= Sleep hygiene =

Sleep hygiene is the recommended behavioral and environmental practice that is intended to promote better quality sleep . This recommendation was developed in the late 1970s as a method to help people with mild to moderate insomnia , but , as of 2014 , the evidence for effectiveness of individual recommendations is " limited and inconclusive " . Clinicians assess the sleep hygiene of people who present with insomnia and other conditions , such as depression , and offer recommendations based on the assessment . Sleep hygiene recommendations include establishing a regular sleep schedule , using naps with care , 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 but sleep and sex , avoiding alcohol as well as nicotine , caffeine , and other stimulants in the hours before bedtime , and having a peaceful , comfortable and dark sleep environment .

= = Assessment = =

Practice of sleep hygiene and knowledge of sleep hygiene practices can be assessed with measures such as the Sleep Hygiene Index , Sleep Hygiene Awareness and Practice Scale , or the Sleep Hygiene Self @-@ Test . For younger individuals , sleep hygiene can be assessed by the Adolescent Sleep Hygiene Scale or the Children 's Sleep Hygiene Scale .

= = Recommendations = =

Clinicians choose among recommendations for improving sleep quality for each individual and counselling is presented as a form of patient education .

= = = Sleep schedule = = =

One set of recommendations relates to the timing of sleep . For adults , getting less than 7 ? 8 hours of sleep is associated with a number of physical and mental health deficits , and therefore a top sleep hygiene recommendation is allowing enough time for sleep . Clinicians will frequently advise that these hours of sleep are obtained at night instead of through napping , because while naps can be helpful after sleep deprivation , under normal conditions naps may be detrimental to nighttime sleep . Negative effects of napping on sleep and performance have been found to depend on duration and timing , with shorter midday naps being the least disruptive . There is also focus on the importance of awakening around the same time every morning and generally having a regular sleep schedule .

= = = Activities = = =

Exercise is an activity that can facilitate or inhibit sleep quality ; people who exercise experience better quality of sleep than those who do not , but exercising too late in the day can be activating and delay falling asleep . Increasing exposure to bright and natural light during the daytime and avoiding bright light in the hours before bedtime may help promote a sleep @-@ wake schedule aligned with nature 's daily light @-@ dark cycle .

Activities that reduce physiological arousal and cognitive activity promote falling asleep , so engaging in relaxing activities before bedtime is recommended . Conversely , continuing important work activities or planning shortly before bedtime or once in bed has been shown to delay falling asleep . Similarly , good sleep hygiene involves minimizing time spent thinking about worries or anything emotionally upsetting shortly before bedtime . Trying purposefully to fall asleep may induce frustration that further prevents falling asleep , so in such situations a person may be advised to get out of bed and try something else for a brief amount of time .

Generally , for people experiencing difficulties with sleep , spending less time in bed results in

deeper and more continuous sleep , so clinicians will frequently recommend eliminating use of the bed for any activities except sleep (or sex) .

= = = Foods and substances = = =

A number of foods and substances have been found to disturb sleep , due to stimulant effects or disruptive digestive demands . Avoiding nicotine , caffeine (including coffee , energy drinks , soft drinks , tea , chocolate , and some pain relievers) , and other stimulants in the hours before bedtime is recommended by most sleep hygiene specialists , as these substances activate neurobiological systems that maintain wakefulness . Alcohol near bedtime is frequently discouraged by clinicians , because , although alcohol can induce sleepiness initially , the arousal caused by metabolizing alcohol can disrupt and significantly fragment sleep . Smoking tobacco products before bed is also thought to reduce one 's quality of resting by decreasing the time spent in deep sleep , leading to sleep fragmentation and nocturnal restlessness . Both consumption of a large meal just before bedtime , requiring effort to metabolize it all , and hunger have been associated with disrupted sleep ; clinicians may recommend eating a light snack before bedtime . Lastly , limiting intake of liquids before bedtime can prevent interruptions due to urinations .

= = = Sleep environment = = =

Arranging a sleep environment that is quiet , very dark , and cool is recommended . Noises , light , and uncomfortable temperatures have been shown to disrupt continuous sleep . Other recommendations that are frequently made , though less studied , include selecting comfortable mattresses , bedding , and pillows , and eliminating a visible bedroom clock , to prevent focusing on time passing when trying to fall asleep .

In 2015 , a systematic review of studies on mattresses concluded that medium @-@ firm , custom @-@ inflated mattresses were best for pain and neutral spinal alignment .

= = Effectiveness = =

Sleep hygiene studies use different sets of sleep hygiene recommendations , and the evidence that improving sleep hygiene improves sleep quality is weak and inconclusive as of 2014 . Most research on sleep hygiene principles has been conducted in clinical settings , and there is a need for more research on non @-@ clinical populations .

The strength of research support for each recommendation varies ; some of the more robustly researched and supported recommendations include the negative effects of noisy sleep environments , alcohol consumption in the hours before sleep , engaging in mentally difficult tasks before sleep , and trying too hard to fall asleep . There is a lack of evidence for the effects of certain sleep hygiene recommendations , including getting a more comfortable mattress , removing bedroom clocks , not worrying , and limiting liquids . Other recommendations , such as the effects of napping or exercise , have a more complicated evidence base . The effects of napping , for example , seem to depend on the length and timing of napping , in conjunction with how much cumulative sleep an individual has had in recent nights .

There is support showing positive sleep outcomes for people who follow more than one sleep hygiene recommendation .

While there is inconclusive evidence that sleep hygiene alone is effective as a treatment for insomnia , some research studies have shown improvement in insomnia for patients who receive sleep hygiene education in combination with cognitive behavioral therapy practices .

= = Special populations = =

Sleep hygiene is a central component of cognitive behavioral therapy for insomnia . Sleep hygiene recommendations have been shown to reduce or eliminate the symptoms of insomnia . Specific

sleep disorders may require other or additional treatment approaches , and continuing difficulties with sleep may require additional assistance from healthcare providers .

College students are at risk of engaging in poor sleep hygiene and also of being unaware of the resulting effects of sleep deprivation . Because of irregular weekly schedules and the campus environment , college students may be likely to have variable sleep @-@ wake schedules across the week , take naps , drink caffeine or alcohol near bedtime , and sleep in disruptive sleeping environments . Because of this , it is important to have sleep hygiene education on college campuses .

Similarly , shift workers have difficulty maintaining a healthy sleep @-@ wake schedule due to night or irregular work hours . Shift workers need to be strategic about napping and drinking caffeine , as these practices may be necessary for work productivity and safety , but should be timed carefully . Because shift workers may need to sleep while other individuals are awake , additional sleeping environment changes should include reducing disturbances by turning off phones and posting signs on bedroom doors to inform others when they are sleeping .

Due to symptoms of low mood and energy , individuals with depression may be likely to have behaviors that are counter to good sleep hygiene , such as taking naps during the day , consuming alcohol near bedtime , and consuming large amounts of caffeine during the day . In addition to sleep hygiene education , bright light therapy can be a useful treatment for individuals with depression . Not only can morning bright light therapy help establish a better sleep @-@ wake schedule , but it also has been shown to be effective for treating depression directly , especially when related to seasonal affective disorder .

Individuals with breathing difficulties due to asthma or allergies may experience additional barriers to quality sleep that can be addressed by specific variations of sleep hygiene recommendations . Difficulty with breathing can cause disruptions to sleep , reducing the ability to stay asleep and to achieve restful sleep . For individuals with allergies or asthma , additional considerations must be given to potential triggers in the bedroom environment . Medications that might improve ability to breathe while sleeping may also impair sleep in other ways , so there must be careful management of decongestants , asthma controllers , and antihistamines .

= = Implementation = =

Sleep hygiene strategies include advice about timing of sleep and food intake in relationship to exercise and sleeping environment . Recommendations depend on knowledge of the individual situation ; counselling is presented as a form of patient education .

As attention to the role of sleep hygiene in promoting public health has grown , there has been an increase in the number of resources available in print and on the internet . Organizations running public health initiatives include the National Sleep Foundation and the Division of Sleep Medicine at Harvard Medical School , both of which have created public websites with sleep hygiene resources , such as tips for sleep hygiene , instructional videos , sleep hygiene self @-@ assessments , poll statistics on sleep hygiene , and tools to find sleep professionals . A cooperative agreement between the US Centers for Disease Control and Prevention and the American Academy of Sleep Medicine was established in 2013 to coordinate the National Healthy Sleep Awareness Project , with one of their aims being to promote sleep hygiene awareness .

= = History = =

While the term sleep hygiene was first introduced in 1939 by Nathaniel Kleitman , a book published in 1977 by psychologist Peter Hauri introduced the concept within the context of modern sleep medicine . In this book Hauri outlined a list of behavioral rules intended to promote improved sleep . Similar concepts are credited to Paolo Mantegazza who published a related original book in 1864 . The 1990 publication of the International Classification of Sleep Disorders (ICSD) introduced the diagnostic category Inadequate Sleep Hygiene . Inadequate sleep hygiene was a subclassification of Chronic Insomnia Disorder in the ICSD @-@ II published in 2005 ; it was removed from the 2014

ICSD @-@ III along with two other classifications , because " they were not felt to be reliably reproducible in clinical practice . "

Specific sleep hygiene recommendations have changed over time . For example , advice to simply avoid sleeping pills was included in early sets of recommendations , but as more drugs to help with sleep have been introduced , recommendations concerning their use have become more complex .