

## Tips for Good Sleep

The specific areas of sleep hygiene below can guide questions to determine which areas may require attention.

1. Encourage patients to be **mindful of the fundamental rhythmic infrastructure of life** by establishing a regular bed and rising time, obtaining exposure to early morning light and evening dim light, and maintaining regular times for meals and exercise. Although napping is known to offer a number of medical and psychological benefits, it is contraindicated with insomnia.



2. **Manage caffeine, nicotine, alcohol and other drugs.** Given its substantial half-life, standard cautions about caffeine may not be sufficiently conservative for many.
3. Although regular and adequate **cardiovascular exercise** promotes healthy sleep, it should be **avoided at least 3–4 hours prior to bed** because it raises core T min, which can interfere with sleep.



4. **Avoid high glycemic and harder to digest foods as bedtime snacks.** As an alternative, consider complex carbohydrates that may help transport tryptophan, a precursor to melatonin, across the blood-brain barrier.
5. Create a **healthy sleep environment** by keeping the bedroom cool (about 68 degrees F), completely dark, quiet, psychologically safe and as green as is fiscally feasible. If possible, use HEPA filtration for clean air and, whenever possible, organic and non-toxic bedding.



6. **Avoid clock watching at night** as this activity stimulates wakefulness. Ideally, position the clock away from the bed or use a non-illuminated battery operated clock to avoid light and subtle EMF radiation.
7. **Manage hyperarousal and anxiety with cognitive behavioral therapy (CBT) and body-mind techniques.** CBT, which is more effective than hypnotics over the long term, addresses sleep-related dysfunctional thoughts and beliefs that trigger arousal. An excellent CBT resource for patients is [CBT for Insomnia](#) by Dr. Gregg Jacobs. For some, self-help workbooks may prove helpful. CBT is best coupled with body-mind techniques such as mindfulness meditation, muscular relaxation; neurofeedback, self-hypnosis, breathing exercises and guided imagery.



8. **Manage bed and bedroom stimulation**, which can condition these areas for wakefulness, by using the bed only for sleep and sex. Minimize wakeful time spent there by going to bed only when sleepy and getting out of bed if an extended period (15–20 minutes or more) of nighttime wakefulness occurs, returning to bed once sleepiness occurs again.



9. When discontinuing hypnotics or otherwise indicated, consider **supplementing sleep for a short term with botanicals** like valerian, lemon balm, lavender, chamomile, and/or hops. Melatonin is useful in aging populations and/or with circadian irregularities. Always couple supplementation with other sleep hygiene recommendations.
10. **Emphasize** the key process of **letting go or surrender** in sleep onset. In the end, we cannot finagle sleep. We can set the stage and be receptive to it, but we cannot intentionally "go to sleep." Efforts to do so typically backfire.