Transcript: Sleep Junkies Podcast Episode 001

Busting 7 common sleep myths - Dr Neil Stanley

Homepage: https://sleepjunkies.com/busting-sleep-myths/

Jeff Mann: This morning, I'm joined with Dr. Neil Stanley and I'm really pleased to have him on the end of the line. And Neil has got a long-standing history as a researcher and a scientist and I'll let him talk a little bit more about that. So. Hi, Neil. How you doing?

Dr Neil Stanley: Good morning. Yeah, I mean, it's great to be here.

Jeff Mann: I often ask guests to give me an elevator pitch for their product or their service but you're not promoting anything except yourself. So, can you give our listeners just a very brief overview of who you are? Actually, before we do that there's a brilliant bit on your website, I just like to read out just as a preface to your introduction so on your website sleepconsultancy.com on the About page it made me laugh so I'm just going to read it out.

It says "*Dr. Neil Stanley, what I am not, I'm not and these are all in inverted commas here. I'm not asleep advocate sleep diplomat, sleep practitioner, sleep educator, sleep evangelist, sleep therapist. Sleep physiologist, sleep environmental analyst, sleep fairy, sleep guru, sleep geek sleep solution expert sleep Ambassador sleep Health Navigator sleep solution expert international sleep speaker and educator or any other fancy title I am a sleep expert plain and simple."* I love that.

Introducing Dr Neil Stanley, Sleep Expert

Dr Neil Stanley: Yeah I mean this is it, I mean I am asleep expert but I mean I've been involved in sleep research for the last 36 years initially worked alongside the world Air Force at the Institute of Aviation Medicine looking at things like workload, jet lag, shift work & medicines you can take and safely fly. In the early 90s I moved to the University of Surrey. I created and ran the world's largest clinical trial sleep laboratory, a 24 bed unit and as part of that I designed constructed the 12 finest bedrooms built anywhere on the planet.

I've been involved in clinical sleep in London and Surrey, in Copenhagen and in Oslo. I have got a collection of over 1200 sleep books so if I'm not reading about it or talking about it, I'm writing about it or doing it I'm been independent sleep expert for the last 10 years now and I traveled the world talking about the importance of sleep to anybody who will listen to me, basically members of the public health care professionals, etc. etc.

And the reason for writing that on the website is unfortunately, anybody can set themselves up as a sleep expert and or any of those pretentious made up names that they have for themselves job titles that they have and that's really quite concerning.

You can become a sleep practitioner with only three days training you wouldn't trust your cat to a vet that only had three days training you wouldn't trust your child to a school bus driver who only had three days training so I cannot imagine why you would trust something as important as your sleep to somebody who only had three days training and that's one of the scandals in the sleep field.

What is a sleep expert?

Jeff Mann: I've seen some of these people describe themselves as certified sleep consultant and I thought hang on what's that and so I've googled it and it's a course you can do for $200 or whatever and I think it is as you say three days training and you get a certificate to put on your wall or wherever on your LinkedIn profile and then you're a certified sleep consultant.

And I think one of the problems is saying we've talked about this is the your doctor and they don't receive any specialist sleep training if you do a medical degree I think in the states it's like three or four hours over four years so the public a kind of a little bit hoodwinked about who the experts really are a lot of the time.

Dr Neil Stanley: It is a problem I mean, you know, you say in America is three or four hours in the UK and this was figures back from the 1990s, it was five minutes learning about sleep at medical school in seven years.

And those five minutes were solely devoted to sleep apnea. As if you've got any of the other 95 sleep disorders in the International Classification of Sleep Disorders, you really don't stand a chance and the thing is, there's a difference between sleepers wellness, which anybody can talk about.

And, you know, anybody can give the world to sleep hygiene. They don't work but anybody can just give them off raw and then they sleep as an illness as a medicine as a as a problem that we'll have, you know, profound ramifications. And this is where the lines have been terribly, terribly blurred.

Yeah, and people are using words like sleep therapist when one they know nothing about sleep and to they're not a registered therapist. I mean, if you do come to behavioral therapy for depression or anxiety, you need to have done 200 hours of clinical practice.

You need to be registered but if you're doing it for sleep, you can do CBTi or acceptance therapy without any training as a therapist and with little knowledge about sleep and you're seeing patients and that scares me. I know you know as much about sleep as any person and I would not see a patient because I'm not a therapist.

And when you consider that insomnia is co morbid to so many other conditions, things like depression or anxiety, I know about sleep, but I couldn't recognize a depressed or suicidal patient and I really wouldn't want to go there myself.

Jeff Mann: I often think about it I mean, we deal a lot with sleep technology and we've talked about this before and I think at the moment with such an increased interest over the last five or 10 years and there's loads of stuff going on the slows innovation, but on a wider scale, there's a general increase in the interest in sleep.

I think about it as it as a little bit of a Wild West sort of period we're going through where everyone, everyone is talking about sleep at the moment but there's a big gap in public education.

So I think, you know, totally agree with what you're saying but I think there's an education gap that needs to be plugged and hopefully by doing these podcasts and speaking to people, that's kind of where I see the role of sleep junkies and just letting people know a bit more about this stuff.

So let's move on. So today we're talking about we're going to bust a few myths a few common sleep myths and the reason I invited Neil onto the podcast is we've met in person but we kind of communicate mostly online and via Twitter and I wouldn't like to call you a debunker Neil but would it be fair to say you've got a low threshold for actually call it fake news? Let's, you know, to be polite with regards to sleep.

Dr Neil Stanley: I think the problem comes as you say, there is an education gap and people have plunged in this. There's now more information about sleep than there's ever been before.

I mean, on a daily basis, I put as new sleep tip out, which I collect from the internet. And, and, you know, I'm now over 2000 sleep tips that have been proposed and the problem is, is sorting the wheat from the chaff.

And most of the sleep tips that we've been given are at least 100 if not more years old and they patiently aren't making any difference to people and we can endlessly repeat them, but it's actually

education and there's that deficit people know a lot about sleep or think they know a lot of sleep, but at the end of the day, they're just not doing it and that's the key thing.

I mean, it's like having a having, you know, every one of Jamie Oliver's cookbooks in your kitchen that doesn't make you a good cook. You actually have to use the information in those books, and that's the issue with sleep. And a lot of nonsense is being spoken and I think that, you know, we need clarity.

People need to know what is good, what is bad and what they should be doing and what they shouldn't be doing. Because anything other than that is just going to make the problem worse.

Myth 1: Sleep is a passive activity

Jeff Mann: Okay, absolutely. Well, let's dive in. And so the first thing I'd like to talk about and debunk is this idea that sleep is a passive activity. The famous quote from Thomas Edison 100 years ago or so is that "sleep as a criminal waste of time" now, he had a vested interest, he just invented the light bulb and he wanted everyone to stay awake and use his life old but that notion is kind of carried on for over 100 years that when we go to sleep, it's basically downtime for the body and the brain and I think a lot of people still consider sleep as you know a bit of a waste of time could be getting on with more productive stuff and now I'll hand over to you on that subject.

Jeff Mann: Yeah I mean this is true and you say Edison you know invented the light bulb he also ran factories. You know everybody sees Edison as a genius but he was a typical Victorian employer, he wanted to use and abuse his workers. Now we have this perception of you know all these people boasting about how little sleep they need I mean you know the heir to the Edison, of course, is Elon Musk, who, you know, very recently said how little sleep he was getting.

And this is all just bravado there's no evidence even for Edison that they ever slept a small amount we know that was all a myth but we have this idea that sleep is a waste of time. Nothing important happens and you talk about you know, people working long hours but it's not, that it's you know, binge watching things on streaming services.

And in the past, getting sleep was easy because, you know, TV went off at 11 pubs closed at 11 and late night shopping was six o'clock on a Thursday night. So we didn't have anything competing with it. And it's hard to explain to somebody that sleep is important and that things happen.

You know, our metabolic rate during the night only drops by 15% because we've still got to run the body, not like the body in any way shuts down. We're still running…

Jeff Mann: Just to break that down into sort of more layman's terms and you're talking about the amount of energy that the body expends at night?

Dr Neil Stanley: Yeah I mean, metabolic rate we need to keep the engine ticking over because you know the cells are working. Our brains are working our lungs are working hard, working so we need to still be active. It's not like you go to sleep and everything shuts off.

The only thing that shuts off during the night are parts of the brain and it's only during the night that the brain can in any way shut down. And it's about a 25% reduction in brain activity overnight. So, so there's an awful lot that still going on and we know that sleep is involved in, you know, memory and in learning, and you only grow during the night, you actually only grow during deep sleep during the night.

So it's a very productive time because it allows the body to do its housekeeping to flush out neurotoxins, to repair to recuperate. And so sleep is really, really quite an active process. Although you know, as you say through all of history, it hasn't been something that we've talked about or we've analyzed, areas like the sociology of sleep, I've only been talking about sleep.

For the last 15-20 years, because before that it was thought to be a completely selfish act that had no ramifications to anybody but we know that we, we kick and we punch and we snore and we move during the night and that can have ramifications for both the sleeper as well as the, the bed partner.

So there is a huge area of sleep that which we really are really delving into now rather than, as you say, just seeing as some sort of passive state that you know, we can do without if we want because we'll be fine because nothing much happens.

Jeff Mann: I see it as a kind of a return to common sense because you talk to let's say the older generation and they wouldn't kind of question the attitudes you know, its common sense. Get a good night's sleep and you'll feel better in the morning and you'll be more awake.

Historically sleep has been, we just do it and we feel better we don't know why. But we feel better in the morning. But in the modern era, let's say Edison onwards, you know, that's kind of been challenged and you know what, actually humans we're quite smart.

Maybe we can do without sleep and then when we're now realizing research and science that actually we do actually need sleep and so sort of seen as a return back to common sense, you know, before the era when we knew anything about sleep.

Dr Neil Stanley: Yeah, I'd agree with you and this is I mean, a human failing, isn't it, that we are stupid enough to think we're clever enough and we do think that somehow, you know, the phrase is used these days is somehow we can hack sleep.

The problem is, you know, after a million years of evolution, this is it. This is the answer. We perhaps don't understand what the question ever was, but this way we sleep is the answer. And there's no way that in the next five years with technology, we're going to hack sleep. There's lots of people trying lots of people trying and they'll fail miserably. Everything because this is evolution, it's like, you know, why would we want to change it?

I mean, if you remember growing up in when watching the movies from the 50s and 60s, where, you know, sci-fi movies where we're all going to eat vitamin pills, we're going to get a meal in pill form. Well, we could do that if we wanted to but somehow we've never come to that. Why? Because it's a good thing.

You get pleasure and enjoyment and I think that's one that's been forgotten about sleep is that it is an incredibly pleasurable activity for the vast majority of people and why would you want to give that up just to work more unpaid for your boss. I mean that's all the watch the latest series of Game of Thrones with phones that seems very strange I would I never got into it to be honest.

Jeff Mann: The military have been trying to hack sleep for a while probably forever and but I know they're at the forefront of this research, you know keep vigil for 48 hours you know?

Dr Neil Stanley: The seven day soldier DARPA program in America where all these week promoting agents come from. I mean there's a funny story where US military pilots were using Modafinil, what for… as a weight promoting agent and they said they didn't like it because you didn't get the buzz that you get from amphetamine you know that that scares me on so many levels but yes this idea of a seven day soldier and yet you know other American military research shows that the more sleepy you are you know your judgment when shooting is impaired. You can shoot just as accurately and just as quickly, you just shoot the wrong person.

Jeff Mann: Yeah, it doesn't inspire much confidence…

Dr Neil Stanley: Friendly fire, you have to wonder is this or a good or bad thing? And I think somebody fighting for seven days without sleep really is a scary world.

Myth 2: The older you get the less sleep you need

Jeff Mann: Exactly. OK debunked. I think we can safely say that one and let's move on the next point. So this is quite a common one, and, you know, some subtleties in this one, but it's this idea that as we get older, we need less sleep and not to lead your answer but my take on this is that there is a correlation. It does happen. Older people often do experience more disrupted sleep, but I think some people have this belief that as we get older because we see all the people getting less sleep that we need less sleep, would you like to talk about that?

Dr Neil Stanley: Yeah, I mean, this is, this is the second most prevalent myth in sleep, the first one being that we all need 8 hrs and this comes about as you say, because of subtle changes in the sleep that we have, but it is untrue.

Old people do not need less sleep. An 85 year old needs the same amount of sleep that they did when they were 25. What becomes more difficult is that they find it harder to get the sleep they need and what happens is, as you get older, you start losing the deep sleep which is the most restorative part of sleep so called N3 sleep or deep slow wave sleep and you lose progressively.

And so when you get into your 60s or 70s, you have very little deep sleep. So sleep becomes actually less refreshing. So an elderly person can sleep all the way through the night maybe get up to the bathroom once or twice, but when they wake up in the morning, they don't feel refreshed.

I mean if you remember when you were 20 your head hit the pillow you died for nine hours and you woke up and you fell absolutely on top of the world. An elderly person can do the same sleep through the night, but wake up and think what was the point of that?

So they haven't got the refreshment and the other thing about losing deep slow wave sleep is the sleep that children have a lot of because it's involved in memory, learning and growth. So they spend a lot of the night in deep sleep and as anybody knows, children can sleep anywhere through anything.

And if they wake up, they can go straight back to sleep, because there's a lot of pressure for you to go back to sleep. The problem is, if you don't have that deep sleep, one, you're more easily woken up and to when you are awake. There's no pressure for you to go back to sleep.

And as you get older, of course, there were probably more things to wake you up paying, needing, go to the bathroom, snoring bed partner or whatever. Now when you were 20, you would have got up gone to the bathroom, got back into bed and fallen straight back to sleep until you wouldn't have seen that as an issue. But when you get older, you find it much more difficult to go back to sleep.

So you're lying awake there with no pressure to go back to sleep and that's when you notice your pains and you notice your partner snoring and you're awake for an hour and a half and that contributes to that lack of sleep.

So it's a natural change that happens, which makes it more difficult for us to get sleep but that doesn't mean that the elderly need less sleep. One other change that happens in the elderly is that they want to go to sleep earlier, there's a shift in their biological rhythms, which means that the elderly can potentially wake up early in the morning and if they do that, again, there is this issue of if they wake up in the morning they may feel that they need less sleep simply because they feel they're waking up early not really realizing that they've actually compensated at the other end in the evening by going to bed earlier.

So it is a problem sleep in the elderly is certainly a problem and some things are natural changes in the elderly. As I said that loss of slow wave sleep but certainly we shouldn't put up thing with things like sleep apnea, or getting up and going to the bathroom more than once or twice a night.

These things are not natural changes and we shouldn't as we get older, you say, what can I expect? I'm old, I'm falling to bits. So there are bits that change naturally we sleep but there are other things that can be treated or rectified and we should make sure that we do so to ensure the best sleep that we can get as we get older.

Jeff Mann: I just wanted to add to that I read some research recently related to this. This idea as we get older, our eyesight starts to fail and because light is the primary queue for synchronizing our body clocks, we're not actually processing light as efficiently as when we were younger. So the cues for our body clock is not as strong as we as we get older. I thought that was an interesting finding.

Dr Neil Stanley: Yeah, it is. I mean, as you say, we, you know, we respond, you know, we've known for, you know, a couple of decades now that we respond to, to light in the, in the blue part of the spectrum, which, which tells us it's day.

And as you say, something like cataracts or something like that. And if you think about it, you know, we have the signal in which is sunlight, we have the brain and if anybody tells you, they know how the brains work, they are a fool.

So you can imagine the brain as a black box and then you have the output which is our circadian rhythm and our behavior and so if there is a problem with the input, that the input is diminished in any way by as you say, failing eyesight or cataracts or something like that, then of course the output will be affected in a way and this might be part of why the elderly you know part of why they only have that shift to going to bed earlier.

They may be you're not getting the, the, the signal from light dark cycle that we would we would do so when we're 20. So no it's a very it's a very interesting part of you know the way that everything's connected and can potentially affect your sleep pattern, to a large degree.

Jeff Mann: I'm continually fascinated every day. You know, some news item about a research study will pop up as you say. It's a massive big puzzle, isn't it? We're still trying to figure out…

Okay, moving on. Next myth. So everyone generally works hard in the week and they say, Oh, its okay. I will catch up on my sleep at weekends.

Myth 3: You can catch up with sleep at the weekends

Dr Neil Stanley: You know, I spend my life lecturing to people and I'm forever fascinated why people apply some sort of perverse logic to sleep that they don't actually use for any other aspect that they do.

I mean, my analogy for this idea that you can catch up with your sleep with the weekend is like you know, you spend all week eating junk food and then you catch up on a healthy diet by just eating lettuce on the weekend, that would be a crazy presumption to make nobody would make it and yet somehow this always seems to me like they want an excuse rather than actually that catching up on the weekend.

You will catch up on sleep for the weekend I you will have more sleep but the weekend if you have deprived yourself of sleep during the week because sleep deprivation is a stress to the body and the body which is to rectify this now this is not a good thing to put your body under stress for five nights and then sleep longer the weekend man.

There's two aspects of this one is the body craves rhythm. The body would love to go to bed and get up pretty regular times and certainly one of the biggest and most effective changes people could make to their sleep is to actually fix wake up time because we know from the work of young Braun that the body in the brain starts waking up 19 minutes before we actually get out of bed.

So if the body knows when you're going to get up, it can prepare and get ready to hit the ground running which is why you can wake up ordinarily before your alarm clock. So the body craves regularity and the other thing that the body wants is to get that right amount of sleep every night each and every night because that's what it needs to recover from the stresses and strains and the day and so catching up with the weekend destroys that idea of having a regular wake up time which is why we get the Monday morning feeling.

Monday morning blues are down to the break of the regularity your body thinking it's now on holiday and it doesn't have to get up an alarm clock and then seven o'clock Monday morning the alarm clock goes on and the brain doesn't get the idea that is now back into the work mode and the other thing is this idea of catching up, you can only catch up a certain amount of your sleep.

So if you went without one night sleep the next night, you would make up all your missing slow wave sleep and half of your missing rapid eye movement sleep. So there is you can't have 100% slow wave sleep, nor can you have 100% REM sleep, but you need to preserve these amounts. So yes, you can make up one or two bad night's sleep but you can't make up an entire weeks at the weekend.

You can partially make up some of it but you can't make all that you have missed and therefore you are always going to be running asleep that and that is a big, big problem.

So you need to get the right amount of sleep for you each and every night. Fix wake up time, seven days a week, 365 days a year. I certainly do that myself. I get up at 6:30 every morning, regardless of what time I go to bed and that's the key and I never, I can't remember the last time I had a lay in at the weekend, it's far better to get up usual time productively and keep that regular…

Jeff Mann: It's a tough one, isn't it? Because we're so locked into this Monday to Friday, nine to five routine and you know, people naturally want to relax the weekends but as you say, you know, kids are the best probably the best example of this, you know, young children don't have a line at the weekends because they're not trained to this sort of rhythm of society.

It's difficult to drum that home to a lot of people to say, well, you should be getting up at the same time on Saturday and Sundays are especially when you're young and you know you'd like to go out partying but those are the facts as you say, we can't escape biology and our bodies crave that rhythm you talk about.

Dr Neil Stanley: Absolutely and the thing is, of course, you know you the one thing we have is we have free will, we can do whatever we like with asleep. However, we won't pay the price for it. I mean, nature has this wonderful way of punishing us when we go against her.

So, you know, yes, when you're young, your sleep is very, very robust. I mean, you have all of that deep sleep that I mentioned in my previous answer, you will sleep well you will sleep effectively but as you as you get past your 20s as you start losing that deep sleep your sleep is far more fragile and so we need to give it every help that we can and not sleeping a weekend or not sleeping in a weekends.

Yeah, I mean, you can you can land around in bed reading the Sunday Times if you want but that's okay but sleeping late is not a good idea.

Jeff Mann: Well, I'm going to skip on I had another question lined up but the leads on this next point so this is about chronotypes and chronotype is a scientific terminology for whether you're you have a predisposition to wake up in the morning or night or what they call logs or owls.

And because of these rhythms of work and society, we'ere kind of often taught that we all have to be morning people. And I think there's a myth that you know, if you are by your biology and bio your DNA a late chronotype, an owl someone who has a predisposition to waking up late, there's a lot of stigma sometimes saying, well, you need to be a morning person. So I want to talk about this myth - that you learn to be a morning person.

Myth 4: You can learn to be a morning person

Dr Neil Stanley: Yeah, I mean, this is again, one of these things where you have this idea of larks and owls and you think that you know, because one is more attractive than the other that somehow you can train yourself to be it.

Now the problem is, as you say, if it's too quite a little large degree genetically determined and we know the genes that are in some of the genes that are involved and so with morningness and eveningness this about 25% of people are strong morning people about 25% of people are strong evening people in the western sort of in the middle with no strong preference.

And you know there are there are these studies that show that if you're a morning person you have a lower risk of certain cancers and that sort of thing and therefore it would seem sensible to want to be a morning person but you know I'm six foot five tall and it's got a lot to do with my genes.

Now I can read studies saying that if you're told you're going to die of this that or the other well what can I do about it? I can't I'm six foot five tool and the same with morningness and eveningness. If that's your current type again. As I said in the last answer, you can do what you like, you know, whatever chronotype you are, you can set your alarm for five o'clock in the morning, all well and good, you'll wake up and you can be functioning, but you will not be functioning at your best.

You know, Till Roenneberg came up with this idea of social jetlag where we suffer jet lag in our everyday life because we're not functioning according to our krona type, so you will be functioning but you won't be functioning at your best and you know so this is this is something you know people rarely want to accept what they are.

But again you know this idea that evening people are much more fun and have more friends which may be true and of course being awakened evening is a lot easier than being awake in the morning because there's better telly on and pubs don't open that early nor would you drink before you went to work.

So we've created this society and you know regardless of how much technology has allowed us to, you know, get past the demarcation of time. We still live roughly a sort of a nine to five day, which does put people who are evening people at a disadvantage because they have to wake up at a time that they really don't want to be functioning and alert, and they suffer what we call sleep inertia, which is that feeling of grogginess that they have anywhere between 15 minutes from two hours in the morning because they're getting up at the wrong time but it's a… it's to a very large degree genetic and we can't, you know, we can't override our genes. So we can't train ourselves…

Jeff Mann: Just very briefly, what can people do if they are, you know, have a preference for eveningness?

Dr Neil Stanley: Yeah, I mean, the first thing I mean, again, I alluded to in an earlier answer is the wisdom If you're if you're going to try and, you know, be a morning person, and you are actually an evening person is to have that wisdom of waking up every day at the same time, even at the weekends, because the minute that you go off that rhythm at the weekend, you'll revert back to type and you'll have to start again.

So fixing your wake up time is the most important. Light is the most important time givers or zeitgeber that we have and so exposure to early morning light, sunlight is best, but you know, leaping out to bed and switching all the lights on in the house.

And if you are really serious about it, then using bright light, artificial, bright light 10,000 lux blue light in the early morning can help get your body kick started. Certainly now as we're moving into winter, the idea of seeing the sun is a bit of a nonstarter so you know if you're really serious about having to get up in the morning, then investing in a light box may potentially help you.

Jeff Mann: Brilliant tips - routine and lots of light in the morning. Okay, so next point and this is quite a common one and I think maybe a lot of people know the reasons behind this but I think there is a bit of a myth and we're talking about teenagers I struggled to remember back that far, the myth of the lazy teenager who can't get out of bed. Now.

Certainly, this was something and until before I started getting into sleep and becoming a sleep junkie and someone passionate about sleep, which is less than 10 years ago. This is something that was a new idea to me, but there is this myth that teenagers you know, they just want to stay in bed all the time.

Myth 5: Teenagers are lazy and like to lie in bed in the mornings

Dr Neil Stanley: Yeah, I mean teenagers, teenagers are different and teenagers are odd. Teenagers are different because they actually generally need more sleep than adults.

The reason for this is they're going through puberty and so there were physical emotional changes that are happening to the teenager and this means that they need to have more sleep in order to process these changes so your average teenager needs about nine to nine and a half hours sleep a night. Now teenagers are odd because for some reason teenagers do need to go to bed late to than adults.

There's actually a shift in the biological rhythm, we don't have a clue why but it's definitely there. However, that shift is only a most two hours so your average teenager should be going to bed around 11, 11:30 and sleeping between nine and nine and a half hours which means that a teenager who cannot get out of bed at nine o'clock in the morning may actually be telling you the truth.

Whereas a teenager you cannot get out of bed until three o'clock in the afternoon is really just genuinely lazy. So there is, there is, this definite shift there and this is the problem for teenagers going back to what we're talking about morningness and eveningness.

Somebody once said that you know for a teenager to get up at seven o'clock in the morning us like an adult getting up at five o'clock in the morning we were out of our, out of our chronotype in that that regard, and this is why there's this big argument about putting schools start times later.

So we're not forcing teenagers to get up so early because they really can't functioning, can't function. So yeah, there is there is some truth in that it's a myth but yes, teenage laziness is their attitude, not their desire for sleep.

Jeff Mann: Well this is the thing isn't it? Because it's a fact teenagers, they have a shift what's called a phase delay in their, their body clock. So they do biologically it's a time of their life where they need to go to bed later but also teenagers are stroppy and argumentative and emotional and yes, looking at this and the bigger picture it's all tied together because you say it's a mystery.

We don't fully know why teenagers need to go to bed later but we do know there are massive hormonal changes going on and we're probably going to make some findings in the future that this this is all tied in with the reasons that they're sleeping later but obviously that has impact on their emotions and teenagers just being you know, emotionally teenagers…

Dr Neil Stanley: Well absolutely and this is this is the thing you know, if you think about it, you know, in the wider context, teenagers didn't actually exist until the 1960's because you left school in New and unknown you were treated like I don't, you know I start work when I was 16 you know, working with the Royal Air Force there was no way that I was ever going to be a teenage will be stroppy because I had to be at work for half past eight and work a full day.

So this idea of the teenager is a modern phenomenon, but you know, there are there as you say, there are the big hormonal changes that take place in the teenager. But whether teenagers are actually you know, a subspecies where they are different or whether it's something that we've caused in them, you know, because now 50% of teenagers go to university, this wasn't something that happened in my day, you know, 10% went. So they don't have that structure or rhythm and maybe they've just drifted.

Jeff Mann: Brilliant. Okay, moving on. Okay, well, I had a brilliant chat with Brian Krohn a couple of weeks back, he's invented this app. I don't know if you saw it, we were talking about snoring.

But I just wanted to get your take on this as well. So snoring, people can laugh about it and say, oh, you know, I heard you snoring last night, you know, your, your wife or your partner. So the myth I want to talk about is snoring is harmless? And whereas actually, you know, most person who's… we don't really take snoring seriously enough.

Myth 6: Snoring is harmless

Dr Neil Stanley: Yeah, I mean, the problem is knowing is that it's sort of been the butt of music hall jokes for so many years, that is somehow you know, difficult to actually take it seriously and the problem is that snoring is a problem is a problem, both to the snorer and also to the bed partner, because the World Health Organization says that in order to get a good night's sleep, your bedroom should be around 35 decibels with intermittent peaks of around 45 decibels.

Now, 45 decibels is if you're sleeping close to a road and you have your way Open at night and a truck goes past. So that's about 45 decibels. Now for a snore, this can be anywhere between 70 and 95 decibel. So really loud so it's hardly surprising that that's going to disturb your bed partner and cause them to have a very poor night sleep but because it is actually so loud the snorer can wake themselves up, then they might not be perceiving this but it will cause arousal rather than full awakening, but this will actually destroy the continuity of sleep.

So snowing can just in itself be a problem for sleep. But snoring can also be a precursor in some people for much more serious breathing disorders during the night specifically obstructive sleep apnea and now obstructive sleep apnea is very easy to diagnose.

Essentially, if your bed partner stopped breathing during the sleep for over 10 seconds on a number of occasions, they have sleep apnea is as simple as that. What you need to find out is the severity of sleep apnea.

Jeff Mann: Just to interrupt briefly, Neil, just for anyone out there who doesn't know what sleep apnea is, it's a big problem isn't is millions of people, can you just give us a very brief explanation?

Dr Neil Stanley: Sleep apnea is where the upper airway the back of the throat, the soft tissue the back of the airway can close the airway and so what you're what happens with sleep apnea is that you have usually five or six loud snores and then you have a pause in your breathing because the airway has closed.

And then the body overcomes that obstruction and so you get a rolling snore as you overcome because you're trying to breathe against that obstruction and every time you do that with that roaring snore, you actually wake yourself up, and that causes you to lose the continuity sleep.

Then you'll have another five or six snores and then you will pause again and sleep apnea because it's putting such a strain on the body because the body's trying to breathe against that obstruction. Sleep apnea is known to increase blood pressure significantly and because of that is very much associated with an increased risk of things like stroke and because it's destroying the continuity of your sleep.

People who suffer sleep apnea have severe daytime sleepiness and they may notice the sleepiness they may notice their memories suffering quite badly and the problem is in elderly people, if they aren't aware that they're having sleep apnea, they may just think it's part of them getting old so the report of the bed partner who notices these pause it will be key for these people and I say sleep apnea is easily treatable in the majority of people either using a device that blows air through the airway, so it keeps the airway open.

The continuous positive airway pressure or CPAP. CPAP works really well. The key with CPAP is you actually have to wear it the so it works if you keep it in the box beside your bed, don't expect it to do anything so you have to wear it and the other possible solution is using a mandible advancement design device which is something akin to a boxer's gum shield and be fitted personally by a dentist which just keeps the jaw slightly forward.

So that stops the airway from closing during the night. So both of these are highly effective when used correctly. And if you do suspect your partner does have sleep apnea, then take them to the GP as soon as you can and get it sorted out but I say that because, you know, some people can snore for Britain and

not have sleep apnea, but that snoring is still going to be disturbing their sleep and include increasing their blood pressure, not as much as apnea, but significantly so snoring needs to be sorted out.

As I say, there are lotions and potions in your local chemists. Some of these work for some people, they're not that expensive, so it's worth experimenting with them. As you mentioned this app which gets you to use vocal exercises to strengthen the upper airway is founded on good science and you know it's could be a solution for some people there is a surge cooperation that some people advocate for snowing, the so called U-PPP.

Now the problem with that is it does work in about 25% of people it doesn't work in about 50% of people and actually makes knowing worth in 25% of the people and there's no guarantee who will work in essentially with that operation they either use a knife or a laser or an RF probe a radio frequency probe just to cut some of these soft tissue from the back of the back of the throat.

It's a pretty last option would say what it last option is sort of a skin of the pants surgery you know there's no there's guidelines as to how much you should take away or were you taken away from and if it doesn't work in a lot of people in that could be a big problem for, You know, some people, if you paid, you know, a couple of thousand pounds for this operation, it's actually made the snoring worse that that isn't the proper outcome for you.

Jeff Mann: It's interesting, you know what you talked about at the start their snoring, maybe the butt of jokes, but the very fact that you are snoring and that the sound level is increased in the room is going to have a disruptive effect on your sleep. Regardless of whether you have a condition like sleep apnea, the very fact that there's noise disturbance, you know, you won't receive that in the morning that you're being woken up, but your sleep will be disrupted.

And one other thing I wanted to say as well. I saw a video I mean, sleep apnea is quite horrific. I mean, you literally patients are stopping breathing for 30 seconds you know, multiple, multiple, multiple times a night and I saw a video of a sleep clinic and they felt they basically film the patients and they did and then when they watched the videos but they were horrified by seeing themselves stopping breathing in the night and they all went back on this see pap. So I would say that that's something, a tip that anyone can do is very easy thing to do just stick a camera if you've got one of these modern ones that they tend to be quite good in the low light.

Dr Neil Stanley: yeah I mean that is the problem with the CPAP it works as long as you wear it and then the problem is the press you know I'm sick of seeing these stories about oh it makes me look like Darth Vader or whatever you know it's just this thing will…

Jeff Mann: It's getting smaller and smaller…

Dr Neil Stanley: And quieter and yeah I mean it is it is a problem with the old, I mean I know the guy who built the first ever CPAP machine in the UK and it was a reverse engineered hoover and yeah of course that's going to keep you awake and make you look stupid but you know nowadays you know you're talking about your health.

You know, if you don't wear it during intimacy and there has been some work that actually shows that wearing your CPAP you know, and, and using it effectively actually improves your sex life because you're, you know, including, you know, from a physical point of view and so, you know, it's a win, win situation, you'll feel younger, your memory will come back and you'll have more and more satisfying sex with your bed partner. Doesn't really matter what you look like in the dark.

Jeff Mann: And there you go, and okay, brilliant. Well, let's go on. This is the last point I want to talk about today. And maybe slightly related to this some subjects of snoring as well and it's a connection there and but the idea of drinking alcohol and it makes you sleep at night and you know, I'll just have a little drink before I go to sleep because I can't relax. So I want to talk about this. Having a nightcap at night will help you sleep better.

Myth 7: Alcohol is an effective sleep aid

Dr Neil Stanley: Yeah I mean alcohol is the most widely used sleep aid in the world and it's the oldest sleep aid in the world we've always drunk before bed and, and strictly speaking from a scientific point of view, our call is actually quite good at putting you to sleep.

It works on the same receptor that sleeping tablets do but the problems with alcohol, you know is three-fold, is that it makes you pee during the night, you have to get up to your nights your night is disturbed, the other because it's dehydrating. You get that horrible headache at some point during the night which is liable to disturb you and the third one we people perhaps don't really realize as much is the alcohol being very, very calorific actually causes you to be hot during the night.

We've all experienced waking up after a session with a pillow soaking wet and sweating now the issue with that is that you are meant to lose body temperature over the night.

I mean as we mentioned right at the start, you know your metabolism dials down because you don't want to do work at night you need to lose that this body temperature as you as you go through the night and if you're burning off calories from alcohol or you know big calorific fatty meal during the night Your body is working when it shouldn't be working and its producing heat when it needs to be cooling down so alcohol affects you in these ways.

Jeff Mann: So what does that do to the actual structure of your sleep then the fact that you're burning more calories?

Dr Neil Stanley: Well, sleep becomes more disturbed. You toss and turn more, you have, you feel uncomfortable during the night there is a genuine feeling of comfort or discomfort during the night and all of this disturbed sleep.

So you get a rebound you have deep sleep for a few a few hours and when you're Know that feeling of you know literally passing out when we get into bed and not you know not moving and then you wake up and you feel terrible because if you feel terrible you're going to find it difficult to go back to sleep but that is a you feel uncomfortable you feel restless and your sleep is more liable to be disturbed but you know, a nightcap has never hurt anybody, you know, a small sherry or shot of whiskey before going to bed has never hurt anybody as long as you're doing it as part of a nice wine down routine but you know drinking to access you know more than a more than a small nightcap will actually disturb your sleep.

So don't you know that you know nice brandy after, you know, if you've been a three course had half a bottle of wine a small brand new report was sweet sherry at the end of the night isn't going to be the reason you don't sleep that night.

So you know we can, we can, of course, give up alcohol and not have a nightcap but I mean it's like that old joke isn't it? You know, the guy goes to the doctor and says, I want to live longer and the doctor says, give up smoking, drinking and women and the guy says, will, will I really sleep longer? He said, No, but you're just feel like it.

You know, this is the only this is the only life we have and I'd hate to deny, you know, an 80 year old woman, her sweet sherry just before bed because she'd likes it. Well, you know, it's being sensible, you know, it's like, it's like everything, everything in moderation…

Jeff Mann: That it will essentially, it will disrupt what happens you, you skip N1 sleep, he goes straight into deep sleep?

Dr Neil Stanley: You go straight into deep sleep, and then I say you get rebounds. So you come out from an extended period of deep sleep, and then you're into a much lighter, more easily disturbed and two in one and REM sleep. I have seen, you know, where alcohol is the biggest disruptor of sleep, well, yeah.

Or, you know, avoid alcohol always and it's like well and but you know, you've got… Your quality life has to go with quality of night, they have there has to be a trade off somewhere. But if you're drinking half a bottle of Tesco value scotch at night. There's probably a problem far beyond your sleep problem here.

Jeff Mann: Yeah, and what about this? This thing when you wake up early? You think if you got plastered the night before you just sleep over, but it's quite common that you'll, you'll wake up early.

Dr Neil Stanley: Yeah, your wake up mainly because of the dehydration, which is which your brain has shrunk, and he's pulling against the meninges and that's why you get that blooming or for headache in the morning and then there's the discomfort. You know, you'll have gastro problems, because the alcohol you will have the sweating and that sort of thing.

So that's the thing. You'll get a good night's sleep for a number of hours, but then the latter part of the night will pretty much be destroyed after you've had a lot of alcohol, so and you will wake up, and once you wake up and you feel discomfort, then there's very, very little way that you're going to ever fall back to sleep.

Jeff Mann: All right, brilliant. So the takeaway is, you know, we don't have to, you don't have to give up, who now have to become teetotal but if you have too much, then it's not going to it's not going to act like the best sleeping pill in the world. It's actually going to do the opposite.

Dr Neil Stanley: Absolutely.

Jeff Mann: Brilliant Neil. Fantastic. I think we should revisit this topic at some other stage and because there's plenty more myths out there and if you're if you're up for it, you know, we could do a bit of a myth busting together again.

Dr Neil Stanley: It would be a pleasure.

Jeff Mann: And know anything, anything you want to talk about that what you're doing or anything you want to publicize or maybe just talk about your website.

Dr Neil Stanley: I have a book that came out earlier this year called How to Sleep Well which basically is a myth busting book and my website is a http://sleepconsultancy.com

Jeff Mann: Yeah Neil's book is really good. Actually. I've always got about two or three sleep books on the go at once but I'm dipping in and out of your book Neil and it's great. So yeah, recommended. Fantastic. All right, I will let you get on. Thanks again, Neil. I will shall, we'll talk again soon.

Dr Neil Stanley: Yeah, it'd be. It'd be a great pleasure, Jeff. Take care.