

ah, for a good night's SLEEP

BY KATHLEEN McAULIFFE

WALKING AFTER MIDNIGHT

You'd think that *now* you could finally get some sleep. After the all-nighters you pulled in college, after the two A.M. feedings, after the nights spent waiting up for teenagers armed with a car—isn't it time you got a rest? But for many of us, peaceful slumber is proving as elusive as ever. Our lives are no less busy and offer no fewer reasons to stay up late or get up early. Now menopause, with its occasional insomnia and sleep-disrupting hot flashes, may be added to the mix, along with other age-related changes that too often leave us lying awake.

But counting sheep or popping a Valium aren't the only options anymore. From power naps to hormone replacement therapy, from alternative medicine to advice that sounds a lot like Mom's, we've rounded up the best ways to get a good night's rest. Read on, and don't lose any more sleep over it.

hot and bothered

UNTIL RECENTLY, SCIENTISTS KNEW little about how menopause affects slumber, since women were usually excluded from sleep research. Now they've awoken to the topic, and the news isn't necessarily sunny. In a 1998 poll conducted by the National Sleep Foundation, 36 percent of menopausal women reported nighttime hot flashes, and said that the flashes disturbed their sleep an average of three times a week. And those were only the disruptions they remembered in the morning, says Suzanne Woodward, Ph.D., assistant professor of psychiatry and clinical director of sleep research at Wayne State University School of Medicine in Detroit. "Our research shows that women grossly underestimate the number of hot flashes they have during sleep," observes Woodward, whose studies indicate that brief awakenings (less than fourteen seconds) happen far more frequently among women who have hot flashes than among women the same age

who don't. Small wonder that menopausal women have a reputation for being crabby: They may well be chronically sleep deprived.

For many women, the answer is estrogen: It makes falling asleep a dream, and sleep itself becomes more restful. Surprisingly, even women not bothered by menopausal symptoms report a better night's sleep on the hormone.

If you can't or won't take estrogen, Woodward's research shows that simply staying cool can significantly reduce nocturnal hot flashes.

HER TIPS:

- Adjust the thermostat in your home to a comfortably low temperature.
- Keep a pitcher of ice water near the bed.
- Maintain a breeze using a small fan.
- Wear cotton nightclothes to absorb sweat.
- If a night sweat awakens you, try deep abdominal breathing.
- Get a dual-control electric blanket if your bed partner wants to be warmer.

(continued)

EARLY-BIRD SPECIAL

Depression and stress can disrupt sleep, as can arthritis or an overactive bladder. Restless leg syndrome, which affects 28 percent of all women, keeps many awake, and some prescription drugs—for example, medications that treat high blood pressure, asthma and depression—include insomnia among their side effects. The good news: Most of these conditions are treatable.

Harder to handle are the changes wrought by time in our sleeping

patterns. Deep sleep declines after forty—and especially after sixty—so we sleep more shallowly and are more easily awoken by noises. Our biological clocks also keep time differently than in our youth. Instead of triggering drowsiness around ten or eleven in the evening, our internal clock shifts back, sending us to bed earlier and earlier with the passing decades. This tendency may ultimately lead to unwanted predawn awakenings, a disturbance that increases among people in their fifties and reaches epidemic proportions in the very old.

prescription: bed rest

So troubling is the reputation of sleeping pills that many of us hesitate to turn to them, even on the most restless of nights. A new generation of sedatives, however, can ease you into sleep without becoming physically addictive or leaving you with a hangover. Still, the long-term use of these prescription drugs—such as Ambien and Restoril—can breed psychological dependence, cautions Scott Campbell, Ph.D.,

professor of psychology and psychiatry at Cornell Medical School and director of the Laboratory of Human Chronobiology at Cornell Medical Center in White Plains, New York.

“They’re fine for getting you through a brief period of insomnia triggered by a stressful event, like a divorce or the loss of a job,” he says, “but it’s not a good idea to take them for more than a few weeks at a stretch.”

supplement your sleep



IN SEARCH of a gentler route to a good night’s rest, many are giving herbs and other supplements a try. Though these substances are often advertised as harmless, “natural” sleep promoters, in fact they act as drugs in the body and may have unwanted or even dangerous side effects. What’s more, these alternative remedies aren’t subject to the same rigorous standards of safety and efficacy as FDA-approved medications—so you can’t always be sure what you’re getting. Below, experts rate the promise and perils of the most popular alternative treatments for insomnia.

MELATONIN Miraculous claims aside, this hormone’s status as a sleep aid is unclear. Some studies show that melatonin helps users sleep longer and feel more alert the next morning. Other studies don’t—and isolated reports indicate that it may even lead to worsening fatigue or depression. Such side effects may be exacerbated by overdosing. Humans naturally produce .5 milligram of melatonin each night, but most capsules sold over the counter contain potentially excessive doses of 3 to 6 milligrams, reports Joyce Walsleben, Ph.D., director of New York University’s Sleep Disorder Center. Moreover, she says, melatonin “should be used at the appro-

priate dip in the circadian rhythm, but we don’t always know when that is.” Until such uncertainties are resolved, she says, better to steer clear.

VALERIAN ROOT At least eight studies involving several thousand patients have shown that valerian root is a safe, effective and nonaddictive treatment for insomnia. It’s also slow acting, taking at least two weeks of usage to work most effectively, according to Varro Tyler, Ph.D. “Lots of people take valerian for the occasional restless night,” says Tyler, professor emeritus at Purdue University School of Pharmacy and Pharmacal Sciences in West Lafayette, Indiana, “but it’s only helpful in treating a long-standing problem.”

KAVA A number of German studies have shown that kava, derived from the root of a South Pacific plant, effectively relieves anxiety, thereby promoting sleep. “It’s especially effective when the insomnia seems to be related to nervousness or agitation,” says Tyler. Side effects, primarily gastrointestinal disturbances, are rare, but if taken in high doses for a prolonged period, kava can turn skin yellow and scaly. Tyler recommends restricting use to the short term.

5-HTP A substance our bodies manufacture naturally, 5-HTP (5-hydroxytryptophan) is converted by the brain into serotonin, a neurotransmitter that helps us sleep. Some research suggests that 5-HTP supplements may ease insomnia, but the drug is not without danger: Side effects may include nausea, vomiting or tremors. It may even be lethal in combination with other drugs. Last year, some batches sold at health-food stores were found to be contaminated with a foreign and possibly dangerous substance known as “peak X.” Stay away from 5-HTP, experts advise; it’s too risky. *(continued on page 169)*

working on your NIGHT MOVES

Of course, the solution to sleeplessness doesn't always come in a pill bottle. Here, ten ways to sleep well without drugs



◆ **Exercise** Vigorous activity not only eases anxiety—it actually increases the length of time spent in deep sleep, a period when the body recharges itself. Just don't wait too long to lace up your sneakers. Evening exercise "has an arousing effect that can keep you wide awake," says Margaret Moline, Ph.D., director of the Sleep Wake Disorder Center at New York Presbyterian Hospital in White Plains. It might also increase the frequency of night sweats in women prone to them—so make sure your workout ends at least six hours before bedtime.

◆ **Maintain a routine** According to the National Sleep Foundation, people who rise and retire at the same time every day are less likely to

experience insomnia or to complain of excessive daytime fatigue.

◆ **Avoid alcohol and other stimulants** Caffeine is out, of course, but so are "nightcaps." An after-dinner drink may make you feel drowsy, but it will come back to awaken you: As alcohol is broken down by the body, its sedative properties give way to arousing ones, jolting us awake during rapid eye movement (REM) sleep.

◆ **Take a hot bath** A 1998 study by Cynthia Dorsey, Ph.D., director of the Sleep Health Center, affiliated with McLean Hospital in Bedford, Massachusetts, found that a hot bath just before bedtime helped people fall asleep as well as, or better than, Ambien, a leading prescription sleeping

pill. And bathers enjoyed deeper sleep than did pill-poppers. Baths can aggravate hot flashes in menopausal women, however, so they should be avoided by anyone troubled by this symptom.

◆ **Drink milk** Tryptophan, an amino acid found in milk, is a building block of serotonin, a neurotransmitter that helps bring on sleep. Counter to conventional wisdom, the milk doesn't have to be warm to be effective.

◆ **Give yourself time to unwind** Avoid engaging in anxiety-provoking activities, such as bill paying, right before you go to sleep. Develop a pre-bedtime ritual—perhaps reading a novel or drinking herbal tea—and consider using relaxation techniques

like yoga or meditation.

◆ **Turn the clock toward the wall** Compulsive clock-watching will only keep you awake and unhappy.

◆ **Don't toss and turn** If you fail to fall asleep within fifteen minutes of lying down, or if you wake up in the middle of the night and are unable to doze off again, get out of bed and do something pleasurable and relaxing. Read, watch TV or listen to music.

◆ **Try light therapy** If your biological clock is seriously off-kilter, you may want to consider light therapy, in which patients are exposed to bright light for several hours each day.

◆ **Experiment** Trial and error can help you find the routine or remedy that works for you. "Try something for one week, then do without it the next," suggests Peter Hauri, Ph.D., administrative director of the insomnia program at the Mayo Sleep Disorders Center in Rochester, Minnesota. Keep a diary of what you tried and how well you slept.

IT ALL ADDS UP

The most significant sleep problem shared by midlife women is not the occasional fretful night, say experts: It's chronic, cumulative sleep loss. The average thirty- to sixty-year-old woman gets only six hours and forty-one minutes of sleep each weeknight—far less than the recommended eight hours. The reason: We're simply too busy. "Very few women who walk through my door are putting aside enough time for sleep," laments Helene A. Emsellem, M.D., medical director of the Center for Sleep and Wake Disorders in Chevy Chase, Maryland.

Such skimping eventually catches up with us. "Sleep loss doesn't disappear any more than a charge on your Visa Card," warns James B. Maas, Ph.D., professor of psychology at Cornell University and author of *Power Sleep* (HarperCollins, 1999). We pay the price when we shortchange ourselves by as little as an hour's sleep each day. "By

the end of the week," says Maas, "your alertness is equivalent to that of someone who has pulled an all-nighter."

THE SMALL SLEEP

If you can't fit in enough sleep at night, try making it up during the day, with a fifteen- to twenty-minute nap. "Doze off longer than twenty minutes and you're liable to drift into deep sleep," explains Maas. "At that point, waking up often causes a lingering grogginess."

What if you work during the day? Sleeping on the job might not be a bad idea. Research shows that naps enhance productivity and alertness for hours afterward, as some employers are beginning to acknowledge. "A growing number of companies no longer frown on employees who nap at work, and some even openly support the idea," reports William Anthony, Ph.D., director of Boston University's Center for Psychiatric Rehabilitation and author of *The Art of Napping* (Larson Publications, 1997) and *The Art of Napping at Work* (1999).

A CRASHING snore

Snoring is mostly a male problem: Four times as many men as women snore. But your partner's snoring may do more than keep you awake—it could indicate a serious threat to his health.

Sleep apnea, a condition in which the muscles of the tongue and soft palate block the airway and interrupt breathing, is particularly common among overweight middle-aged men. It increases the risk of dying from cardiac rhythm disturbances, high blood pressure, strokes and heart attacks. Simply losing weight may cure it; other treatments include surgical procedures and equipment worn at night.

It's also possible that *you're* the one who's snoring. Because of hormonal shifts and changes in body fat distribution, snoring—and sleep apnea—become more common in women after menopause. ■