

#### **Dr Alex Bartle**

Director Sleep Well Clinic

Shift Work - Managers Programme Saturday, 30 July 2011 Start 3:00pm

Duration: 30mins

Scenic Room





General Practice Conference & Medical Exhibition

28-31 July 2011 | The Dunedin Town Hall | Dunedin

# Melcome



# Shiftwork & Fatigue Management Practice Managers 2011

#### **Fatigue in the Workforce**

The structure of sleep

Fatigue and sleep

**Consequences of fatigue** 

Management of Shiftwork

Conclusion

## **Sleep Architecture**



REMRapid Eye MovementNREMNon-Rapid Eye Movement

Stages 1 and 2 light sleep Stages 3 and 4 deep sleep

25% REM, 50% Stage 2 and 25% stages 3 and 4



#### FATIGUE Causes and Effects

Fatigue is a complex state, characterised by lack of alertness and reduced mental and physical performance often accompanied by drowsiness.

Fatigue is more than sleepiness and its effects go beyond falling asleep

#### FATIGUE Causes and Effects

#### No physiological markers or blood tests Unlike alcohol

#### However, there are a number of factors that can result in fatigue



Effect of fatigue/sleep deprivation

- Increased irritability and lower stress tolerance
- Low motivation ("Can't be bothered")
- Faulty judgment
- Lapses in attention and vigilance
- Impaired decision making and logical reasoning



Effect of fatigue/sleep deprivation

Poor concentration

- Learning and Memory difficulties
- Personality changes

Adverse effect on Women's reproductive system
Reduced Libido



#### Effect of fatigue/sleep deprivation

- Slowed reaction time
- Susceptibility to illness
- Increased sensitivity to pain

## **Consequences of Sleep Deprivation**

#### Accidents

- At work (especially 3am 5am)
- To and from work

#### **Sleep Statistics**

Fatigue and Excessive Daytime Sleepiness (EDS)

- Fatigue affects the lives of 20% 50% of NZers
- 10% 15% suffer from Chronic Insomnia
- 100,000+ car accidents in the US are the result of EDS
- 20% fall asleep while driving at some time

#### **Sleep Statistics**

Fatigue was a major contributing factor for the following:

- The Three Mile Island disaster, 1979 (4.00am)
- Chernobyl, 1986 (1.30am)
- The grounding of the Exxon Valdez, 1989 (12.04am)
- Disastrous launch of the Challenger, 1986



#### How to Remain Alert at Night

- Avoid sleep debt
- Understand and respect the body clock
- Light
- Nutrition and stimulants



#### How to Remain Alert at Night (cont)

- Introduce interest
- Maintain muscular activity
- Temperature
- Noise



#### How to Improve Sleep after Nightshift

- Sleep as soon as possible after shift
- Avoid morning light
- Try to have one block of sleep only
- Use black-out curtaining / eye shades / ear plugs
- Disconnect phone / answer machine use call minder



#### How to Improve Sleep after Nightshift (cont)

- Avoid stimulants at work and sedatives at home.
- Try to anticipate shift changes
- Inform neighbours and friends
- Discuss with family

## SLEEP DEPRIVATION IN THE WORKFORCE

#### <u>Individual</u>

- Personal lifestyle choice
- Personal responsibility
- Economics/job availability
- Genetics "owl"

"lark"

"SWSD". (Shift Work Sleep Disorder)

- Medical fitness
- Age

#### **SLEEP DEPRIVATION IN**

#### **Alertness Strategies**

- Naps
- Caffeine
- Good sleep habits
- Managing the sleep environment
- Exercise
- Diet
- Medication
- Sleep scheduling

#### **SLEEP DEPRIVATION IN**

**Individual** 

Investigate specific sleep disorders

OSAS 4% Insomnia 10-15% RLS/PLM's 10-15% SWSD

## SLEEP DEPRIVATION IN THE WORKFORCE

#### **Conclusion**

- The 24hr society is here to stay
- Work outside normal biological circadian rhythms & attendant sleep loss leads to increasing health & safety risks.
- Shiftwork affects societies, organisations & individuals environmentally, economically and in health & well-being
- Although solutions are complex, there are solutions through education.

#### **FATIGUE vs SLEEPINESS**



### **FATIGUE vs SLEEPINESS**



# Two Most Common Sleep Disorders Are...

1) Insomnia

10 – 15% of adults suffer from chronic and severe insomnia

2) Snoring and Obstructive Sleep Apnoea (OSA)

> Snoring – up to 60% adults snore regularly OSAS– 4% of males, 2% females over 40

#### Sleep Hygiene for those with insomnia Behavioural

Sleep Hygiene involves improving factors required for the maintenance of a normal, regular sleep/wake cycle. eg. Avoid stimulants/alcohol, Exercise regularly, Bedroom environment comfortable, dark, quiet. Regular sleep schedule. Allow 1hr unwind time.

Important, but by itself, rarely effective

# Stimulus Control for those with insomnia

Stimulus Control is based on classical conditioned response to certain stimuli.

This involves strengthening the relationship between bed and sleep, and breaking the negative relationship between bed and anxiety and wakefulness

**Important and Effective** 

### **Stimulus Control Therapy**

Go to bed when sleepy

Do not watch TV, read, eat or worry while in bed

Do not nap during the day

Set regular wake up/get up time - including weekends

Get out of bed if unable to fall asleep in 15 – 20 minutes, or anxious. Remain up for 20-30 minutes only. Repeat as often as necessary

#### Bed Restriction Therapy for those with insomnia

**Bed restriction therapy** is designed to improve sleep consolidation and sleep efficiency.

This is achieved by initially increasing the homeostatic drive to sleep. Sleep efficiency is improved. Time in bed can then be increased

The most difficult, but the most effective

#### **Bed Restriction Therapy**

Average the time asleep over 2 weeks

Add 1/4 - 1/2 Hour

Restrict time in bed to that time (never less than 5hrs)

Increase time in bed slowly when sleeping is consolidated to 85% - 90%. Restrict further if < 80%

# Medical problems associated with Insomnia

Gastrointestinal Chronic pain Hypertension Heart Disease Cancer Diabetes x 3.33 x 3.19 x 3.18 x 2.27 x 2.17 x 1.8

# Thank You

#### Dr Alex Bartle The SLEEP WELL Clinic Christchurch, Auckland, Wellington Nelson, Tauranga, Whangarei

