The Impact Of Sleep Loss On Weight Loss Efforts Transcript

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Introduction to Sleep and Weight

For this doctor talks. I have a lovely guest, Doctor 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.

Doctor 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 to 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 going to be important for weight management.

But I think 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, and I want to kind of 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 source of energy as well.

So our appetite goes up. Your hunger hormone, ghrelin, is elevated and the satiety hormone leptin is down. So it's kind of like a double whammy in that regard.

Poor 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.

How Poor Sleep Affects Appetite and Metabolism

And it's harder to kind of, make choices that are 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, your 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 your 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 mental 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 going to go back to some of it, but I don't want to 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's meant to unlock the cells so that they can receive, the glucose and use that for energy.

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

So if you have a food, mass or a food bolus in your stomach and you lay down flat, it has the potential 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.

And that occurs if you're 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 maybe good advice for many people.

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

So a lot of our patients we are advising, you know, really pay attention to how close to bed they are eating. Those medications. 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 ourself.

When you have that night where you get, you know, really bad sleep. I think back 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. I want a cheeseburger. I want 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.

And part of it is this idea that when you're sleep deprived, you've lost out this ability to replenish your energy.

Circadian Rhythm and Eating Timing

So your body starts and your brain starts to seek energy from a different source, i.e food. And 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 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're doing when we're making healthy food choices.

But in a condition of sleep deprivation, our frontal lobes start getting leaky, they go off line 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 like how much sleep deprivation becomes a problem.

So I think it's pretty obvious to most people that, you know, what you and I may have done in our training of working 24, 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. So 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 quantity, sleep quality, and sleep timing.

Sleep Deprivation, Cravings, and Brain Control

Now, to answer your question, the vast majority of people need between 7 and 8 hours of sleep. When you look at some of the older figures about, how much sleep is enough, oftentimes it'll say 7 to 9 hours, but what's known now is that for that group of people that sleeps closer to the nine 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 sometime between seven, eight, seven hours and eight hours of sleep time, which means you're going to spend between seven and a half to 8.5 hours in bed.

The data coming from big research population studies is very clear that when you're getting less than six hours of sleep routinely, that's going to cause you problems.

Cardiovascular disease, including high blood pressure, metabolic disease, weight gain, increased risk for diabetes, etc. and that area between 6 and 7 hours seems to be a little bit of a gray zone.

So some people are going to be vulnerable to the, health risks that I just mentioned. Some people seem to be a little bit more resilient, but could definitely benefit from boosting up their sleep time more than seven hours.

So seven is probably a good minimum in terms of amount. But tell me more about quantity of sleep. How do you know quality of sleep? How do you know if you're getting good quality sleep?

There's a few ways you can kind of 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 the 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 you first wake up, that's the best time to kind of reflect on your night and decide, you know, did I sleep well or not?

But the truth is, when you first wake up in the 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.

How Much Sleep You Need and How to Judge Sleep Quality

And that's assuming that your sleep 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 bed time somewhere in the 10 to 11 p.m. range and wake up in the 6 to 7 a.m. range. So assessing whether or not this is your peak alertness time would say, you know, I am probably getting good sleep.

You need to do this though, without overcaffeinated 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're just not getting that information. Is that the issue? Yeah, it's a band aid.

You know, you're you're basically taking a psycho stimulant, the most common, drug that we have and using that to kind of prop yourself up. You know, 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 want than you really want to. So coffee is okay. Well, this sleep doctor thing. So I, I actually read, you know, but obviously there's a limit.

There's a limit to, there's a limit, there's a limit. And I would say that's around two cups or so. You know, there's data all over the place about the other benefits of caffeine and intake.

And those do seem to be accessible with decaf coffee. But in terms of, you know, 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.

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

Yeah. You know, I, I think that if a person has had a chronic struggle with their health, with their weight, I mean, their mental health is also taking a hit.

I mean, I just want to really give a nod to the toll that weight struggles can have on a person 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 sort of amplifies whatever, psychological challenges you're already dealing with.

So 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 that, self-doubt, you know, wondering, is it always going to be this way?

I'm so alone, blah blah, blah. You know, all of these things just kind of 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, yeah, it's one of those foundational things, right?

Like 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, right? 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, you know, 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 sort of fail to recognize that oftentimes for ourselves or the other adults around us, that 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 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. And, you know, I like to say the well slept version of you is the best version of you, and that's the version that you need to rely on when you're doing behavior change.

Behavioral change is hard for everybody, and so to show up at full capacity means you need to be well slept. Powerful.

Sleep, Mental Health, and Weight Loss Motivation

So what are some of the you know, I think you and I've talked before, you've been on my podcast. I've been on your, your summit for weight. We've talked about sleep apnea as one of the things that, is often a health problem that people who have overweight or obesity experience and it in some ways becomes a chicken and egg situation, right, where sleep apnea can worsen.

Wait, wait can worsen sleep apnea. Give us this spiel about your sleep apnea and weight. Yeah. You know, I'm going to address something that I think kind of runs in the undercurrent in of the public, which is if I go get a sleep test, I'm going to get CPAp.

And I affectionately call this the pap slap, because people, when they think about ringing a medical machine home to live on their bedside. And, you know, they always say, I'm going to get the mask.

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 that may look like CPAp. It may look like CPAp 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 a modifiable risk factor, meaning that many people who lose weight and even get to a normal, BMI or body composition can cure themselves of obstructive 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 40 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, CPAp flap, I think. Is that what you're called it?

Yeah. Like, I don't I don't want to go there. I could never do that, which I'm in that camp like I am the princess and the pe when it comes to sleep. You know, the thought of putting something on my face to sleep.

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 worried that that that's going to be their only option or they're going to feel forced to do that.

Yeah. And and quite frankly, this is a source of obesity bias as well, because a lot of physicians, a lot 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.

Sleep Apnea, Weight, and Treatment Options

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 have weight loss. Those are kind of the broad strokes. So I I'm excited about the GLP one medication.

And I think that, especially with today's appetite, that has a lot of promise. And that's been documented in a recent New England Journal, study. But, you know, when, when it comes to, other alternatives, I think there are surgical options that can be personalized and there's 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's 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 you know, 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 they may not want to pursue.

But I also have lots of patients who love their CPAp, right? They like the way they travel with it. They're like, I can't sleep without it. It has changed their life so much.

So it certainly is a wonderful treatment option for many people as well. Totally. And you know, I, I really relate to what you said about being the princess when it comes to sleep, because I felt the same way.

And 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 the masks, I've tried CPAp of several different settings, I have acclimated and I've gone the distance. And 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's, you know, it's just going to turn your life around within a few days.

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

Oh, okay. So like the, some of the, the stress or anxiety around things is heightened because of the poor sleep. And I think in general, like 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, you know, a govee or zap under any medical. Do I really need a medicine?

Like like, oh, but it might be something to consider. Right. And so, sometimes if we're not happy with where we're at health wise, we do need to, be open minded to, to trying, some new things to, 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 stopped breathing?

Wouldn't I know if I stopped breathing? 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 bed partner 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 sign that you're not oxygenating well. And it's more subtle. 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 sleepiness. Sometimes it's a boiled frog effect where you kind of forget what it's like to be awake and you're just functioning.

But for, some people, you know, 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, you know, there's 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, risk for weight gain, etc..

Well, what haven't we covered, doctor Wahls, I asked you that as you try to take a sip of water. Yeah.

Closing Advice and Where to Find Doctor Wells

You know, it's, 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 your decision making. It affects your, 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 that. You know, again, 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. And then you might layer a supplement or a medication or a 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, Doctor Wells. If people want more information or want to connect with you, where can they find you? Yeah. I am passionate about this type of work and my company is called Super Sleep.

MD at Super Sleep IMDb.com I have four, courses on my website. I do group coaching, I do individual coaching, and I'd love to work with anyone who's interested in up leveling their sleep.

Thank you so much.