

Module 2 Lesson 8

Transcript

Hello, [TNSers 00:01:01]. Okay. I hope you had a good night's sleep and woke refreshed and ready to tackle all of your ambitious goals for the day today. We take it for granted, but a restful night of sleep is one of the biggest gifts that we can give to ourselves and makes all of the difference in how effective we are in our day. Well, I don't really take it so much for granted because it's rare that I get an amazing night's sleep, one of my worst pillars of nutritious life.

Anyway, today we're going to talk all about sleep. We'll discuss the effect of sleep deprivation on health, a big topic. Obesity-related sleep disorders. Why sleep is such a critical part of living a nutritious life and how you can help your clients achieve this.

So it might seem obvious, but disruptive sleep makes us more fatigued during the day, of course, and less effective at our tasks. Sleep deprivation also makes us more irritable, and on and more drastic level, research finds a strong correlation between poor sleep, hypertension, heart failure, and diabetes. So it seems worthy to talk about obesity and sleep in this module so you can fold into your knowledge base, some recommendations and education for the people you work with. I'll highlight the disorders I'm going to go over and the recommendations that research is laying out for us, but I do want to start with a quick favorite story on this topic.

Angie came to me with menopausal issues that were affecting her weight and energy. I distinctly remember in the intake we did that I spent a crazy amount of time going over the sleep-deep questions, you know all those questions. What was her bedtime? 10:00 PM. When did she wake? 7:30 AM. Did she have trouble falling asleep? Well, that depended on her husband's schedule. If he was in bed and sleeping, if he was snoring, that may send her to the couch, which was less comfortable. Did she have trouble staying asleep? Well, only when she woke up from her husband's snoring. Did she feel rested when she woke? Almost never. While there were some menopausal symptoms that kept Angie from getting her Zs, it was obvious that her husband snores were a huge issue that we needed to tackle. I think I remember it took a few weeks to get Angie's husband to agree that he should see someone about getting some help, but he loved her and agreed that he'd give it a go and try it if it meant having her back in bed with him.

Angie and I started our work while we waited for him to get an appointment and check out himself. She was compliant and super-motivated, but this story isn't actually all about Angie. Angie's husband was prescribed a continuous positive airway pressure, otherwise known as us CPAP machine, which is basically a mask that helps deliver air to the lungs while you sleep. He was amazed

after one night at how much better he felt in the morning. He kept using it and using it, he liked it. Angie slept better. The new technology and sleep machines are quieter and less bulky than they used to be, so didn't affect Angie at all. Actually, of course, it made her night's sleep even better, and she was in bed with her husband. After a few weeks on the CPAP, Angie's husband, who hadn't changed any of his other behaviors, lost five pounds. He was less foggy during the day. He felt more productive at work. He was a little happier. He was so inspired and felt so much better that I began working with him too.

Okay, so enough of that feel-good story. I think you get the gist of it. We have a host of obesity-related sleep disorders that I want to talk about. The most common one is snoring. Then comes sleep apnea. Less common, but still an issue, is obesity hypoventilation syndrome. And finally restless leg syndrome. So I'm just going to take a hot second to explain each one.

Snoring is basically just turbulence or disturbance in airflow as we sleep. It can come from enlarged tonsils, adenoids or a deviated septum. Any obstruction can cause snoring and it is really, really common in obese people. You definitely heard someone on the plane snoring if you haven't experienced it in your own bed. Sleep apnea on the other hand happens when the airway becomes really constricted or overcrowded and can collapse, shutting off oxygen and the air flow completely stops. This may wake the person up because they feel like they're suffocating and it can often happen throughout the night. And so the sleep is interrupted and while that leads to fatigue and grumpiness, it's also associated with an increased risk of stroke and sudden death.

In some extreme cases, hyperventilation becomes an issue too. You know how you're breathing in O₂, oxygen, and breathing out CO₂, carbon dioxide. You all know that, right? In extreme cases, the CO₂ doesn't fully get released in a condition called hypoventilation. The CO₂ builds up in the body, and again can lead to dangerous things like heart attack and death. So seriously, it doesn't just stink that someone can't sleep well, it doesn't just make them tired, it can be deadly for real.

I leave restless leg syndrome, or RLS, for the end, because so many of us have had the experience of discomfort in our legs that make us need to shift or adjust. It can wake you up and science is still trying to actually really figure it out, but it is absolutely more common in obese individuals. We do know that.

The sleep-deep pillar is a passion of mine, probably because I'm not so great at it. All the pillars are super-important and we know that. But the research and the advances in sleep study have been so progressive in the past 10 years, and the information is so satisfying in the work that we do. While I have a ton of places where I get my information on food and exercise for sleep, really rely

heavily on the amazing research put out by the National Sleep Foundation. They are the gurus of information and all things sleep-related. So interestingly enough, when it comes to obesity and sleep, the NSF is much more focused on exercise to combat sleep disorders than weight reduction. Even though exercise may happen in the morning and your client's sleep hygiene routine is scheduled to start at 10:00 PM, the exercise from the morning is the foundation for good sleep and should be noted in your client's sleep hygiene plan. That really pulls together living a nutritious life. How all of these things work together. Right? Probably another one of the reasons I love learning about sleep.

While losing weight is integral to improving sleep disorders, the NSF recommends getting help with apnea and snoring as a first line. They recommend exercising and improving your diet next. Of course we know, again, it all works together. The belief is that improving cardiovascular health with 20 to 30 minutes of walking, particularly early in the day and building up from there, is most essential to reversing sleep disorders. Keep that in mind for the really deconditioned individuals that may not be good candidates for later-day exercise because it may take several hours to recover, which can make sleeping difficult.

I just want to look back to something I know I've gone over before in all of our sleep hygiene discussions. There is a negative loop where poor sleep is linked to obesity. So people who sleep less, or get poor quality sleep, tend to be heavier. And yes, it is dose dependent. People who get the recommended sleep tend to be the fittest. With every extra hour less of sleep, people are more and more overweight and obese.

I think of Angie's husband who was able to break the cycle of obesity and weight gain, not by starting with his diet or exercise, though I'm glad to say we did get those in place too, but with treating his sleep first. I know I've discussed this regarding other clients as examples as well.

So let's summarize the key points here. Sleep deprivation can have a huge effect on health and is linked with hypertension, heart failure and diabetes. Obesity can cause sleep disorders including snoring, sleep apnea, obesity, hypoventilation syndrome, and restless leg syndrome. It's a vicious cycle with sleep. People who sleep less or get poor quality sleep tend to be heavier. Exercise is the top recommendation for improving the quality of sleep. Encourage clients to start with even just 20 to 30 minutes of just walking and build from there to improve the quality of their sleep. It's really the platform for the rest of their sleep hygiene work that will come into play before bed.

I am so happy that we got to talk about sleep. As I've mentioned, it's one of my favorite topics when it comes to living a nutritious life. I will see you in the next lesson.