Your Sleep Guide: Balancing Diabetes At Night Transcript

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Introduction and Dr. Wells' Background

Hi, everyone. Welcome to the Reversing Type 2 Diabetes Summit. 2.0. I'm your host, Dr. Beverly Yates, and it's my distinct honor and pleasure to interview Dr. Audrey Wells, who is a sleep expert extraordinaire.

Her career, her passion and her expertise will be on full display in this interview. You're going to have to pay close attention, because I think we can understand that sleep is deeply underappreciated and its role with having normal, healthy blood sugar levels.

So, hey, Dr. Audrey Wells, would you kindly give people an overview of your background? Absolutely. And I'm so happy to be here because I am passionate about deep sleep, healthy sleep.

I think everybody deserves good sleep, which translates into better wakefulness. And isn't that what life is all about? So I am a sleep medicine doctor.

I'm actually triple boarded. I also do obesity medicine. And then way back when I took pediatric training and people think maybe that's not so related.

But I like to tell everyone that when you're sleepy, you basically turn into a toddler. So that's where my expertise comes into play. And I have started a company called Super Sleep MD., which has the mission of helping people with obstructive sleep apnea, getting fully treated without sacrificing their comfort or their sleep.

So sometimes that looks like CPAP, sometimes that looks like something else. So I'm really happy to be here and underscore the importance of healthy sleep today.

All right, great. Thank you so much. So when it comes to having a healthy blood sugar response and the importance of being able to hit that big old reset button right when we go to sleep so much, goodness comes to our health from sleep.

Healing is sleeping and sleeping is healing. Can you give us an overview of what's supposed to happen in a normal, healthy sleep situation? Because I want people to be able to contrast that versus what happens when there is a sleep disorder of whatever kind, including sleep apnea.

This is a fantastic starting point because I like to have the chance to outline what healthy sleep looks like. So there's basically three factors.

What Healthy Sleep Looks Like

You want good sleep quantity, you want good sleep quality, which includes absence of sleep disorders, and you want your timing of your sleep period to be consistent and preferably over the nighttime.

So when those factors are in place, a person has the natural ability to sleep and, you know, just to put some figures on it for quantity, you're looking at 7 to 8 hours of sleep for adults.

Quality should be cycling through the different sleep stages, light sleep, slow wave, deep sleep and REM sleep. And then timing, of course, overnight, usually from ten, 11, midnight to six, seven, eight in the morning to get an adequate amount of sleep.

So those are kind of the anchors for healthy sleep. Okay, great. Thank you. Well, that sets the stage for the rest of the conversation. Sometimes people who have a real struggle with blood sugar problems, especially people who feel like they are otherwise doing the things they should do, they're eating a healthy, Whole foods based kind of

diet.

They are exercising regularly, yet their blood sugar is still not their friend. They're wondering what's going on. And often our secret problem, maybe not so obvious, could be issues with sleep and sleep disruption.

What are some of the things people may experience that would be a great clue around? Perhaps they need to have further assessment about their sleep. This is an important thing to look at because if you're not sleeping well, you were basically sabotaging your body's metabolism and the processing of glucose and even digesting food.

So people with sleep disorders tend to present with daytime symptoms, nighttime symptoms or both. And some typical things to look at our presence or absence of snoring or other breathing issues like waking up, gasping for breath, or having passed us in breathing that a bed partner might notice.

Frequent nighttime awakenings could be a red flag for issues with insomnia or sleep apnea and even sometimes movement disorders during sleep, early morning awakenings, or frequent trips to the bathroom can be a sign that something isn't right.

And then you're looking at daytime symptoms, which are a little bit more nonspecific. But these include sleepiness or tiredness, mood changes like irritability or just falling asleep inappropriately, especially while doing things that are needing vigilance, like driving, for example.

So these are some daytime symptoms.

Signs of Sleep Problems and Sleep Apnea

But the truth is that anybody who's having difficulty controlling their blood sugar may not have typical sleep symptoms. And I often get referrals from physician aides or other clinicians to look at the sleep as a potential reason that the blood sugar is not controlled.

So even in the absence of symptoms, I think it's still a good idea to confirm there's not a sleep problem. Yeah, exactly. Exactly. One one person was pointing out it was something I was thinking about and just, you know, clinically, the experience I've had is sometimes there's always the people who snore, Right?

That's the obvious clue that something may or may not be right and need further assessment. But then some people are actually silent. They're not they're not breathing at all.

They are truly in an apnea state. And to me, that's terrifying and perhaps escalates the need for assessment. What are your thoughts about that? Oh, my gosh, I, I really apply to you bringing this up because snoring is not always available for observation.

So people might live alone or the bed partner may be sleeping during the periods of snoring where someone's affected with sleep apnea. And, you know, to really hammer home the importance of getting a condition like sleep apnea treated, What I like to do is a little thought experiment with people.

Are you with me on this? Are you ready for some fun? Yeah, Do this. Let's do this. So with sleep apnea, what's happening is you're getting relaxation of the throat muscles that causes tissues in the back of the throat to collapse.

So that's what causes the interruption in breathing. As a result, you're not pulling air down into your lungs effectively, so your blood oxygen levels go down and then your brain gets interrupted.

So sleep is interrupted. It's sensitive to those drops in blood oxygen levels. So it has to wake up to gasp. Okay. Now, all of that is happening during the nighttime, during sleep.

Imagine if we had something similar happening during Wake. We have collapsed of the throat, the blood, oxygen levels go down and whatever you're doing has to be interrupted so that you can gasp again.

If that was happening during Wake, we'd have people going to the emergency room in droves. So this is what's happening at night. It's interfering with sleep.

It's causing your blood oxygen levels to go up and down. And it's a stressor. It's a stressor on your brain. It's a stressor on your heart. And it is a sabotage to your blood pressure, your blood sugar control.

So this is a really important thing that needs to be addressed. If you're having a condition like diabetes being hard to treat. Absolutely right. So what I'm hearing you say is the time period when people are asleep and people say, but I was asleep.

But yeah, but they weren't really right. This is also the same time period when the body resets the blood sugar level, right? When people go to sleep and when they awaken.

That's why we call it a fasting morning blood sugar number. And it's a great barometer, if you will, a way to measure tangibly what blood sugar has done and when it doesn't reset that all that healthy number overnight, like under 100, somewhere between, let's say, 75 and 95, I personally think the eighties are ideal for blood sugar, for fasting, blood sugar in the morning.

So with this stress, this life threatening moments from not breathing while you're asleep is causing chaos and in particular is causing that blood sugar to rise.

Therefore, it doesn't really reset. Can you can you say some more about the dynamics of that? Like there's these classic chemicals called catecholamines, etc.?

Just help us understand why this is such a threat.

How Sleep Apnea Disrupts Breathing and Blood Sugar

Because every time we talk to people about this, everyone I get so many messages, people saying I had no idea that sleep was that important. And if sleep had that big of a role to play with my blood sugar.

Yeah, yeah. I'm happy to say more because I think it's important that people be able to connect the dots and understand that we know the mechanism about how this happens.

It's not some sort of loose connection. So let me start by saying that with untreated sleep apnea, for example, you're having these drops in blood oxygen level, which causes a the brain to be under threat.

So it releases that fight or flight response, that sort of agitation that includes increasing heart rate, increasing blood pressure, stress hormones and all of that, that basically leads to an inflammatory response, which is not good because this is a time when you should be sleeping, recovering and rebuilding overnight.

The other issue is just this sleep disruption and likely sleep deprivation. When you're sleep is interrupted through those blockages in your airway throughout the night, that causes a stress response as well.

So stress and inflammation are the result of untreated sleep apnea. And even with a condition like insomnia, you're going to have stress from the shortened sleep time.

So sleep deprivation, just as an example, I want to bring up a really famous study, at least in the world of sleep. So a group of young men, college students, were put through this sort of rigorous protocol meant to replicate the effects of sleep deprivation.

And one of the measurements they took was their blood glucose and their insulin sensitivity measurement. So they went through a period of six nights where their total sleep time was shortened to 4 hours.

After a period of six nights. These young, healthy men with no medical history, no medical conditions going on were

shown to be insulin resistance. So this sort of demonstrates how you can take a person who is, in some ways the picture of health and create insulin resistance in less than a week.

So it makes sense that, you know, over time, over decades of sleep apnea is kind of developing or is a person is struggling with insomnia, they're going to have a hit to their metabolic functioning.

Absolutely. Thank you for making that really, really clear about how quickly the metabolism can get knocked off track. I think this explains for a lot of people why it is there's been such a spike in the increase of metabolic disorders.

We can just see the disarray that's going on and it's an international phenomenon. It's just more and more people who are starting to struggle metabolically.

And it's a reminder to the audience you can't necessarily diagnose something by just looking at people. So don't make assumptions. You know, if someone is overweight or obese, that's one set of conditions.

But someone could be quite lean and thin and still be insulin resistant, or what's also called toffee thin on the outside, fat on the inside be metabolically unfit.

Sometimes it's shocking when people realize that and they often wind up not getting correctly assessed because the assumption can be from a clinician who should know better that they're okay.

Everybody needs to be objectively assessed. You know, I think it's so interesting that you mention that because the same exact thing happens with sleep apnea.

People who struggle with overweight and obesity kind of get tested for obstructive sleep apnea. More because clinicians think that's the type of patient who has it.

But the truth is, sleep apnea is not just related to your weight for most people. And about 20% of people who have obstructive sleep apnea are not overweight or in an obesity category.

So those types of people tend to have delay to diagnosis until their symptoms are quite prominent because it doesn't come up that they're the poster child for obstructive sleep apnea.

Exactly. Exactly. That poster child thing or a stereotype. You know, sometimes clinicians will measure the circumference of someone's neck, etc.. And I still I was struck by one of the patients I worked with about a decade ago, a very lean, very fit woman.

You know, she get up and do these bootcamps in the morning and of a very physically fit.

Sleep Deprivation, Insulin Resistance, and Hidden Risk

She had obstructive sleep apnea, which bothered her because she had this idea in her head that someone who was not as physically active and in shape as she was was the person who could have it.

And I was like, Life is not that simple. Yeah. You know, I wish there would be a much easier way to diagnose conditions like sleep apnea. But, you know, we're still figuring it out.

And unfortunately, I think a lot of times women are not showing the same symptoms as men. And because of that, women in particular have a delay to diagnosis as well.

Yeah, agreed. Agreed. I've noticed that as well. It's more of a push to make sure that she is objectively assessed completely around these parameters for metabolic health makes a difference.

Right? So we're talking about prediabetes type two diabetes, you know, any kind of diabetes and blood sugar

dysregulation, the importance of sleep cannot be overstated.

Okay. What are some of the myths out there around sleep that you feel impact folks who have diabetes? Yeah, one one myth that I like to address is that you can kind of catch up on sleep and a lot of people do this when they're working.

And in the middle of the week, you know, they tend to pinch their sleep to, you know, 6 hours maybe, and then on the weekends, sleep in late nap, etc..

And, you know, really it just doesn't work that way when you stay up later than you should, you tend to reduce the restorative, slow wave, deep sleep that you have.

And when you wake up early and sort of shorten your sleep, that way, then it cuts into your REM sleep time, which is rapid eye movement, sleep associated with dreaming, cognitive control, memory and emotional regulation.

So these are important functions of sleep that need to be honored by having a regular and sufficient sleep pattern. Another myth about sleep has to do with these things.

And you know, I joke that I no longer where I no longer buy clothes that don't have a pocket for my cell phone because it's always with me. But everyone needs to know that expose your to that short wavelength blue light within a couple of 3 hours of bedtime has the power to impact your sleep.

It makes you more likely to wake up. It makes your sleep lighter. It interferes with sleep cycling. So even people who perceive that there's no problems with their sleep really could be doing better if they leave the electronics out of the bedroom.

Well said. Thank you for bringing that up. I think that a lot of us assume it's only teenagers who struggle with the phone or the laptop or the tablet. Right.

Those blue lights from wherever are a problem. Yeah. You know, I approach this with a lot of humility because it's a challenge for me personally to kind of disconnect from my phone, but it's really worth it.

And, you know, for anyone who has problems with that, I like to kind of explore one's relationship with your self, because when you're lying in bed at night, that's who you're with, right?

You're in the dark, in the quiet and alone. So your relationship with your self is really coming out. And if you have trouble sleeping, it's worth it to kind of work on some things that can benefit your self relationship.

All right. Great. Great. That's a that's a wonderful point to make. All right. I want to circle back to something that you brought up here when you were talking about mood, basically, and how much people's moods, perhaps their mental health can be affected by these issues with sleep and in blood sugar regulations.

One of the classic things for people who have prediabetes type two diabetes glycemic dysregulation in general is that there are issues with mood and that there are issues with energy.

It can often lead to a pervasive kind of fatigue that is really hard to push through. People like, Oh, just get up off the couch and exercise. But what if someone is so profoundly exhausted, really deeply, deeply depressed?

It's not so easy to just say, I'm going to get up and go to the gym, even though it's necessary. People want to. They understand the importance of it.

Sometimes there's a real struggle there. Can you give us your thoughts about the role sleep plays in that situation? Yeah, I think this is probably underrepresented when it comes to looking at mental health disorders, mood disorders, or even people who have a history of some type of trauma.

So I'll start by saying that there is no psychiatric illness in which sleep is not affected. That's how tightly this relationship goes.

Sleep Myths, Blue Light, and Mood Effects

And there's probably some bi directional effects as well, meaning that people who have chronic sleep issues tend to be more prone to mood disorders and psychiatric diagnoses, and the opposite is true as well.

So people with psychiatric diagnoses and mood disorders have trouble sleeping. So it's kind of a downward spiral, however. So if you're trying to treat somebody addressing the sleep problem can really amplify the effects of that treatment.

I want to say to that specific to diabetes, there's this interesting phenomenon where a person who is sleep deprived will stop looking at sleep as a place to regain energy, and they'll start going more for food, to regain energy.

And that's really relevant when you talk about somebody who's trying to make healthy food choices to support their diabetes management and still have that energy that they need to get through the day.

Now that that that's one is going to, I think, resonate with a lot of people listening, because it is a paradox, right? We do need to nourish ourselves and to have the fuel, the calories, the quality, nutrients, all of that to make the symphonic melody that happens for our metabolism when it's functioning well, but when the metabolism is in disarray, when we've got diabetes, there's problems there, real roadblocks and sleep can absolutely be one of them.

So before we continue our conversation, here's where we're going to have a break in our session. For those of you who are here for the free recording, this is great.

I hope the information that we've shared so far is helpful to you. Thank you for tuning in. For those of you who purchased the premium subscription, we are going to continue the conversation.

Okay, So let's talk a little bit more about these metabolic issues and the idea of energy and moods and depression and what goes on for sleep, you know, because these are real, real problems.

You know, we look at some of the classes of medications that are coming out or that are currently already out and growing, whether it's the GLP one kinds of drugs like, you know, Ozempic and Monteiro, we go to other ones like it that make such a difference for people who have diabetes.

And in that realm they're addressing a poor need. One of the things that I hear people talk about is a reduction of what they call food noise. Now you are a sleep expert.

How what is the interplay here between sleep, let's say, and food noise or struggling with cravings, things like that? Yeah, this is a great question because as an obesity medicine physician, I'm also looking at the angle that these GLP one highly effective weight loss drugs are making on people with sleep disorders.

So when people described food noise, it's like this chatter in the background about what they're eating. Sometimes there's a moral assignment to food.

Foods are good, foods are bad and that type of thing. And it's really great to know that these medications are reducing that noise. But if you're sleep deprived, you can get that same sort of rumination or chatter.

And your mood, your way of looking at the world tends to be more negative as well. We're already sort of wired that way, but putting sleep deprivation on top of everything else makes it really hard to like, pick yourself up, keep your long term goals in mind, and stay motivated.

You know, it just makes sense, right? Like we're all human. And if you are getting, you know, literally the metabolic

legs kicked out from under you because your sleep is crummy and you have diabetes like this is a bad combo and you have to fix or improve one to really help make that difference for the other.

And I think that a lot of times the connection isn't put together for people because until it is, you know, often there's a lot of needless struggling.

So now let's talk a little bit about some of the therapies for sleep problems, sleep disorders, sleep apnea, and ways people can advocate to make sure that they are a actually assessed and then be if they are supposed to use a CPAP and BiPAP or some other sort of breathing assistive device, what that's like, how they could be comfortable because this is often where the train jumps the tracks.

Yeah, I agree. You know, I'll start with the assessment because it's so important to understand and what we have as options for diagnosis at this point.

The pandemic changed a lot of things. And in the sleep world, what happened is that there was a massive increase in home sleep apnea testing. Now, I say that very deliberately because the home test states do not test everything related to sleep.

They only test for hope for sleep apnea, specifically obstructive sleep apnea. On top of that, Dr. Beverly, I really want everyone to know that at the home, sleep apnea test is really only useful if it's positive.

Food Noise, Cravings, and Sleep Deprivation

If it's a negative test, especially in the face of symptoms, the next step should be to go in and get an in lab sleep study. So those are the two main diagnostic tests.

Insomnia is typically a clinical diagnosis. So as restless leg syndrome, you can see a lot of different things on in lab sleep test. But just to give sort of the lay of the land, those are diagnostic options for someone diagnosed with obstructive sleep apnea, which is very common among those with diabetes.

Even three out of four people with diabetes have sleep apnea. That's the current estimate. So if you're diagnosed with obstructive sleep apnea, particularly if it's moderate or severe, the number one most effective treatment is with CPAP therapy.

That's positive airway pressure therapy usually CPAP or auto CPAP, they're basically the same thing. The difference is quite minor. There are some alternative treatments and if people are intolerant of CPAP or auto APAP, I would really encourage you to keep talking to your sleep medicine doctor because there are things that we can do.

And I think the worst case scenario is knowing you have obstructive sleep apnea, knowing you have diabetes and deciding not to move forward with any sort of treatment.

So there's a degree of personalization that needs to happen. And, you know, I feel really strongly that sometimes it just takes a little more effort to get somebody taking care of insomnia.

Is another condition really common and most responsive to what's called cognitive behavioral therapy for insomnia. This is reframing the way you think and how you behave to more perman nearly treat one's insomnia and it lasts for a long time.

It's very durable with many, many, many fewer side effects than with medication. So prescription medications are typically used in a short term period.

So these are the most common sleep diagnoses. And then you sort of have the really ugly beast of coming. This is when obstructive sleep apnea meets insomnia.

So COMESA stands for Co-morbid insomnia and sleep apnea. And the coexistence of this condition can make a person, you know, really struggle with treatment.

Testing and Treating Sleep Disorders

But this is one of my specialties. And I really like forming a relationship with people to tease all of that out and make positive steps toward full treatment of both conditions.

That totally makes sense. Thank you. I had not heard that term before, Clemenza, but boy, that rings a bell because, you know, there's lots and lots of folks struggling in.

My observation has been is that often the struggle is that either they themselves maybe aren't receptive to full therapy for both or the people they're working with, frankly, aren't competent to provide full therapy.

Both sides can be can be. The situation is what I've seen. Yeah, I, I agree with that. And you know, unfortunately for anyone who's trying to treat their sleep apnea, if the insomnia isn't adequately addressed, it really impairs that treatment path.

I want to be sure and tell tell you about something that has come up in the literature. And it's especially important for those who suffer from diabetes.

These. So I talked about before that having untreated sleep apnea can make diabetes worse. So the idea might be that treating sleep apnea would improve diabetes.

But there's a little bit of a caveat there. One is that the improvement in diabetes takes place over a long period of time. So this is not a reversal that just takes a few weeks of CPAP treatment to achieve.

The other thing is there's this common misconception that only 4 hours of sleep of CPAP treatment are necessary for treatment of sleep apnea. No, no, no, no, no.

You really need for treatment of sleep apnea over the entire night in order to feel better, but more importantly, in order to get your blood glucose numbers down, to get to a normal A-1 C level, to sort of remove the sleep apnea as a factor in diabetes control.

You need full night treatment in order to to get to that point. And, you know, it makes sense because in the second half of the night, you're going to have more REM sleep or dream sleep.

And I hope I've highlighted that as a really important sleep stage. Absolutely. Absolutely it is. Tell us a little bit more about those sleep stages, because I want people to hear this in the context of their blood sugar supposedly resetting overnight to a healthy range.

And for those of you who have tried everything and done everything, you know, been there, done that, got the T-shirt, I'm telling you, it's worthwhile to look at the quality and quantity of your sleep because it might be the thing that's holding you back from that healthy blood sugar range again.

Yeah. Yeah. You know, I would I would really sort of elevate the discussion to two sleep stages that are especially important. So in the first half of the night, you're going to have more slow wave deep sleep.

Now, this is the sleep stage that's important because memory tracks are laid down and insignificant information is filtered out. Also, this is the sleep stage where the brain gets cleansed of metabolites and things that sort of gum up the inner workings.

So this sleep stage is really critical. And as I mentioned before, if you stay up later than normal, that will eat into the time where your brain is supposed to be in slow wave deep sleep.

So that's the first half of the night. In the second half of the night, you get REM sleep, rapid eye movement sleep where most of your dreaming occurs and an important feature of REM sleep is muscle relaxation, even to the point of being paralyzed except for your eye muscles.

That's where the REM sleep name comes from and your diaphragm, which keeps breathing. So the airway muscles are particularly floppy during this time. And as a result, airway obstructions can be longer and more prominent drops in blood oxygen level can be especially low.

And as a result, people can wake up more frequently and they may not always perceive that, but that is where the stress response comes from. And so that can for sure affect that morning blue blood glucose measurement.

And if you're seeing that repeatedly, you really need to get your sleep tested even if your symptoms are minor or even absent. Just get that crossed off the list.

Absolutely. Thank you for a clear shout out about that. You know, I was thinking one of the values of tie to diabetics and pre diabetics having CGM rather than just a fingerstick, you know, drop of blood onto a test strip in terms of glucometer for CGM, you can get 24, seven, 24 hours a day, seven days of the week time.

So guess what, two weeks of 14 days of measurements around the clock to know what your blood sugar is doing, because if you don't actually know, you know, you might find that your blood sugar issues are tracking sleep issues, right?

So getting the recordings on the app on your phone makes all the difference.

Sleep Stages, Aging, and Blood Sugar Control

So then now you know whether or not there's a real chaos going on with your blood sugar when you should be asleep and blood sugar should be coming back to that healthy range.

I think that having a way to objectively test and measure these things and not have to guess about it makes a huge difference, Right? Like, so if we say test on guess, you know, test for whether or not there's a sleep disorder and also test to see if your blood sugar is tracking issues, including insomnia.

All right. So that's a great Segway. So the next thing I want to ask you about the sleep stages and the kinds of sleep and quality of sleep we get do change throughout our lifetimes.

What we experience as a newborn in those first 28 days, then through infancy. You know, you mentioned your background in pediatrics, then as a younger child, middle school child pre puberty puberty transition and then puberty, all of the things as we become our adult self and then we go on twenties, thirties and beyond and then hit middle age and our older years sleep changes throughout that time.

And what we think at least through the research, people need also shifts. I would wonder how much this tracks with blood sugar, regulation, insulin sensitivity, things like that.

What's normal versus what's typical. Yeah, so you're right. The sleep changes that occur in the pediatric age group are profound. So I'm talking about people 25 years old and younger.

It has to do with brain development and maturation, pruning of the neurons. So there's a lot of development there and things are pretty stable from 25 to maybe 55, 65 or so, except for women.

You know, women always, I think, deserve a little extra attention because there are sleep stage shifts that occur with puberty, with menstruation, pregnancy and even menopause.

So I think all of those things need to be on the tip of the tongue. For anyone who's advising about sleep, as you age, you do tend to have more sleep fragmentation and there's often times and advancing of the sleep period,

meaning that people prefer to go to bed earlier and they tend to have earlier awakenings from sleep.

Sometimes that can be extraordinarily frustrating if you can't get back to sleep. Now, interestingly, if you look at history before electronics and sort of this artificial light came about, human beings probably had to sleep periods, one that started around sundown.

Then there was a prolonged nighttime awakening where, you know, you have sex, you tell stories, you put more weight on the campfire and then go back to sleep and wake up around the sunrise.

So some people think that people that those who are aging sort of lose the ability to inhibit that prolonged nighttime awakening, which can be an effective age.

Also, it seems that the total amplitude of the EEG waves that we measure on the scalp are reduced in people they age. They're also probably producing less melatonin as as a person ages.

So all of these things kind of come together to make sleep more of a challenge as a person gets older and older and sometimes that's associated with an untreated sleep disorder as well.

You know, it's interesting as you peel the layers here back for us, it just makes it really clear how important it is that we protect our sleep in every age and every stage.

Yeah, you know, it's one of the best things you can do for your brain. And I like to say your brain is your most important asset, so support it with sleep.

That is so else that that can be merchandise right there. No, but seriously, you know, all joking about it aside, you know, sometimes it's good to put a little humor in a serious topic.

And one of the things I've always thought about is like for parents of young children, they're often so sleep deprived. And, you know, if you look at the the conventions around prisoners of war, that depriving people of sleep is considered cruel and unusual.

Punishment is not permitted by international convention. And we have moments in our life sometimes where our sleep is just completely messed up. It isn't necessarily our fault, it's just the situation we're in.

Are there any tips that you would share that people could use to quickly address that situation should it arise? Yeah, that's interesting. And in recent history I was one of those people because, you know, I've got little, little kids.

I often say that sleep deprivation was taken off of the table for the Guinness Book of World Records because of the threat to one's life. So you can actually die from sleep deprivation.

And it is a cruel and terrible form of punishment that, you know, in medical school I feel like I was subjected to that. But, you know, for people who are are not getting enough sleep and suffering the consequences of that, I think the very first thing that needs to happen is that sleep needs a new level of prioritization in your life.

Protecting Sleep and Finding Dr. Wells

And sometimes that looks like self-care. Okay. So putting yourself first and I don't know if you've heard this, Dr. Beverly self-love says, I love you.

Self-care says, prove it. So you really need to put yourself first and say, I need help getting sleep. I need protected time for sleep. I need to feel back on my responsibilities or my social obligations or my my workload.

I need to recover because if you don't, you're headed nowhere good and fast. Brilliantly said, Thank you for that. That is absolutely 100% the case. And the fact that we don't, you know, have like a little meter, we could see like maybe on our side of our face about, Yes, I got no sleep last night or No, I didn't or we good quality or no, it wasn't,

you know, wearable technology can help us, but only so much.

You got to notice how you feel, right? Yeah, yeah, yeah. You know, the wearables are I love it that they bring it the sleep quality and quantity into our dialog, but they're not quite there yet in terms of accuracy.

So one of these days we'll have a measure like a CGM does, where sleep can be quantified and and even quantified objectively to help people understand, you know, what their capacity is.

Absolutely. I think that that moment hopefully is closer than further away. But we'll find out, won't we? All right, great. Thank you for this wonderful interview.

So, friends, you know, please share these sessions while they're available for everyone to share with anyone that you know cares about their sleep, cares about their health, whether they are already healthy or striving to get healthy, or everyone needs to have better information, quality information.

So kindly share this with as many people as you can while you can while this summit is up. Because we come together as professional colleagues to share expertise.

But the bottom line is we're really trying to help people live a great quality of life and to help have their health span equal their life span and sleep is foundational to achieving that goal.

Thank you for tuning into this episode. Oh wait. Before we go, they can fix this in the mix. All right, Dr. Audrey, where can people find you if they like to connect?

Oh, sure. I'd love to tell people where they can find me. I am on social media, usually as Super Sleep MD., but going to my website is probably the most efficient way, and that's supersleepmd.com All right, great.

Thank you so much for this wonderful and informative session. My pleasure.