PHYSICIAN WELLNESS

COV I'D LIKE TO CHAT

TOPIC #8: HOW TO ACHIEVE RESTORATIVE SLEEP

Atypical work hours and long periods without sleep are an expected norm in for trainees and physicians in Canada. We normalize incredibly poor sleep.This leads to an accumulated 'sleep debt', and risk of maladaptive behaviors like self-prescribing medication, and negative effects on health and performance. How can physicians achieve restorative sleep?

IMPACT TO WELLNESS & PERFORMANCE

1 IMPACTS OF SLEEP DISTURBANCE

We accumulate 'sleep debt'. As you accumulate debt, there's a threshold at which you have poor weight control and weight gain (you can demonstrate glucose intolerance). Other effects include poor concentration, irritability and mood changes. When you recapture sleep debt, you see a reversal in these effects.

Increased use of of sleep aids/stimulants. A recent Canadian survey responded to by 144 emergency physicians found 67% had used pharmacologic sleep aid in their career and 56% were currently using one with any frequency. Aids most reported were nonbenzodiazepine hypnotics (38%), alcohol (17%) and melatonin (15%). Authors concluded higher use of pharmaceutical sleep aids than previously assumed and noted potential wellness and performance implications.

[Ann Emerg Med. 2019;73:325-329.]

Performance impacts include increased rate of medical error and increased complaints.

SLEEP MADE SIMPLE

2 ESSENTIALS FOR RESTORATIVE SLEEP

1) **AMOUNT:** The normal range for adults is 7 - 9.5 hours.

2) **TIMING:** For most, optimal timing is 11pm - 7am. This is shifted for 'night hawks' or 'early birds'. After many years of disturbed sleep, physicians lose sense of their 'normal clock' which plays a role in the restorative quality of our sleep.

3) **QUALITY:** We have no way of objectively quantifying 'quality of sleep', even in a sleep lab.
The best way to assess is to ask, "Tell me about the quality of your sleep, how restorative is it?"
Technology is a huge problem. Most advise cutting off technology at least 2 hours before bed. If this is not possible, light blocking glasses or screen blockers do help.

WHAT CAN YOU DO?

3 RECAPTURE SLEEP DEBT

The military, NASA, and elite athletes employ **strategic napping** and **strategic caffeine consumption.**
The optimal nap is a 20 minutes, 12 hours from the mid point of your sleep. For most, this is between 2pm - 4pm.
Create a sleep environment (eye shades, meditation app, blanket). **If you block light from the eyes, the brain rests.**
Schedule 30 minutes to allow for 20 minutes of rest.
On days off, sleep in and take short naps.

Team practice over solo practice. Groups of physicians need to ask, *"Is this a problem in our practice? If so, how can we manage our clinical schedule more efficiently?"*

4 WHEN TO SEE A SLEEP SPECIALIST

Poor daytime functioning without the use of medication is clinically significant.
Discuss referral to a sleep specialist with your family doctor.
If you do not have a family physician, contact the AMA Physician and Family Support Program (PFSP), available to physicians, medical students, residents & their families.

Alberta Health Services

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