



Sleep Hygiene is Really Important

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PERSPECTIVE

Sleep hygiene is a behavioural and environmental technique that was created in the late 1970s to treat persons who suffer from mild to moderate insomnia. Clinicians evaluate the sleep hygiene of persons who are suffering from insomnia or other illnesses like depression, and make suggestions based on their findings. Establishing a regular sleep schedule, using naps with caution, not exercising physically or mentally too close to bedtime, limiting worry, limiting exposure to light in the hours before sleep, getting out of bed if sleep does not come, not using bed for anything other than sleep and sex, avoiding alcohol, nicotine, caffeine, and other stimulants in the hours before bedtime, and having a peaceful, comfortable, and dark sleep environment are just a few of the sleep hygiene recommendations. Despite being the oldest treatment for insomnia, the empirical evidence regarding the usefulness of sleep hygiene in the general population and for the treatment of insomnia remains "limited and unclear" as of 2021. The American Academy of Sleep Medicine (AASM) recommended that practitioners should not prescribe sleep hygiene for insomnia due to a lack of evidence of benefit and the risk of delaying optimal therapy, instead preferring effective therapies such as CBT-i.

To evaluate whether a person has an inadequate sleep hygiene disorder, it is necessary to assess sleep hygiene. To record a representative sample of data, the diagnostic assessment is normally undertaken using clinician interview and augmented by self-report questionnaires and sleep diaries, which are commonly kept for one to two weeks. There are additional automated assessments that can be used in the diagnostic procedure, such as the Sleep-EVAL system. It has 1,543 possible questions that are automatically chosen based on the individual's prior responses.

Measures such as the Sleep Hygiene Index, Sleep Hygiene Awareness and Practice Scale, and the Sleep Hygiene Self-Test can be used to assess sleep hygiene practise and knowledge. The Adolescent Sleep Hygiene Scale or the Children's Sleep Hygiene Scale can be used to examine sleep hygiene in younger people.

TIMETABLE FOR SLEEPING

One set of suggestions refers to sleep schedules. Allowing enough time for sleep is a top sleep hygiene tip for adults because having less than 7–8 hours of sleep is linked to a range of physical and mental health issues. Clinicians frequently advise getting these hours of sleep at night rather than napping, because while naps can be beneficial after sleep deprivation, they can be detrimental to nocturnal sleep under normal circumstances. The duration and timing of napping's negative impacts on sleep and performance have been discovered to vary, with shorter midday naps being the least disruptive. There is also a stress on the need of waking up at the same time every day and maintaining a consistent sleep cycle.

ACTIVITIES

Exercise can either help or hinder sleep quality; people who exercise have better sleep than those who don't, but exercising late in the day might be activating and make it difficult to go asleep. Increasing daytime exposure to bright and natural light while avoiding bright light in the hours leading up to bedtime may aid in the promotion of a sleep-wake cycle that is in sync with nature's daily light-dark cycle.

Falling asleep is aided by activities that diminish physiological arousal and cognitive activity, therefore calming activities before bedtime are advised. Continuing critical job activities or planning just before bedtime or after bedtime, on the other hand, has been demonstrated to postpone falling asleep. Similarly, proper sleep hygiene entails spending as little time as possible before night thinking about problems or anything emotionally upsetting. In such cases, a person may be encouraged to get out of bed and attempt something different for a short period of time instead of trying to go asleep on purpose.

SUBSTANCES AND FOODS

Due to stimulant effects or disruptive digestive needs, a number of meals and drugs have been proven to interrupt sleep. Most sleep hygiene experts recommend avoiding smoking, caffeine (including coffee, energy drinks, soft drinks, tea, chocolate, and some pain medicines) and other stimulants in the hours leading up to bedtime since these chemicals activate neurobiological systems that keep you awake. Clinicians frequently advise against drinking alcohol close to bedtime because, while it may initially promote tiredness, the alertness caused by metabolising alcohol

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can interrupt and fragment sleep. Smoking tobacco products before bed is also suggested to affect sleep quality by reducing deep sleep time, resulting in sleep fragmentation and nocturnal restlessness. Both having a substantial meal right before bedtime, which requires work to digest, and hunger have been linked to sleep disruption; physicians may advise eating a short snack before bedtime. Finally, minimising beverage intake before bedtime can help prevent urinary interruptions.

SLEEPING CONDITIONS

It is recommended that you create a sleep environment that is

calm, dark, and cool. Continuous sleep has been demonstrated to be disrupted by noises, light, and uncomfortable temperatures. Other suggestions that are frequently mentioned but have received less research include choosing comfortable mattresses, bedding, and pillows, as well as removing a visible bedroom clock to avoid focusing on time passing while trying to fall asleep. Ocular fatigue has been linked to light exposure when sleeping. A comprehensive evaluation of mattress studies determined in 2015 that medium-firm, custom-inflated mattresses were the best for pain relief and neutral spinal alignment.