



For the last 30 years, Straits Times writer Tan Hsueh Yun has tried almost everything to get a good night's sleep, from weighted blankets to banana tea. ST PHOTO: KELVIN CHNG

Sleepless? Sleep on this cure for insomnia

Tan Hsueh Yun

Magnetic mattresses, brain-stimulating headphones, drugs that suppress brain chemicals that keep people awake: the industry built around getting people to sleep is big business.

And the importance of getting enough shut-eye is more critical than ever.

New research published in August in the American Heart Association's Circulation journal shows that people suffering from insomnia are at greater risk of coronary artery disease, heart failure and stroke.

Previous studies had found a link between insomnia and an increased risk of developing these diseases, but could not determine if insomnia was the cause or if it was associated with these diseases.

But the study, which looked at data from 1.3 million participants and is the first of its kind, showed that genetic variants for insomnia are linked to significantly higher odds of coronary artery disease, heart failure and large artery stroke.

Dr Susanna Larsson, lead study author and associate professor of cardiovascular and nutritional epidemiology at Karolinska Institutet in Sweden, said: "It's important to identify the underlying reason for insomnia and treat it. Sleep is a behaviour that can be changed by new habits and stress management."

Some 15.3 per cent of Singaporeans suffer from insomnia, according to the Singapore General Hospital (SGH) webpage on insomnia.

This is a condition where sufferers have difficulty falling asleep, wake up frequently in the middle of the night, do not feel refreshed in the morning, or all three. The bouts of insomnia should occur at least three times a week for at least three months.

Singapore is one of the most sleepless countries in the world.

In data released by fitness tracker Fitbit earlier this month about the sleep habits of people in 18 countries between Aug 1 last year and July 31 this year, Singaporeans clock in 7 hr 5 min a night, 28 minutes less than people in the United States, and 44 minutes less than those in the United Kingdom.

It is the third most sleepless country behind Japan, at 6hr 47min, and India, at 7hr 17min.

Singaporeans spend 57 minutes a night awake on average, accounting for 13.5 per cent of their nightly sleep. They also sleep later than people awake elsewhere around the world, turning in at 12.11am on average.

WHY SINGAPOREANS ARE SLEEPLESS

Modern living is the main cause of sleep problems here, doctors said.

Dr Chong Yaw Khian, senior consultant at Tan Tock Seng Hospital's Sleep Disorder Clinic, said: "In a modern and connected city like Singapore, people are constantly online activities."

"After work, people are constantly distracted by online activities such as entertainment media, online shopping, social media and online gaming. Without knowing, they easily end up sleeping late. People also do too many things in bed – gaming, watching TV or eating – which also results in poor sleeping habits."

"Poor sleep quality or sleep deficiency puts an individual at higher risk, not just of heart disease, heart failure and stroke, but also of dementia, hypertension, obesity

and diabetes.

"It can also cause a decrease in job performance or school performance. Studies also show a direct correlation between road traffic accidents and lack of sleep."

"Sleep gives your body a chance to repair itself."

Surgeon Kenny Pang of the Asia Sleep Centre, said: "We are very tense. We tend to take work home, we are on our mobile devices the whole night. Millennials tend to sleep late or not sleep. They take sleep for granted."

Dr Tay Kai Hong, associate consultant from Sengkang General Hospital's Department of Psychiatry, said most of his patients are working adults who live near the hospital, in Sengkang and Punggol.

"They may be facing stress in their lives, from their careers, parenting duties, caring for their elderly parents, or marital strain. Some may be stressed over physical ailments."

Although doctors and psychologists have used it for years to treat insomnia, it does not have the immediate effect of sleep medication or the cool factor of devices designed to promote sleep.

New prescription drugs such as Suvorexant and Lemborexant work differently from sleeping pills by

psychologist at the hospital's Department of Psychology.

About half of these patients suffer from insomnia. Other patients have insomnia with other conditions such as anxiety, depression, obstructive sleep apnea, circadian rhythm disorders, shift work sleep disorders, delayed sleep phase disorders, jet lag, narcolepsy and restless leg syndrome.

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inhibiting orexin, a neurotransmitter that causes wakefulness.

In the last few years, devices and gadgets to promote sleep have also come on the market, including Cervella headphones, approved by the Food and Drug Administration in the United States this year.

They deliver micro-pulses of electrical current across the brain, which in clinical trials have led to a reduction in anxiety levels, insomnia and depressed mood.

Sexy it is not, but Dr Leow Leong Chai, director of SGH's Sleep Disorders Unit and senior consultant in the Department of Respiratory & Critical Care Medicine, calls CBT-I the "gold standard" treatment for insomnia and one that the hospital has been using since 2005.

The stumbling block is convincing patients to go on it because it requires serious commitment and adherence.

He said: "The effectiveness has been proven. But people are averse to seeking psychological intervention, although that is starting to change now."

Mr Mark Rozario, a psychologist at Sengkang General Hospital, said: "In my experience as a sleep psychologist, only 50 per cent of patients are able to adhere strictly to CBT-I. It's a pity, but that's the

reality. Working adults might be unable to take time away from work, they may have other commitments and see it as too troublesome. They may see sleep medication as a faster way out."

Those who do agree to CBT-I and follow the programme closely see improvements.

He said that CBT-I, sometimes in combination with short-term medication, can help the majority of patients improve the quality and quantity of their sleep.

Patients who enter the programme commit to weekly sessions for six to 12 weeks. They see a psychologist for the hour-long sessions.

At SGH, the psychologist does a detailed sleep intake assessment of the patient, going through his sleep history, the number of years he has had insomnia and looking at possible factors for the insomnia.

The patient and psychologist then work together on developing effective sleep habits, with the patient learning relaxation techniques on how to calm the mind and manage stress.

Deep breathing, progressive muscle relaxation and mindfulness techniques are also part of the programme.

Patients will have to keep a sleep

log, noting down specific sleep and wake times and how often they wake up in the night.

The patient then discusses this with the psychologist to see if there is a pattern and what are the patient's current stresses impacting his ability to sleep at night.

The psychologist also uses this information to determine how much sleep the patient needs at night.

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Sleep like an expert

Sleep experts say good sleep hygiene habits can help alleviate insomnia. Here is how they do it.

Mr Kevin Roy Beck, principal psychologist, Singapore General Hospital's Department of Psychology:

"I am very disciplined with my sleep times – in bed by 10.15 to 10.30pm most nights, and up between 5 and 5.20am. I don't look at my phone after 9pm, and that's when I turn off the television too. I read a book and meditate for a time before sleep."

Mr Mark Rozario, psychologist, Sengkang General Hospital's Department of Psychology:

"What works best for me is the hour-long pre-bedtime routine. I spend 15 minutes stretching, 10 minutes in the shower, 20 minutes listening to chill-out music and 15 minutes reading a book."

Dr Chong Yaw Khian, senior consultant, Tan Tock Seng Hospital's Sleep Disorder Clinic:

"I keep the bedroom completely dark and quiet. In the dark, the body produces melatonin. It is produced naturally by our bodies when we sleep in darkness. And sound can disturb sleep. Also, I keep the temperature at 23 or 24 deg C. No stimulating activities before bedtime. A lot of people watch TV or online streaming to unwind, however these are stimulating activities and keeps you more alert. In addition, the blue light emitted from these devices disrupt sleep rhythms. Read a book instead, but don't read in bed."

Dr Leow Leong Chai, director, Singapore General Hospital's Sleep Disorders Unit and senior consultant in the Department of Respiratory & Critical Care Medicine:

"I try to ensure I get seven hours of sleep and I build my life around that. I find that mindfulness, breathing and relaxation techniques are very helpful. They help to take the mind off whatever I am thinking about and allow the body to relax."

Dr Kenny Pang, ear, nose and throat surgeon, Asia Sleep Centre:

"I practise good sleep hygiene. No coffee after 2pm. And I exercise regularly in the gym."

Dr Tay Kai Hong, associate consultant, Sengkang General Hospital's Department of Psychiatry:

"I switch my mobile devices to night mode to filter out blue light about two hours before bedtime. I try to exercise earlier in the evening as exercising too late disrupts my sleep. I also reduce my water intake two hours before bedtime and make sure I empty my bladder just before sleep."

"I try not to worry too much about sleep. I manage my expectations and accept that I may sleep poorly some nights. I see many patients who are so anxious to sleep well that the worry itself becomes counter-productive and makes sleep even more elusive. Paradoxically, worrying less about sleep will help them to sleep better."

"For this group of anxious patients, I advise them to be more zen about sleep."

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'Night-time is hell for me. I can't get to sleep.'

Tan Hsueh Yun

My name is Hsueh and I am an insomniac. It started when I was in my 20s and persists to this day. I don't know why I can't sleep. Well, I know it's not sleep apnea. I was tested for it a couple years ago. Could it be hereditary? My mother is sleepless too.

Night-time is hell for me. I can't get to sleep and when I finally do, I don't stay asleep.

I can think of only two occasions when I've had good, deep sleep. Once was in 2010 in Sydney, when I slept for 14 hours straight. Every time I tried to wake up, I felt a strong tug, it was almost physical, but black. The second time was three years ago, when, after a particularly wretched stretch of wakefulness, I slept the sleep of the dead, again for 14 hours.

Sleep doctors will tell you about patients who sleep like babies while on vacation. Not me. The monkeys in my mind refuse to quiet down.

For the last 30 years, I have tried almost everything to get a good night's sleep. About two years ago, because I was sick of chasing sleep (who in Singapore has that luxury?), I started taking prescription sleep medication. It was mostly reliable. I popped it before bedtime and in 30 minutes, was in la-la-land. Four to five hours later, I'd wake up refreshed and ready to tackle the day. No fog, no fuss.

That winning streak began to lose steam. The stockpile of meds I had amassed was dwindling in alarming fashion. Yes, I can get more, but then I began waking up two hours after taking them. It was time to look for other ways to induce sleep. This is my search for shut-eye.

Melatonin supplements



The first thing I turn to when I decide to give up sleep meds cold turkey is this hormone. It tells the body when it is time to sleep and when it should wake up. The body makes

more of it at night and the surge happens around 11pm, peaks at 1 or 2am, then tapers off.

Sleepless friends of mine have had good results with melatonin, especially formulations that include 5-Hydroxytryptophan (5-HTP), which increases the production of serotonin in the brain and central nervous system. Serotonin, or the "happy chemical", helps regulate sleep-wake cycles.

I decide that one kind of melatonin supplement is not enough. I take three. Melatonin with 5-HTP, time-release melatonin and liquid melatonin.

The hormone is not fast-acting, at least not for me. To get to sleep at 11.30pm or midnight, I take the supplements at 9.30pm.

They work at first. The big downside is the dense fog in my brain when I wake up. Exercise in the morning banishes it, but then, I also feel sleepy mid-afternoon. I cut back on the supplements, but find myself unable to sleep. So it is back to taking all three.

After about a month, they stop working. One night, I take them dutifully at 9.30pm, am asleep by midnight and wide awake at 2am.

There has to be a better way.

Weighted blanket and eye mask



After reading a road test of these blankets on The Guardian news website, I decide to order one online.

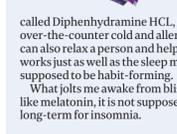
The concept is simple. It is just a blanket filled with hundreds of thousands of glass or plastic beads. The one I have weighs 9kg.

While they have become popular among insomniacs over the last few years, weighted blankets have been used far longer to help people with autism go to sleep. The weight of the blanket keeps the sleeper still and snug, and is supposed to reduce the production of the stress hormone cortisol and increase the production of serotonin. Sleep, however, comes very slowly for me.

I have better luck when I use it with an eye mask, the kind you might get in an airplane amenity kit. Although my bedroom is pretty much all dark and I place my mobile phone screen side down on the bedside table, there is a sliver of window the blackout curtains do not cover and the light from the Wi-Fi router.

That this is a drug-free potential solution is not lost on me, even though it takes a lot of strength to haul that blanket around and I sometimes feel claustrophobic under it. The fear of being smothered, with eyes covered, is real.

Diphenhydramine HCL



As if answering my prayers, my friend gives me a box of ZzzQuil he bought in the United States. These capsules contain an antihistamine called Diphenhydramine HCL, found in over-the-counter cold and allergy medications. It can also relax a person and help him fall asleep. It works just as well as the sleep meds do and is not supposed to be habit-forming.

What jolts me awake from blissful slumber is that, like melatonin, it is not supposed to be used long-term for insomnia.

There is also a list of possible side effects – dizziness, constipation, blurred vision and dry mouth, among others. So although it gives me good sleep, it can only be an occasional indulgence. For times when I am truly desperate.

Magnesium and banana tea



Magnesium deficiency is rare. People who eat leafy greens, fish, chicken and beef should get enough of it from their diet. But what if a lack of this mineral is making me

stressed and unable to relax? Magnesium deficiency can cause that.

So for months, way before I go cold turkey with the sleep meds, I have been taking magnesium supplements every day. Am I less stressed out and more relaxed? It is hard to say.

A friend of mine gives me a bottle of topical magnesium oil, which her gym trainer had recommended for her insomnia. It works for her sometimes, but all I have had from nightly application of the oil on my temples and the back of my neck is an oily neck.

When I read about banana tea, I roll my eyes, but decide to give it a go anyway. For five nights.

An hour before bedtime, I cut the two ends off a banana, peel still on. The banana goes in a small pot of water and I boil it for 10 minutes, then strain the liquid into a cup, add a quarter teaspoon of ground cinnamon, stir it and drink.

The magnesium, Vitamin B6 and potassium in the banana are supposed to promote sleepiness, and cinnamon is said to regulate blood sugar. Spikes can cause sleeplessness.

I do not get my hopes up. My colleague wonders why I can't just eat the banana. But eating it with the peel is cruel and unusual.

At 2.18am one day, I break down and pop a sleeping pill and am not sorry to have done so.

Essential oils

For someone who likes good smells and has a scent collection to prove it, I cotton on late that I should try essential oils.

I start with a lavender pillow spray. Then a friend gives me a blend of oils that is supposed to promote slumber. I rub it on my temples and the inside of my wrists at bedtime.

The oils alone don't make me fall asleep. When I use them with the blanket and eye mask, I do manage to fall asleep sometimes. When I wake up in the middle of the night, I reappreciate and try to drift off again. Sometimes I do, most times I don't.

Sleep hygiene

These misguided attempts to get some sleep long before I start reporting work for this feature. Like most people, the very thought of having to work at getting sleep is too tedious to contemplate. I much prefer quick fixes.

Do I want to condition myself to fall asleep? Give up sleeping in on Sundays? Be strict with my sleep habits?

Well, judging from the nothing I have achieved, it looks like I will have to. I do not want to be at higher risk of heart disease, stroke and dementia, among other horrors.

Can it be a coincidence that my blood pressure shoots up when I give up sleep meds? I think not.

While waiting to be diagnosed and to start a treatment programme, I decide to Marie Kondo my sleep habits.

I realise that preparing for bed – I have a tedious routine – jolts me awake, so I do all that before I even feel sleepy and then relax in the living room.

An hour before I want to sleep, I cut out blue light – from the television, mobile phone, laptop and other digital devices. It should be two hours and I am working towards that.

I miss my nightly bedtime YouTube doses of The Late Show With Stephen Colbert and cooking videos, but find joy reading cookbooks – the paper kind.

Ideally, I should not have the mobile phone in the bedroom at all. But how does someone with elderly parents do that? It sounds reckless. But I have a land line with no phone hooked up to it. Perhaps it is time to resort to dinosaur means of communication. I'll need an alarm clock too.

I have started giving myself time to space out before turning in. Sometimes I listen to music. Much as I love Lizzo's sass, I can't listen to her high-energy music at night. The purring vocals of Diana Krall are perfect near bedtime.

Some nights, I actually feel sleepy. Three times a week, I put on a facial mask, something I never used to think I had time for. Turns out, if I'm not staring at the TV or my phone, I do have time for it. Those 20 minutes without blue light are bliss.

When I do go to bed, the air-conditioner is set at 23 deg C, supposedly the optimum cool temperature for sleeping. I use the weighted blanket, the eye mask and the essential oils.

My name is Hsueh. I am a fragrant, recovering insomniac.

ST PHOTOS: KELVIN CHNG, TAN HSUEH YUN



(Left) Dr Leow Leong Chai, director of Singapore General Hospital's Sleep Disorders Unit, holding blue light devices designed to help patients sleep better – one is a portable panel and the other a goggle version. ST PHOTO: ONG WEE KIAT



(Left) Dr Tay Kai Hong, associate consultant from Sengkang General Hospital's Department of Psychiatry, with his colleague, psychologist Mark Rozario, says most of his patients are working adults. ST PHOTO: DESMOND FOO