

Better Sleep Means Better Health

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EVERYONE KNOWS THAT GOOD HEALTH depends on a balanced diet and regular exercise. Far too few of us are aware that there is a third key component of good health—sufficient sleep.

How sufficient sound sleep builds good health is not well understood, but recent research suggests that in the deeper stages of sleep the body releases hormones that unleash physically restorative processes. Other research suggests that during rapid eye movement (REM) sleep, the sleep in which we dream, our minds sort through the experiences of the day and memory consolidation occurs. When an individual gets enough sleep, it is usual to cycle 3, 4, or even 5 times each night through stages of light sleep, deep non-REM sleep, deep REM sleep, then back to light sleep, and so on.

Recently, several studies have demonstrated that sleep deprivation damages vital organs (eg, heart, brain, kidneys). Ordinarily, catch-up sleep can repair the damage, but if the “sleep debt” persists, the damage may be irreversible. Sleep deprivation leads to daytime fatigue, and that in turn discourages exercise. Sleep deprivation also disrupts the production of the appetite hormones leptin and ghrelin. The persistent hunger that results makes overeating almost inevitable.

In short, if sufficient sleep, the third member of the triad, is not in the mix, good health is unattainable.

The International Classification of Sleep Disorders prepared by the American Academy of Sleep Medicine lists 84 conditions that interfere with sleep; the most frequent of these is obstructive sleep apnea (OSA). It is conservatively estimated that 22 million adults in the United States suffer from OSA, a number that is likely to increase as the population ages and the obesity epidemic worsens. Simply put, sleep apnea is repeated nighttime bouts of suffocation that

fragment sleep to the point that its deeper stages do not occur, or do not occur enough.

Various diagnostic and treatment options exist and more are in the pipeline. The bigger challenge for clinicians is getting their patients to stick to the prescribed therapy, which for the more severe cases is likely to be positive airway pressure therapy. More successful treatment and better adherence to therapy is more likely to come once OSA is recognized as a chronic disease and is managed accordingly. Effective management methods can be modeled on existing programs for diabetes, asthma, and chronic obstructive pulmonary disease.

Not surprisingly, managing OSA costs money. The money spent now should be seen as an investment in reducing the future health care costs of cardiovascular and cardiocerebral incidents, type 2 diabetes, and other comorbidities that are related to untreated sleep apnea.

The time for simple research has passed. It is time to implement a coordinated approach to the diagnosis and treatment of OSA that will reach the most people. Effective management of OSA, a key component of improved sleep health, can be a major contributor to reducing the cost of health care.

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