

Some common sleep myths

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Insufficient sleep has become a worldwide epidemic. Only 1 out of 3 Americans report consistently meeting their sleep needs. Fewer than 3 out of 10 say their sleep is restorative.

What is causing this sleep crisis? Lifestyle and environmental factors play a role, ranging from occupational to personal barriers. In addition, there is limited education on sleep in primary school. This lack of education extends even to doctors who receive approximately 2 hours of education on sleep medicine in medical school. As a result, many physicians do not have the necessary knowledge or tools to help their patients with sleep.

Without formal education on sleep, many adults turn to the Internet or other sources. Unfortunately, these sources may not be backed by science. As a result, there are many myths about sleep. These myths may cause people to adopt behaviors that they think are helping their sleep when, in reality, they are not. Therefore, it is important to debunk sleep myths.

Here, we will review the 5 most common myths. We will also share data from scientific studies that help refute these common misconceptions.

1) Being able to fall asleep "anytime, anywhere" is a sign you are a good sleeper.

Being able to fall asleep "anytime, anywhere" is called excessive daytime sleepiness. Excessive daytime sleepiness is a symptom of chronic sleep deprivation. It may also be a symptom of an untreated sleep disorder. Typically, a healthy, well-rested person will not fall asleep immediately. It should take you between 15 and 20 minutes to fall asleep.

2) Many adults only need 5 or fewer hours of sleep for general health.

Many scientific studies have shown that sleeping less than 7 hours per night over a long period of time is associated with a variety of health concerns. These health concerns include cardiovascular disease, cognitive impairment, accidents, illness, and mental health concerns. For these reasons, it is recommended that you sleep between 7 and 9 hours each night for optimal health and well-being.





3) During sleep, the brain is not active.

As you drift off to sleep, your brain activity slows down. Specifically, activity in the thalamus and brainstem slows down. As the night progresses, your brain goes in and out of various stages of alertness. One stage of alertness is called rapid eye movement (REM) sleep. During REM, your brain rapidly fires neurons and your eyes move! In REM sleep, your brain is highly active. In fact, your brain activity during REM is very similar to your brain activity during wakefulness.

4) Alcohol before bed will improve your sleep.

A serving of alcohol before bed (a "nightcap") has long been revered as a tool to help you fall asleep. Studies have shown that consuming alcohol close to bedtime can indeed help you fall asleep faster. However, it will cause interruptions to your sleep later in the night.

5) Hitting "snooze" when you wake up is better than getting up when the alarm first goes off.

Many people hit the snooze button to get extra sleep. Unfortunately, if you fall back asleep after your alarm goes off, that "extra" sleep is likely to be fragmented or of poor quality. It is recommended that you set your alarm for the latest possible time. Once it goes off, get up and start your day.

Sleep myths are beliefs that the population has about sleep despite conflicting scientific evidence. With little formal education about sleep hygiene or sleep strategies, many people seek sleep health information and inspiration from sources that may not be credible. Therefore, it is important to debunk sleep myths, so you can develop healthy, evidence-based sleep strategies.

References

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¹ Brown, T. M. *et al.* Recommendations for daytime, evening, and nighttime indoor light exposure to best support physiology, sleep, and wakefulness in healthy adults. *PLoS Biology* **20**, e3001571 (2022).

