ClinicalClues

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# The Role of Sleep in Overall Wellness

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What do you do when a patient tells you they are not sleeping well? Sleep hygiene is a growing topic of research and falls within the therapy scope of practice due to its impact on pain modulation and function. It is important to understand how to assess sleep problems and to know how you can help.

These questions and screening tools can help you identify patients who suffer from one of the three most common sleep disorders (1):

**Insomnia** – Do you have difficulty falling asleep, returning to sleep if you wake up in the middle of the night, or waking up too early? The presence of these issues for longer than three months likely indicates insomnia. The Insomnia Severity Index (ISI) can assess sleep patterns and determine if lack of sleep is impacting your patient's quality of life. (2)

**Obstructive Sleep Apnea (OSA)** – Do you snore loudly or frequently? Has anyone observed that you stop breathing while you sleep? The STOP-Bang questionnaire can determine if difficulty sleeping is due to altered breathing patterns which interrupt sleep and may limit oxygen intake. (3)

**Restless Leg Syndrome (RLS)** – When relaxing in the evening or sleeping at night, do you ever have an unpleasant, restless feeling in your legs that is relieved by walking or movement? Research shows an affirmative response has 100% sensitivity and 96.8% specificity for a diagnosis of RLS. Therefore, a screening tool is not needed to identify RLS. (4)

If any of the above conditions are identified, the patient should be referred to their primary care physician for treatment. Otherwise, a patient education session is warranted. Here are several healthy sleep hygiene suggestions:

1. **Go to sleep and wake up at the same time every day**. (Yes, this includes weekends.) A routine schedule helps maintain a natural biological clock. A sleep log can assist in monitoring sleep routines.



2. **Only use your bed for sleeping**. Do not eat, work, or watch TV in bed. If you are unable to fall asleep within 20 minutes of lying down, get out of bed and do a boring task such as reading a dictionary or encyclopedia (no electronic reading). Return to bed when you feel sleepy. Limiting the activities that you perform in bed helps your brain

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associate your bed with sleeping. If you continue to have problems falling asleep, assess your dietary habits. Changes in diet such as limiting daily caffeine intake may be beneficial.



3. **Stop using light emitting electronics thirty minutes to two hours before bedtime.** Research shows exposure to light decreases melatonin, a sleep-inducing hormone. Therefore, limiting screen time or turning off the television may assist in improving sleep. (5)

Interested in learning more about sleep? A helpful reference is Siengsukon, et.al. (6) For additional information about helping patients improve sleep hygiene, look for our upcoming Clinical Clue about proper pillow positioning for the painful joint.


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3. *Chung F, Yegneswaran B, Liao P et al. STOP questionnaire: a tool to screen patients for obstructive sleep apnea. Anesthesiology . 2008;108:812–821.*
4. *Ferri R, Lanuzza B, Cosentino FI et al. A single question for the rapid screening of restless legs syndrome in the neurological clinical practice. Eur J Neurol. 2007;14:1016–1021.*
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