

HEALTH 3 - DEPRESSION, SLEEP, AND HEALTH

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: The relationship between sleep and health and improving sleep
- V. Take Home Message
- VI. Personal Project

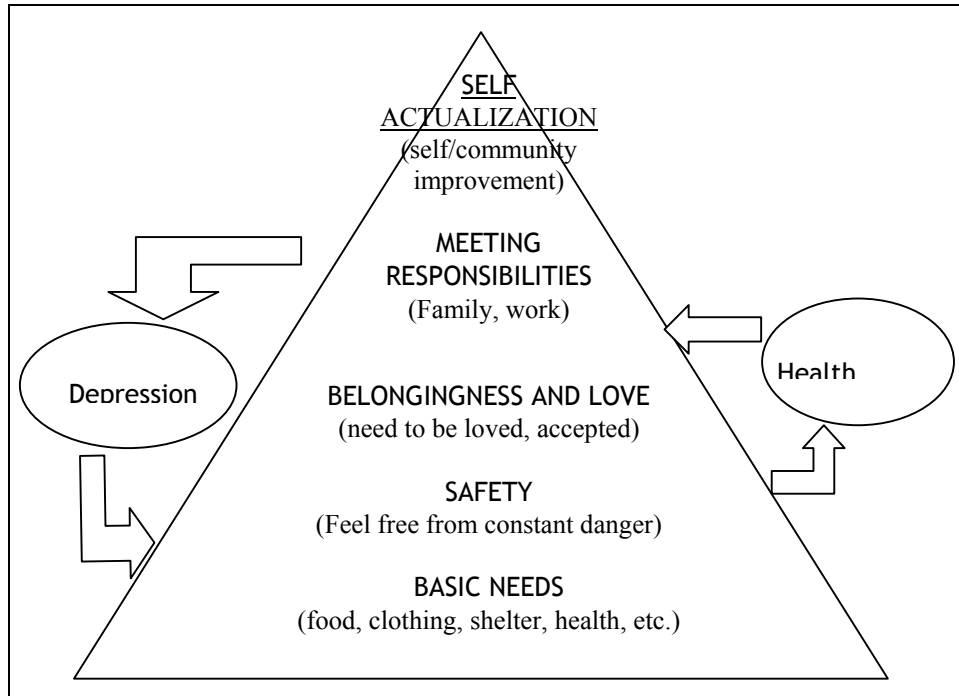
The purpose of today's meeting:

- To understand the relationship between depression, sleep, and health.
- To learn about sleep patterns and learn ways to improve sleep hygiene.
- To feel more in control of our sleep patterns, mood, and physical health.

Review: Health Problems and Mood

- What do you remember most from last week?

Depression, health problems, and poverty get in the way of getting our needs met.



Personal Project Review

1. Review your quick mood scale.
2. What things did you find you could do to take better care of yourself?
3. What harmful/negative thoughts did you find got in the way of fulfilling your needs? How did you dispute or change these thoughts?
4. What goal did you set to help you fulfill your needs?
5. What thoughts, feelings, and behaviors did you find you have toward your health care providers?

TYPES OF SLEEP PROBLEMS

- Sleep problems typically include problems with the amount of time spent sleeping and the quality of sleep.

Insomnia

1. problems falling asleep at bedtime,
2. waking up in the middle of the night,
3. awakening too early in the morning;

Hypersomnia

1. excessive daytime sleepiness.

- Approximately 20% to 40% of adults have sleep disturbances.
- 20% of medical outpatients have sleep problems.
- Sleep problems, such as insomnia and hypersomnia are symptoms of depression and many medical problems.
- Many people with sleep problems consider their problem serious enough to see professional help.

What causes sleep problems?

Sleep problems may be caused by a number of factors:

1. Medical factors, including
 - pains
 - respiratory problems
 - restless legs
 - repetitive twitches, tremors
2. Certain substances, can contribute to or worsen insomnia
 - caffeine
 - nicotine
 - alcohol
 - prolonged use of sleeping medications
3. Psychological factors can contribute to sleep problems, which in turn can make the mood problems worse.
 - depression
 - anxiety
 - anger
4. Environmental Factors can contribute to sleep problems
 - stressful life events
 - outside noises
 - poor sleeping arrangements
5. Behavioral Factors can interrupt a restful sleep pattern
 - drinking large amounts of fluids near bedtime
 - reading exciting material before sleeping
 - watching scary programs before sleeping
6. Cognitive Factors (our thoughts) can affect how we sleep
 - false beliefs about how much sleep we need
 - worry about not sleeping enough or insomnia

WHAT PROBLEMS ARE CAUSED BY NOT GETTING ENOUGH SLEEP?

- Difficulties with daytime functioning
- Emotional distress, restlessness, frustration, and depression
- Problems with alertness, concentration, and even memory.

WHAT MEDICAL PROBLEMS ARE ASSOCIATED WITH SLEEP PROBLEMS?

Acute and chronic medical problems can disrupt sleep. The following medical problems can cause sleep problems:

- Acute and chronic pain sensations
 - Pulmonary disease
 - Congestive heart problems
 - Hyperthyroidism and hypothyroidism
 - Most central nervous system disorders
-
- Procedures and medications used to treat medical conditions can also cause sleep problems.

FACTS ABOUT SLEEP

1. Sleep is a well organized activity.
2. Sleep follows a cyclic pattern.
3. You becomes drowsy and enter a light sleep (Stage 1)
4. You pass through several sleep stages (2, 3, and 4)
5. You then return and pass through Stages 3, 2, and 1 and REM several more times throughout the night.
6. Stages 1, 2, 3, and 4 are referred to as the non-rapid eye movement phase.
7. The rapid eye movement "REM" phase is a brief period of sleep that gets longer throughout the night.
8. During REM you dream and your heart rate, breathing, and other physiological functions increase.

THE STAGES IN A TYPICAL NIGHTS SLEEP

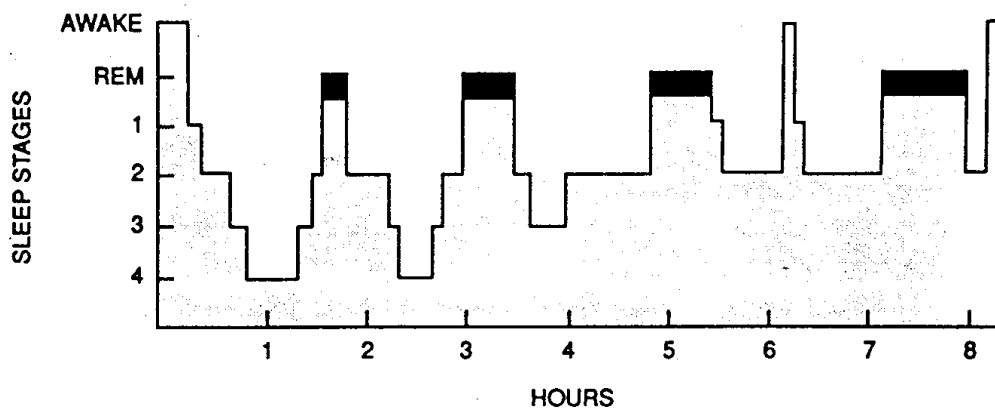


FIGURE 2.1. This sleep histogram illustrates the typical night's sleep of a normal young adult.

(As illustrated in Morin, C.M., *Insomnia: Psychological Assessment and Management*)

Assessment of Sleep Problems:

1. How do you prepare for sleep? Do you have any routines?
2. What activities do you engage in that are incompatible with sleep?
3. How is your life affected by your sleep disturbance?
4. How do you respond to sleeplessness?
5. What do you think, do and feel during the day after a sleepless night?

TREATMENT FOR SLEEP PROBLEMS

Treatment begins with a thorough evaluation, including a detailed history of sleep patterns and current problems.

Treatment for acute sleeping problems, such as insomnia, have traditionally involved short-term use of sleeping medications.

Extensive research on treatments for chronic sleeping problems shows that cognitive behavioral approaches are most effective and include:

- Stress management
- Stimulus control therapy
- Behavioral sleep therapy and cognitive educational components to promote better sleep hygiene

Adapted from: The Association for Advancement of Behavior Therapy's Insomnia, 1990 and Patricia Lacks Behavioral Treatment for Persistent Insomnia, Pergamon Press, New York, 1987

TEN RULES FOR BETTER SLEEP HYGIENE

In order to develop a consistent sleep rhythm and synchronize your biological clock, follow these first three rules. With time, your bedtime, or the time you become drowsy, will become more regular.

- 1) Do not go to bed until you are drowsy.
- 2) Get up at approximately the same time each morning, including weekends. If you feel you must get up later on weekends, allow yourself a maximum of one hour later rising.
- 3) Do not take naps.

Following the next seven rules will help you avoid some common habits that interfere with sleep and help you to build new habits that improve sleep.

- 4) Do not drink alcohol later than two hours before bedtime.
- 5) Do not eat or drink anything with caffeine after about 4PM or within 6 hours of bedtime. Things that contain caffeine include:
 - certain foods (e.g. chocolate)
 - certain drinks (e.g. tea, coffee, soda)
 - some medications (e.g. over the counter cold, headache, and pain relief medications)
- 6) Do not smoke within several hours of your bedtime.
- 7) Participate in exercise, physical activity regularly. The best time to exercise is in the later afternoon. Avoid strenuous physical exertion after 6 PM.
- 8) Think of ways to make your sleep environment more comfortable for sleep.
 - use ear plugs if necessary
 - ask others to keep the noise down
 - arrange for a comfortable room temperature
 - place things over the window to darken the room
 - listen to soft music if that helps you
- 9) If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g. crackers, graham crackers, milk, or cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive fluids. If you wake up in the middle of the night, do not have a snack then because you may find that you begin to wake up habitually at that time feeling hungry.
- 10) Take medications as prescribed. If you feel your medications are contributing to your sleep problems, consult your doctor, so he or she can help you make the necessary changes.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Participant Notes: Health Module: Session 3

Version 2000: May, 2000

Take Home Message:

I can make changes in my thoughts and behaviors related to sleep.

A sleep routine can help me sleep better and improve my mood.

PERSONAL PROJECT QUICK MOOD SCALE

DAY	_____	_____	_____	_____	_____	_____	_____
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
OK/AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

Health and/or self care activities

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) **THOUGHTS:** Use the table on page 164 to identify thoughts that interrupt sleep and thoughts that might help you get a better nights sleep.
- 2) **ACTIVITIES:** Use page 165 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) **PEOPLE:** Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 166).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

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**OPTIONAL PROJECT
THOUGHTS RELATED TO SLEEP**

<u>Thoughts that get in the way of sleep</u>	<u>Thoughts that might help me sleep better</u>
<p>Examples: I won't be able to sleep. I have to sleep tonight. I'm very worried about. . . .</p>	<p>Examples: Even if I don't sleep, I can relax. My worries can wait until tomorrow. I'm can't do anything about them now.</p>

OPTIONAL PROJECT
UNDERSTANDING MY SLEEP PATTERNS

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Any naps? How many? Total time spent napping?	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____	<input type="checkbox"/> no; <input type="checkbox"/> yes _____ _____
What did you do to prepare yourself for sleep?							
Number of hours you slept							
Types of sleep problems (e.g. problems fallings asleep, waking up in the night, waking up too early)							
What factors contributed to sleep problems (e.g. pain, caffeine, anxiety, noise, etc. see page X)							
What thoughts did you have about your sleep?							
What did you do when you could not sleep?							