it's likely to avoid a lot of problems in the future. So, that's what I'm going to talk about.

Kennedy: The Oxford English Dictionary defines good sleep hygiene as "habits and practices that are conducive to sleeping well on a regular basis." And poor sleep hygiene, which can eventually lead to chronic insomnia, can end up causing a multitude of health problems. Let's start with the insomnia issue. I know a lot of people who say, "My mind just doesn't shut off." They can't stop thinking throughout the night. Fortunately, I don't have that problem. Once I'm in bed, I'm out like a light, but I know a lot of people who really do struggle in this way. And my producer, Enrique Garcia, is pointing at himself. He has that problem. So, what can they do?

Dr. Rodriguez: Yeah, so that's a common occurrence. Chronic stress and worry and all these things. Obviously, we all deal with that, and the majority of us can take it and do well with it. We still get the sleep we need, but a lot of us need help dealing with that.

So, there are a couple of tricks, and I have a little list of things I tell my patients. And really the first thing is, remember, nighttime is for sleeping. A lot of patients think, "Well, I get my best work done in the middle of the night, from 12 to three," and things like that. It's really the worst thing you can do. Nighttime is for sleeping. Daytime is for being awake, and nighttime is for sleeping. So that's the number one rule. Get on a regular sleep cycle.

Number two is obviously before bed you want to avoid anything that's going to stimulate the brain and stimulate you, which is caffeinated drinks. I mean, it sounds kind of silly, but I know lots of people who tend to drink their Cokes and their coffees and things like that, believe it or not, after 6:00 PM, thinking that they're just getting a good energy boost. Just be careful there with that.

Another one is keeping a regular sleep routine. I mean, people think, "I go to bed one day, 10 o'clock, the next day I'm in bed by one in the morning, etc." The consistency of your sleep routine is critical. You want to, as best you can, go to bed at a good time and wake up at a good time. So, we know we have our nights where we're up half the night for whatever reason. But the routine is important.

Avoiding large meals prior to bedtime, believe it or not, tends to cause problems. Three to four hours prior to bed try to avoid anything large. These things tend to cause gastrointestinal problems, cardiac issues, palpitations, and things like that. Things that tend to create more stress and worry when you're lying there thinking about your heart because it's pounding away because you've got all this food in there. So those are important things, and then the acid reflux that tends to come along with that.

Kennedy: Well, Dr. Rodriguez and I do want to get to the rest of the list, but I want to jump on a couple of these. Dr. Rodriguez, Chief Medical Officer, Healthcare2U. So, let's start with number one: nighttime is for sleeping. What about those people who work all night?

Dr. Rodriguez: Yeah, what we call "night shift work sleep habits". The nurses, the ICU attendants, etc., that do work after hours- it's a special crowd. There are a few select people that can do well with that, but most of us have a hard time with it. It's just that night shift work does create circadian rhythm issues with sleep. Daytime tends not to allow us to get the deep sleep we need so we must be careful. I tell my patients that if you can avoid that at all costs, please do. Granted, you may make more money, but in the end, it's not worth it. So just be careful there.

Kennedy: I saw something interesting here- the daytime hours and sunlight are important for the production of serotonin, a brain hormone responsible for well-being. Is it common that people who tend to work those night shifts, because they have to sleep during the day, are more prone to depression and chronic fatigue?

Dr. Rodriguez: That's exactly right. So that's a common occurrence. And frankly, during the winter months, we tend to call this condition the "seasonal affective disorder" condition, which leads to stress and depression and all sorts of maladies. And that's because of the issue that daytime and sunlight are required for serotonin brain hormone levels, and we need that. Serotonin is a relaxer, and it makes us feel good. If we don't have that built up in our brains, we're not going to feel good. And that tends to follow the case when we have patients who do work nights and don't get the serotonin and the sunlight that they need. So that's critical to know that.

Kennedy: Interesting- and we're talking about regular sleep routine, trying to go to bed and wake up around the same time most days, and then getting enough sleep. And I mentioned that to you, I don't get that seven to eight hours, and it doesn't even seem possible. But I like to say, and you probably hear this all the time, "Dr. Rodriguez, I really don't require as much sleep as most people." That's probably not true, right?

Dr. Rodriguez: Yes, that's not true. That being said, the quality is critical here. If you can only get five hours every so often, the key is the quality of that sleep. If it's good quality sleep, like very restorative sleep, that's half the battle. Some days you can only get five hours, which again happens to many of us.

Kennedy: I want to go back to eating a large meal before bedtime. Another thing that I hear commonly, Dr. Rodriguez, is for those people who do have somewhat irregular hours. We'd all like to work an eight-to-five and get off, get home, have a little bit of wind-down time before dinner, and then take the dog for a walk afterward. But for those people who are on much tighter schedules than that, eating quickly and going to bed may be part of their reality. What changes need to be made there? Because people are hungry, they get home, and so obviously a significant change needs to be made there.

Dr. Rodriguez: Yeah, so a couple of tidbits- one, I agree with you. There are situations where you're tired, you just ate, and you want to go to bed. The key is the type of meal you eat before bedtime, trying to stay away from carbohydrates, and any sugary, starchy foods. If you avoid those, like pasta and bread, etc., that will make your night easier. More proteins and green vegetables tend to sit well and sit better in the stomach if you have to go to bed quickly. So that's an important take-home point.

Kennedy: You just took cake and ice cream right off. You made a lot of people mad at you right now!

Dr. Rodriguez: That's right. Those food items tend to cause a lot more problems, like gastrointestinal problems, right before bedtime, just to let you know.

Kennedy: I know symptoms typically associated with insomnia are type two diabetes, heart disease, hypertension, obesity, depression, anxiety, etc., but I was surprised, by one of these, Dr. Rodriguez- fibromyalgia. How does insomnia affect fibromyalgia?

Dr. Rodriguez: Well, the interesting thing is there's a clear link between insomnia and chronic sleep disorders and fibromyalgia. We don't know exactly the pathophysiology, or how they work together, but I can tell you historically when I see anyone in my office who comes in with a diagnosis of fibromyalgia, the first thing I ask them is about their sleep. And by far, all of them have a sleep disorder of some kind. I can't say how physiologically that link is there, but there's no question that if we can prevent chronic insomnia, we will see a lot less fibromyalgia. And not only that but the patients we do see with fibromyalgia, once we get them on a better sleep cycle, they do better. They have less pain and function better. I mean, they feel better all around. So, I think that's the take-home there.

Kennedy: So, I'm just seeing such a connection between good sleep and all these different conditions. Poor immune function and frequent infections- would not have thought that. Chronic fatigue- no surprise there, but frequent infections surprises me a little bit.

Dr. Rodriguez: Yeah, and those being just the traditional head cold, upper respiratory infections, maybe pneumonia, etc., because there's no question- it's been proven scientifically that the immune system is definitely coordinated by the sleep cycle. A better sleep cycle and sleep routine leads to fewer infections. I mean, your common cold, things like that. There's no question that there's a clear link there. And again, just the overall health of the individual. Does that mean that we're going to see less pneumonia and fewer COVID cases? Probably not, but I tell you, your everyday colds and respiratory effects can be improved.

Kennedy: Dr. Rodriguez, Chief Medical Officer at Healthcare2U. The question is, "Are we sabotaging our sleep?" Now let's get a couple of these others out here. Minimizing your fluid intake after 6:00 PM. Having to get up and use the restroom makes sense to me, but how about over-the-counter meds with that?

Dr. Rodriguez: Yeah, the things we don't think about, right, your cough, cold meds, a lot of those are stimulants. So, you have to be really careful. Just read the instructions on how to take the medicine. A lot of them do say to avoid it before bedtime, so those tend to be stimulants, decongestants, etc. So just be leery of that and always read the products you're buying that you don't want to take before bedtime.

Kennedy: And then the other one here- one hour prior to bed, we should be winding down. That's a cute story for a non-busy person, but some people have to do laundry, clean up the kitchen, etc. at night

because that's the only time they have to perform those tasks. So that sounds cute and everything, but that's different for some people.

Dr. Rodriguez: Yeah, again, in this place, time management is critical. Obviously, it would be best if you managed your time. I know a lot of us need a schedule to get into the day, we know we've got to do things and don't really know how to do it. But time management is critical in that. So, if you can get a lot of that work done as soon as possible prior to bedtime and spend at least three minutes relaxing, do it. Don't turn the TV on. No social media, no phone. Just get a good book, a good magazine, some prayer time, sit back, and relax. And that's critical in just getting you into that mood.

Kennedy: Well, Dr. Rodriguez, I appreciate the time this morning. These are all great suggestions, and we are going to embrace them and promote them, but you do realize that you made probably half of my listeners upset at you this morning because you took ice cream and cake away from them. And you suggested that they manage their time a little bit better and stop doing laundry and cleaning right before bed.

Dr. Rodriguez: That's correct, I'm sorry!

Kennedy: Seriously though, when you have people in your office, these are very real situations for them, and I'm sure that you've had several of them look right across the room at you and go, "Yeah, it sounds good, but how? That's not my life." The comfort of having that small bowl of ice cream, and the burdens of their life at home dictate that they're not able to get that 30-minute wind-down period. Is there something else, because getting six of the eight things on the list is still good?

Dr. Rodriguez: Yeah, the majority, by far. And the key here is that you need to strive for good sleep. If people don't pay attention to their sleeping and are used to it, which is chronic insomnia, then they're headed for trouble. So, to recognize the fact that my sleep is disordered, although this is the way I've lived for weeks or months or years, they need to fix that. That's number one, to understand that that's important. They may be used to it, but they need to fix it. Number two- your primary care provider is critical. They can help walk you through that, and if medication is necessary, just temporarily. I don't believe in sleeping pills per se, but there are agents out there that can definitely redirect your sleep cycle and get you back into the normal routine if you want it. And that's the critical part here, is that if you want this. And that's what I'm trying to make patients aware of, that you need to realize that this is an important aspect of your health. So, speak to your primary care provider and see if they can get you on a routine of normal sleep again.

Kennedy: Bottom line, take responsibility for your personal health. The last thing on the list of some chronic problems, and I saved this one for last, is shorter life expectancy. I think in most cases, if you tell a person, "Hey, listen, you're going to need to change your habits or you're cutting your life short," that oftentimes is how change takes place, so maybe we should start there.

Dr. Rodriguez: I agree. And just simply put, if you think about it, if you don't get good sleep, you're not well-rested, you're going to be tired. You're going to be tired, which means that you're not going to exercise, which means that you're not going to watch your food intake very well, because fatigue trumps everything, right? And so, your ability to exercise and take care of yourself is not there, which means that here comes the weight gain, here comes the diabetes, here comes the heart disease. It all fits if you think about it.

Kennedy: Hey, Dr. Rodriguez, before I let you go, how are you with your own advice?

Dr. Rodriguez: Absolutely. I think that one of the important messages here is that if you see that you're falling into this trap of insomnia, you need to jump on it right away and deal with it. And that's what I do. When I see I have a bad night, the next night I say, "All right, I'm not going to let that happen again." So, I take over-the-counter melatonin, for instance. It's a good little sleep agent to redirect my sleep again and get me back on a normal routine. So absolutely, that's critical to me. It's very important to my family as well. I tell my kids that, making sure that they're sleeping well.

Kennedy: Fantastic. Dr. Rodriguez, thank you so much for your time. I really appreciate it. I'm going to reach out to you again once I have improved my sleep habits. Okay?

Dr. Rodriguez: There you go. You'll feel better!

Kennedy: Absolutely. Dr. Rodriguez, Chief Medical Officer at Healthcare2U.