The well-slept version of you is the best version you. And that's the version that you need to rely on when you're doing behavioral change. Behavioral change is hard for everybody.

So to show up at full capacity means you have to be well slept. This is Dr. Talks. For this doctor talks, I have a lovely guest, Dr. Audrey Wells or super sleep MD as we know her and she is a sleep specialist and an obesity medicine specialist.

And we are going to be talking about the relationship between weight and sleep. Dr Wells offers individual and group coaching to help people sleep better without sacrificing comfort.

Doctor Wells, thank you so much for joining me. I'm so happy to be here. I love geeking out over sleep, so, happy get started. Well, let's start off by talking about the relationship between weight and sleep.

How are those things related? Why is sleep so important when someone is trying to maintain or lose weight? You know, I think people have kind of an intuitive understanding that making sure you get enough sleep, healthy sleep is gonna be important for weight management.

But I what's a little bit more fuzzy is how exactly that happens. And I'm really happy to highlight that this is a multi-dimensional process. I wanna kind use the example of poor sleep as it affects a weight loss journey.

So poor sleep is going to affect your hunger drive. Your appetite will be higher because your brain sees sleep as a source of energy, similar to the way that food or calories are a sort of an energy as well.

So appetite goes up, your hungry hormone ghrelin is elevated, and the satiety hormone leptin, is down. It's like a double whammy in that regard. Your sleep actually affects your food selection, your decision-making around food.

You tend to gravitate towards snack foods, foods that are not healthy, high-carbohydrate, salty, fatty foods. And it's harder to kind of make choices that more in line with your long-term goals.

So decision making suffers when you're in a sleep debt. When you're sleep deprived, your metabolism is affected. For example, you glucose efficiency, the management of glucose goes down.

You have more inflammatory mediators in your system, which is a stressor. And you can also have an offset of the circadian rhythm of digestion, Which also makes your Metabolism inefficient.

So all of these things are going to mean that there's more drive for weight gain instead of weight loss. Finally, if you're sleep deprived, your mental health can suffer.

And when you are someone who's looking at the sort of delayed gratification of a weight loss journey, you need your health at peak capacity so that you can show up every day with your best self in order to lose weight.

Wow, okay, so that was a lot of information. And I know we're gonna go back to some of it, but I don't wanna miss this one and I'm afraid I'll forget it which is, can you tell us about this circadian rhythm of digestion?

Definitely, yeah. So it's the case that insulin is secreted in response to food intake and it is meant to unlock the cells so they can receive the glucose and use that for energy.

But your insulin sensitivity is not the same over a 24-hour period. So when you have the advice of you shouldn't eat three hours before bedtime, a lot of that is due to the potential for acid reflux.

If you a food mass or food bolus in your stomach and you lay down flat, it has the potentially to go retroactive and

to give you problems with reflux.

But also, if you consume food close to bedtime or even during the night, your metabolism does not process that food efficiently. And so there's a mismatch between intake and metabolism that occurs if your consuming food when it's dark outside.

Wow, okay, so that sort of advice not to eat too close to bedtime definitely can have some physiologic explanations, like really may be good advice for many people.

Definitely, yeah. And I would say we're offering that advice to our patients on our GLP medications even more because food stays in your stomach even longer with those medications.

So a lot of our patience, we are advising, you know, really pay attention to how close the bed they are eating on those medication. Okay, so going back to this relationship between hunger and sleep, I think this is something a lot of us, if we think about probably have noticed for ourselves.

When you have that night where you get, you know, really bad sleep. I can fact to residency training as a doctor when you're on a 24 hour call, like. The idea of eating a salad does not cross your mind after working for 24 or 36 hours, right?

You're like, I want like a donut, a cheeseburger, something salty. Can you tell us a little bit more about that relationship between sleep and appetite?

Yeah, definitely. And just to commiserate, for me, it was biscuits and gravy after a night of call. For some reason, that's the way my brain is wired.

Part of it is this idea that when you're sleep deprived, you've lost out this ability to replenish your energy, so your body starts and your brain starts to seek energy from a different source, i.e.

food. It tends to be high density, high caloric foods, reward foods. And there's also this idea that you are kind of more reward driven. When you think about how we manage the primitive brain, the emotional brain that's seeking pleasure, avoiding pain, making sure we're staying in the cave, staying safe, what is known is that the frontal lobe or the newer part of our brain sort of wraps around the limbic system and keeps that managed.

This is kind of the upper level thinking that we are doing when we making healthy food choices. But in a condition of sleep deprivation, our frontal lobes start getting leaky.

They go offline a little bit and that emotional reward system comes out to play in full force. So this is why cravings are so in line with high density caloric snack foods.

Wow, okay, so that makes sense. And let's talk about how much sleep deprivation becomes a problem. So I think it's pretty obvious to most people that what you and I may have done in our training of working 24 or 36 hours and really just missing an entire night of sleep is not good for any of us, right?

But it doesn't have to be nearly that dramatic to have an impact on our health. How much sleep do people need? How do we know if we're getting enough sleep?

What does that look like? This is a really insightful question and first I'm going to answer the question that you didn't ask because I want to highlight that sleep quantity, the number of hours you sleep is just one metric under the umbrella of sleep health.

So when I counsel people about getting healthy sleep, I talk about sleep quality and sleep timing. Now, to answer your question, the vast majority of people need between seven and eight hours of sleep.

When you look at some of the older figures about how much sleep is enough, oftentimes it'll say seven to nine

hours. But what's known now is that for that group of people that sleeps closer to the 9-hour mark, a significant number have an undiagnosed, untreated sleep problem that they're compensating for by getting more sleep time.

So assuming there's no sleep pathology happening, You want to target some time between 7 hours and 8 hours of sleep time, which means you're going to spend between seven and a half to eight and half hours in bed.

The data coming from big research population studies is very clear that when you are getting less than six hours sleep routinely, that's gonna cause you problems, cardiovascular disease, including high blood pressure, metabolic disease weight gain, increased risk for diabetes, et cetera.

And that area between six and seven hours seems to be a little bit of a gray zone. So some people are gonna be vulnerable to the health risks that I just mentioned.

Some people seem to a bit more resilient, but could definitely benefit from boosting up their sleep time more than seven hour. So seven is probably a good minimum in terms of amount.

But tell me more about quantity of sleep, or quality of asleep. How do you know if you're getting good quality sleep? There's a few ways you can know indirectly, but one of the funny things about sleep is that we are unconscious when we're experiencing it.

So, you know, if you're waking up a lot in the middle of night, that would kind of suggest to me something's going on that may need to be addressed. You can assess your sleep quality at a couple of points during the day, and neither one of these points are when you first wake up in the morning.

A lot of people have the misconception that when we first woke up, that's the best time to kind of reflect on your night and decide, did I sleep well or not?

But the truth is, when first you wake in in morning, Your cortisol is appropriately surging. Your circadian rhythm is only just starting to ramp up, and so is your core body temperature.

So because those things are only on the upswing, it makes better sense to assess your sleep quality an hour to two hours after you wake up in the morning.

And that's assuming that your sleeping time is compatible with your biological clock. The second time when you can assess your sleep need is in the late morning hours.

So I'm talking about 11 a.m. or so for most people who have a bedtime somewhere in a 10 to 11 p. m. range and wake up in 6 to 7 a. So assessing whether or not this is your peak alertness time would say, I am probably getting good sleep.

You need to do this though without over caffeinating yourself. And I find that so many people do that. So if you're able to pull down your caffeine intake and then say, is this my peak alertness time?

That's a really good indicator that your sleep quality is where it should be. But if you're sort of artificially increasing that alertness with caffeine, then you are just not getting that information.

Is that the issue? Yeah, it's a band-aid. You're basically taking a psychostimulant, the most common drug that we have, and using that to kind of prop yourself up.

I say this a little bit tongue-in-cheek because I love coffee and I really have to watch it. Because it's something that you develop a tolerance to, and before you know it, you can be downing more than you really want to.

So coffee is okay? Well, the sleep doctor thinks so. Okay, great. But obviously, there's a limit. There's the limit to anything. I would say that's around two cups or so.

And there is data all over the place about the other benefits of caffeine intake, and those do seem to be accessible with decaf coffee. But in terms of helping to support alertness, I think caffeine, when it's used strategically, is a really good tool.

So we talked about appetite. And then we also talked a little bit about metabolism and circadian rhythm as well. You mentioned mental health in the beginning and how sleep is intertwined with that.

Of course, mental is health. It affects our whole body. Can you explain a bit more about how mental and sleep interact and maybe the implications that has for weight?

Yeah. I think that if a person has had a chronic struggle with their health, with her weight, I mean, their mental health is also taking a hit. And I just want to really give a nod to the toll that weight struggles can have on a personal psychologically over time.

And the problem with getting too little sleep or poor quality sleep, or sleep timing that doesn't fit with your biological need is that everything looks darker and it amplifies whatever psychological challenges you're already dealing with.

You might recall back in residency, as kind of an extreme example, one night of sleep loss and your negativity bias really starts acting up. Self-doubt, wondering is it always going to be this way, I'm so alone, blah, you know, all of these things just kind throw a wet blanket on whatever motivation you had to pursue a weight loss goal.

And so I really emphasize to people that Sleep is something that you can look at as low-hanging fruit to amplify your efforts at whatever your weight loss journey goals are.

And the opposite is also true. You can amplify the obstacles to your goals by not getting enough of it. Yeah, that's one of those foundational things, right?

It's so basic, it's essential. Anyone who has ever helped raise a child knows that we protect the sleep of our kids so much, most of us will schedule our lives around their nap time.

We know that if kids don't go to bed on time that they get overstimulated and kind of crazy, right? And so I think a lot of us recognize that for children and how important that sleep is.

And we fail to recognize, that oftentimes for ourselves or the other adults around us, it really is so foundational to how we feel to our health and our mental health, our decision-making process.

So I like you saying that. This is low-hanging fruit. And it may be hard to move forward with some of your health changes, your goals around weight without having that foundation of being well rested.

And to your point, You still have a toddler brain, and so do I. And sleep deprivation only brings that toddler attitude to the surface. I like to say the well-slept version of you is the best version.

That's the version that you need to rely on when you're doing behavioral change. Behavioral change is hard for everybody, so to show up at full capacity means you have to be well slept.

So what are some of the, you know, I think you and I've talked before, even on my podcast, i've been on your, your summit for weight. We've about sleep apnea as one of things that is often a health problem that people who have overweight or obesity experience.

And it in some ways becomes a chicken and an egg situation, right? Where sleep, apneia can worsen weight, weight can worse than sleep. Apnea give us the spiel about.

Sleep apnoea and weight? Yeah. You know, I'm going to address something that I think kind of runs in the undercurrent of the public, which is, if I go get a sleep test, i'm gonna get CPAP.

And I affectionately call this the PAP slap, because people, when they think about bringing a medical machine home to live on their bedside, and you know they always say, It's just, you know, it's really hard to get your head around that.

So I like to highlight to people that a sleep study is just an information-gathering tool. I really advocate for people empowering themselves with knowledge, and that may look like CPAP.

It may like look CPAPP alternatives. But the truth is, Having overweight or having obesity is the biggest risk factor for obstructive sleep apnea, which is a serious breathing condition that occurs during sleep.

And it is an modifiable risk-factor, meaning that many people who lose weight and even get to a normal BMI or body composition can cure themselves of obstrative sleep Apnea.

Age is another risk factor. That's number two. We can't do much about that. But it makes so much sense to go get tested, especially if you have obesity, and most especially, if your body mass index is above 40. Because a BMI above forty has been well documented to be associated with an OSA, obstructive sleep apnea risk.

somewhere between 50 and 90. So getting that treated is just another tool in your arsenal to help with weight loss. Okay. But this, this C-PAP slap, I think is that what you're called it?

Like, oh, like I don't want to go there. I could never do that. Which I'm in that camp. Like I am the princess in the pee when it comes to sleep. You know, the thought of putting something on my face to asleep, but I totally understand why when I mentioned it to patients, they're like, whoa.

Right. So can you talk about what some of those strategies are for people who do have sleep apnea? And, or, are worried they have it. Maybe they haven't wanted to mention it to their doctor because they are worry that that's going to be their only option or they're going feel forced to do that.

Yeah, and quite frankly, this is a source of obesity bias as well because a lot of physicians, a lots of the public will look at someone who's carrying more weight and say they're at risk for sleep apnea, but I'm not because my BMI is normal.

That is bunk. 20% of people who have obstructive sleep Apnea have a normal Bmi. So I want to dispel that myth straight away. And also make the point that some people have asked me, well, why don't I just lose weight first and then I'll get tested?

But because of the reasons that we talked about earlier, it doesn't make sense because your sleep problem, this untreated obstructive sleep apnea, is going to compete with your weight loss success, and that is not what you want.

So in my clinical practice, I became very frustrated with not having enough time to kind of review all of the non-CPAP options for obstructive sleep apnea.

And they do exist. You have surgery, you have oral appliance therapy, and you can have weight loss. Those are kind the broad strokes. So I'm excited about the GLP-1.

medications, I think that especially with turzapetide, that has a lot of promise and that's been documented in a recent New England Journal study. But when it comes to other alternatives, I think there's surgical options that can be personalized and there are non-surgical options.

I actually took the time to make a course that lays all of this out and it's meant to get a person to the next best step for them. So that's on my website and certainly people can check it out.

But suffice to say, there is a lot of other options, in fact, my course is called 21 Plus CPAP Alternatives and I counted them all up, and there are more than 21. Okay, so that's always encouraging, right?

Or maybe someone's already tried CPAP and they really struggled with it, or again, just the thought of it. They just already know themselves and know that that is something that they may not want to pursue.

But I also have lots of patients who love their CPAT, they travel with, it they're like, I can't sleep without it has changed their life so much. So it certainly is a wonderful treatment option for many people as well.

Totally. And I really relate to what you said about being the princess when it comes to sleep, because I felt the same way. Then I'm like, you know what though, I want to walk a mile in my patient's shoes and really figure out you know, how I'm going to counsel people about this.

And so I've tried all of the masks. I have tried CPAP of several different settings. What I can say is that usually there's a lot more drama in someone's head than what's actually existing when you try it.

So it's not that I think CPAP is for everybody, but I also don't try to sell people a bill of goods and say it is just going to turn your life around within a few days.

That's just not the truth. You do have to acclimate to it. But a lot of times people have a buildup in their head that gets dissipated once they're actually logging some healthy sleep because their sleep apnea is treated.

Okay. So some of the, the stress or anxiety around things is heightened because of poor sleep. And I think in general, a lot of us don't like new things, right?

So, you know, I have the same reaction sometimes when I recommend an injectable medication, like, we'll go be or step under any medication. Oh, do I really need a medicine?

I'm like what? Oh. But it might be something to consider. Right? And so sometimes if we're not happy with where we are at health-wise, We do need to be open-minded to trying some new thing to change our health.

Now, what are some of the signs, like in case people are not aware of sleep apnea? If someone's like, do I have that? Isn't that like you stop breathing?

Wouldn't I know if I stop reading? How does someone know, if they might be at risk or have sleep Apnea. Perfect question because I think there has been this surge in awareness for sleep apnea, but still not everybody knows.

And it's a great question to just really get clear. That being said, because of the situation where we're unconscious, a person might not know at all that they have obstructive sleep Apnea.

But truly for anyone who feels that their sleep quality may not be there, and especially if they are in an obesity category or having other medical conditions that sleep apnea can aggravate, I would recommend getting tested because it is so, so common.

So snoring is a big. A big symptom that's common but not always appreciated, even if you have a bed partner, presumably your bedpartner is sleeping during the night as well, so they may not perceive snoring.

If you wake up gasping for breath, that is certainly a sign, but a more subtle situation is when somebody kind of tosses and turns and can't get to sleep.

That can actually be a side that you're not oxygenating well and it's more settle. Daytime sleepiness, also a very common symptom, but not universally present.

And we don't really understand this yet, But you can have severe sleep apnea and not perceive sleep. Sometimes it's a boiled frog effect where you kind of forget what it is like to be awake and you're just functioning.

But for some people I've actually got them on treatment and they say, yeah, I feel no different. And I can show them how deep their blood oxygen levels drop and how severe their apnea is, but there's no real change in their

degree of sleepiness.

That being said, it's still worth it to get treated because it will have effects on your heart, risk for diabetes, risks for weight gain, et cetera. Well, what haven't we covered, Dr.

Wells? I ask you that as you try to take a sip of water. Yeah, I could go on. And I think that what I would want somebody to know as they kind of close on this talk is that just have a really low threshold to look at the blind spot of sleep when it comes to weight loss, because by the time you're considering a medically supported weight loss journey, you want to make sure that you've got your bases covered.

And sleep is foundational to health. Like I said, it affects your appetite. It affects you decision-making. it will affect how well you do on a weight-loss journey even if it's supported by medications or injections.

So I would really encourage people just to take a close look on all of the free and easy things they can do to improve their sleep health. I love it. Thank you so much.

That's a great way to start thinking. We've heard this, I think, different themes throughout the summit of what some of those foundations are. And a lot of them are sleep, stress, eating whole foods, right?

So those are the foundation. Then you might layer a supplement or a medication or procedure of some sort on top of that. But if the Foundation isn't there, those other things might just be band-aids that are not really changing your health or how you feel.

Totally, totally agree. Dr. Wells, if people want more information or wanna connect with you, where can they find you? Yeah, I am passionate about this type of work, and my company is called SupersleepMD at supersleepmd.com.

I have four courses on my website. I do group coaching, individual coaching. And I'd love to work with anyone who's interested in up-leveling their sleep.

Thank you so much. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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