



Sleep: The Holy Grail

It's 5:00 P.M. and Carolyn is anxious to leave the office. If she can get home early, she just might get to bed at 9:00 instead of midnight. Suddenly, her boss pops into her office, needing help with some memos for a meeting that night.

Her stomach churns. "I was here late last night. And the night before," Carolyn mutters as she grudgingly plops her bags on the floor and restarts her computer. "When will I ever get any rest?" she asks herself.

Bleary-eyed and exhausted, she plods through the assignment, finally dragging herself home at 7:30 P.M. All she can think of is crawling into bed and getting some sleep.

But first she has to eat, review her son's homework, clean the kitchen, and call her mom. By the time she dots the last "i" and crosses the last "t" on Michael's book report, it's nearly midnight. Desperate to get some shut-eye, Carolyn pops a sleeping pill and calls it a night.

Sleep Defined

Sleep experts recommend that we get at least 8 hours of sleep each night. Yet the average

woman from ages 30 to 60 sleeps only 6 hours and 41 minutes a night during the workweek. No wonder we fantasize about a good night's sleep more often than a dip in a hot tub with Harrison Ford.

Like food, clothing, and shelter, sleep is something that we can't live without. It's considered an altered state of consciousness that restores us physically and emotionally. And it is as essential to our long-term health as daily exercise, says Kathy Sexton-Radek, Ph.D., a sleep medicine specialist and professor and chair of the psychology department at Elmhurst College in Illinois.

Researchers aren't sure how or why sleep renews us, but they do have some ideas. Sleep lowers our body temperatures, decreases oxygen consumption, and slows our heart rates and metabolism (the rate at which we burn calories) 5 to 25 percent. These changes may force our bodies to conserve energy overnight so we feel rejuvenated in the morning, says Suzanne Woodward, Ph.D., an expert on women and sleep and assistant professor of psychiatry at Wayne State Uni-

versity School of Medicine in Detroit.

Another theory is that sleep gives our brains a much-needed rest from the flurry of daily activity, says Margaret Moline, Ph.D., director of the sleep-wake disorders center at New York Presbyterian Hospital-Weill Cornell Medical Center in White Plains and New York City. It's like a Zamboni for our brains, clearing away the detritus of the day much like the giant machine clears the pitted ice of a skating rink. If our brains didn't have the opportunity to sleep, we wouldn't be able to concentrate or think as clearly, she says.

Sleep is vital to learning, too. In a study of 27 people examining one night's sleep, researchers found that those who slept about 8 hours and got enough deep, slow-wave sleep in the first 2 hours of slumber and at least 2 hours of rapid eye movement (REM) sleep in the early morning had an easier time learning and retaining information compared to those who didn't get that quality of sleep.

It's also important for emotional balance. When we get enough restful sleep, we're less likely to snap at our husbands, yell at our kids, or kick our pets. We're also less sluggish. In fact, missing as little as 2 hours of sleep every night for a week sends our levels of fatigue, confusion, and anxiety skyrocketing and causes mood swings, according to researchers from the University of Pennsylvania School of Medicine.



WOMEN ASK WHY

Why do I sometimes wake up with a headache?

Most morning headaches are triggered by tension or stress, which increases blood circulation in the brain, causing you pain. Even though you're relaxed while you sleep, those 7 to 8 hours aren't enough to undo the chronic tension experienced during the day.

Fatigue is another factor. Researchers surveyed 113 chronic headache sufferers, about half of them women, and 110 healthy participants, and found that those who endured ongoing tension and migraine headaches 1 (especially the women) were more tired than those who didn't. Part of the reason was that those with headaches didn't sleep as well.

Chronic headaches can interfere with falling asleep and staying asleep. And the fatigue you experience the next day often makes the pain even worse, creating a vicious circle.

There's also a link between morning headaches and high blood pressure. Women with high blood pressure may wake up with a pulsating head pain known as a hatband headache. Because their blood is more apt to clump, their blood vessels have to dilate to make way for the bunched-up blood cells. This repeated expansion of the blood vessels throughout the night can cause a morning headache.

Another possibility is sleep apnea, a common sleep disorder characterized by loud snoring and brief interruptions in breathing while sleeping. The lack of oxygen and changes in blood pressure that result can cause a headache.

Experts consulted

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The reason is that sleep loss causes daytime sleepiness, which creates a struggle to stay awake, alert, and motivated enough to do anything that requires energy. And that has a negative effect on our mental health.

When you think of the perfect good night's sleep, you might imagine fluffy pillows, a cozy blanket or comforter, sweet dreams—and no alarm clock to startle you into wakefulness in the morning.

But there's a lot more to catching some z's than you might think. Soon after you crawl into bed, you begin a complex but fascinating journey that takes you through four stages and two distinct types of sleep: REM and non-REM.

Usually occurring about five times during the night, REM is that part of the sleep cycle where we dream, subconsciously fantasizing about winning the lottery and buying that mansion in Maui. Our brain waves hit warp speed as if we were awake. Our eyes bounce back and forth like Ping-Pong balls, and we actually get a mini-cardiovascular workout as our hearts beat faster and we breathe harder. "It's like stepping on the accelerator while your car engine is running to give it more gas," says Dr. Sexton-Radek. But even though our brains and bodies are "active" during REM sleep, it is still restful sleep. And everyone experiences it—even those who swear they don't dream.

We spend about 25 percent of the night in REM sleep. The rest is non-REM sleep, which occurs in four stages. Each stage of the non-REM

DEMONS IN THE NIGHT

If you're snoozing for 8 hours and still don't feel rested, you may have a sleep disorder. Here are some of the most common ones that may be contributing to your fatigue. If you suspect that you have any of these conditions, talk to your doctor right away.

Sleep Apnea

What is it? The second most common sleep disorder after insomnia, sleep apnea strikes 2 percent of middle-age women. The most common form is obstructive sleep apnea, which usually occurs when the throat muscles and tongue relax during sleep, causing the soft palate at the base of your tongue and uvula (that small fleshy tissue hanging in the back of your throat) to sag and partially block the airway. If you have this type of sleep apnea, you can stop breathing as few as 5 or as many as 100 times an hour while sleeping.

Central sleep apnea occurs when your brain fails to send certain signals to your diaphragm and chest muscles to initiate breathing. As a result, you wake up several times a night to catch your breath. Mixed apnea is a combination of obstructive sleep apnea and central sleep apnea.

What are the symptoms? Sleep apnea results in brief interruptions in breathing while sleeping, loud snoring, snorting, gasping for air, daytime sleepiness, irritability, morning headaches, and impaired thinking. Depression, high blood pressure, heart attack, and stroke are the more dire consequences.

What is the treatment? The most effective treatment is continuous positive airway pressure (CPAP). You wear a mask over your nose that's connected to a machine that pumps pressurized air in to keep your airway open during sleep. There are also several dental devices that prevent your tongue from sliding backward. Surgery may also be used to increase the size of your airway, but the procedure is only 30 to 50 percent effective.

Narcolepsy

What is it? Narcolepsy is a chronic neurological disorder that affects about 1 in every 2,000 people. Although it has

no known cause, sleep experts suspect an abnormality in the chemistry regulating sleep and wakefulness.

What are the symptoms? Signs of narcolepsy include overwhelming daytime sleepiness; sleep attacks with or without warning; cataplexy, which are brief episodes of muscle weakness or paralysis triggered by strong emotional reactions such as laughter, anger, or fear that may last a few seconds to several minutes; sleep paralysis, which is a temporary inability to talk or move when falling asleep or waking up; and hypnagogic hallucinations, which are vivid, frightening, dreamlike images that occur while falling asleep or upon awakening.

What is the treatment? For daytime sleepiness, there are prescription drugs that stimulate the central nervous system, such as modafinil (Provigil), dextroamphetamine (Dexedrine), methamphetamine (Desoxyn), and methylphenidate (Ritalin). For cataplexy, there are antidepressants and other drugs, such as fluoxetine hydrochloride (Prozac), clomipramine (Anafranil), and imipramine (Tofranil). Many of these antidepressants work by suppressing REM sleep, thus limiting or eliminating episodes of cataplexy.

Restless Legs Syndrome (RLS)

What is it? This sleep disorder causes unpleasant sensations in your legs and sometimes in your arms.

What are the symptoms? You have creepy, crawly, tingly feelings in your legs that often compel you to walk, stretch, give yourself a massage, or perform knee bends for relief. Daytime sleepiness, fatigue, and difficulty falling asleep and staying asleep are also common.

What is the treatment? Mild RLS symptoms are usually relieved by regular exercise, massage, hot baths, heating pads, ice packs, or eliminating caffeine. Moderate to severe cases call for prescription medications from any one of the following drug classes: dopamine agents like pramipexole (Mirapex) and pergolide (Permax); benzodiazepines like clonazepam (Klonopin); and opiates, including codeine and oxycodone hydrochloride (M-Oxy).

part of the cycle is necessary to help replenish our physical and mental energy, sharpen our memory and ability to learn, and restore us emotionally. If we skip a stage or fail to remain in any particular one long enough, we wake up bone tired and cranky. All of the stages work in sync to help refresh and energize us.

- Stage 1. We enter this phase of non-REM sleep when we first fall asleep. A light doze, it's a transition between wakefulness and sleep during which our muscles relax. Our brain wave activity is similar to when we're awake, because we're not really asleep. It lasts a mere 1 to 7 minutes, starting the cascade of sleep.
- Stage 2. During this stage, our brain wave activity and body mechanisms begin to slow as we move into a slightly deeper sleep. This is what sleep experts actually call "sleep." Again, we're in this stage for 1 to 7 minutes.
- Stages 3 and 4. Although they are defined as separate stages, sleep experts still lump these two stages together because the differences between them are so slight. Known as delta, or deep, sleep because of their association with slow brain wave patterns, it is during these deeper stages that the immune system is at its best, reacting with a surge of energy to produce white blood cells that fend off bacteria and viruses. "That's why if you get enough rest during a cold or flu, you're more



WOMEN ASK WHY

Why do I get so sleepy when I drive?

Nine times out of 10, we are already tired before we get into the car; we just don't know it. A quick spin to the store usually won't tell us how tired we are, but driving for an hour or more definitely will. Driving is a boring activity that provides very little physical stimulation.

And if you're sleep-deprived and driving between the hours of 2:00 and 4:00 P.M., toothpicks may not be able to keep your eyes open. During those hours, your circadian rhythm, which determines how alert or drowsy you are throughout the day, dips. That's where the phrase "afternoon slump" comes from. This is the time of day when driving can be the most dangerous.

Drowsiness slows reaction time, decreases awareness, and impairs judgment, which can lead to traffic accidents. The U.S. National Highway Traffic Safety Administration (NHTSA) estimates that approximately 100,000 crashes annually are attributed to drowsiness. Here's what you can do to stay alert while on the road.

- Pull in to a convenience store parking lot or gas station the moment you start to feel sleepy. Get out of the car, stretch your legs, buy some coffee, drink up, and then take a nap for 20 minutes while giving the caffeine a chance to kick in.
- Plan to drive during the times of the day when you are the most alert. Avoid driving during your body's "downtime."
- Schedule a break every 2 hours or every 100 miles. Stop sooner if you get tired.
- Share the driving with a friend. You'll have someone to talk to, and you'll be able to rest up while your friend drives.

Expert consulted

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apt to fight the infection," says Dr. Sexton-Radek. Along with REM sleep, these two stages are the most restorative because this is when our bodies turn on the switch for many of our necessary functions, including the release of hormones and neurotransmitters.

When we first fall asleep, we go through non-REM stages 1 and 2 and then have our first REM. After that, we go through non-REM stages 1 through 4 and then have our second REM. The entire pattern is repeated throughout the night. In all, we typically have five REM episodes that usually last 4 to 12 minutes each, but can last up to 30 minutes. So if we sleep 8 hours a night, we get 30 minutes to 2 hours of REM sleep; the rest is non-REM.

The 10 Commandments of Sleep

There are things we do (or don't do) that affect how quickly we fall asleep and how well we sleep. We call them the 10 Commandments of Sleep, and following them should lead to blissful rest, energized mornings, and sweet dreams.

1. Thou shalt not drink alcohol or caffeinated beverages within 4 to 6 hours of bedtime. A nightcap before bed may help you conk out faster, but it can shorten the time you spend in the deeper stages of sleep and cause

you to wake up several times during the night. It can also cause nightmares and early-morning headaches. One reason for the middle-of-the-night awakening is that your nervous system becomes aroused as your blood alcohol levels drop.

As for caffeine, it stimulates the brain. So don't be surprised if you find yourself staring at the ceiling in the wee hours if you had an after-dinner cup of coffee. Colas, chocolate, cocoa, and certain prescription drugs also contain caffeine. Moderate daytime use usually doesn't interfere with sleep, but if you have trouble falling asleep or staying asleep, cut caffeine out completely, Dr. Woodward says. While most people's systems clear the caffeine from a cup of coffee in 3 to 5 hours, others need as many as 10 hours.

2. Thou shalt not smoke cigarettes within 4 to 6 hours of bedtime. Like caffeine, nicotine stimulates the central nervous system. It interferes with falling asleep and staying asleep by increasing heart rate, blood pressure, and adrenaline levels, says Amy Wolfson, Ph.D., co-chair of Women in Sleep and Rhythms Research (WISRR) at the College of the Holy Cross in Worcester, Massachusetts.

3. Thou shalt not nap for longer than 30 minutes. The urge for that midafternoon snooze is associated with your body's internal biological clock. Between 2:00 and 4:00 P.M., a drop in body temperature occurs, which usually causes you to feel sleepy, says



WOMAN TO WOMAN

She Has Shift Work Down to a Science

Claire Dodds, 32, a registered nurse at the University of California–San Francisco Medical Center makes the tough transition between working nights and days with relative ease. Here's her story.

As a clinical nurse, I work the day shift 16 weeks a year and the night shift the remaining 36 weeks. When I work nights, I'm at the hospital from 7:00 P.M. to 7:30 A.M. three evenings in a row, then I'm off for 4 days. After the first two nights, I go to bed at 9:00 A.M. and get up at 5:00 P.M. When I come home from the third night, I hit the sack at 9:00 A.M. and set my alarm for 2:00 P.M. Then I immediately force my body back into a day schedule. I feel jet-lagged, groggy, and disoriented for the rest of the afternoon, but I deal with it because it happens only once a week, and it enables me to go to bed around 10:00 P.M. that night and wake up to a normal day schedule.

To switch from a daytime to a nighttime schedule, I get up before 8:00 A.M. and jog 3 miles. The aerobic exercise makes me just tired enough to take a nap from 3:00 to 5:00 P.M., which is just enough rest to recharge my batteries before I report to work. If I don't exercise, I'm not tired enough to nap, and that makes the transition difficult. I also stop drinking coffee at 4:30 P.M. when I work days, and at 4:30 A.M. when I work nights.

The key to handling shift work successfully is having the ability to manage your anxiety about being overly tired and possibly making a mistake. Just a little anxiety keeps me alert enough that I won't make an error. It takes some planning and preparation to get enough rest. But once I figured out the formula that works for me—and stuck to it—I didn't have any problems.

Terri E. Weaver, R.N., Ph.D., associate professor at the University of Pennsylvania School of Nursing and a sleep researcher at the Center for Sleep and Respiratory Neurobiology at the University of Pennsylvania School of Medicine,



HOW IN THE WORLD DO THEY SLEEP?

Sleeping in a Sleep Disorders Clinic

Night after night, Kathy Allwein of Fleetwood, Pennsylvania, struggled to breathe while she slept. And she snored loudly. Her husband complained, but Allwein dismissed his comments.

Some mornings on her way to work, Allwein, 38, a licensed practical nurse, fell asleep at the wheel and drove off the road. Luckily, she never had an accident or hit anybody.

She wound up in the office of an ear-nose-and-throat specialist who referred her to the sleep disorders center at Reading Hospital and Medical Center, where she works. Doctors suspected sleep apnea, a disorder that causes your throat muscles and tongue to relax during sleep and block your airway, and recommended an all-night evaluation.

Allwein arrived at the sleep lab at 9:00 P.M. with her pajamas, toothbrush, and pillow.

Technicians spent an hour preparing Allwein for the night ahead. They attached a series of thin wires to her body to monitor brain wave activity, keep tabs on her sleep stages, track breathing, and detect movement. They also put a strip under her nose to monitor airflow.

She dozed off around 11:00 P.M. as the video camera rolled and the machines in another room monitored her vital signs. At 5:30 A.M., a technician woke her to remove the wires and allow her to get dressed.

Her doctors' suspicions were confirmed: Allwein had severe obstructive sleep apnea. They prescribed continuous positive airway pressure (CPAP). Today, she sleeps with a mask that's connected to a machine that pumps air into her nose to keep her airway open.

Reflecting on her overnight stay in the sleep clinic, Allwein says, "I was very comfortable. I had no problems falling asleep. In fact, I felt like I was in my own home."

Allwein says that she now has much more energy because she's getting a good night's sleep. She's awake from the time she gets up between 5:00 and 6:30 A.M. until she goes to bed between 10:00 and 11:00 P.M.

both in Philadelphia. A 20- to 30-minute nap works wonders if you didn't get enough shut-eye the night before.

One Swedish study found that eight participants who were deprived of sleep and then allowed to take a 30-minute midafternoon nap the next day reported feeling more alert. They performed better on certain tests than when they weren't permitted to take a nap. As seen in this study, naps can help make up for lost sleep. "If you slept for 7 hours last night but need 8 hours to feel your best, a half-hour nap can help put you back on track," says Dr. Moline. "But it won't make up for a 5-hour sleep deficit accrued the prior week."

Further, it's important that you take the nap in the afternoon. Snoozing too late in the day will make you less sleepy at your normal bedtime. And don't doze more than 30 minutes. Nap longer than that, and you'll fall into the deeper stages of sleep and feel even groggy when you wake up. Choose a room for your nap that is dark and quiet. If you nap regularly, do it at the same time, Dr. Moline says. Just be aware that those who nap on a regular basis often sleep less at night and can become sleep-deprived if they start missing their naps, she adds.

4. Thou shalt not exercise within 3 hours of bedtime. As you wind down in the evening, your body temperature falls to get you ready for sleep. Aerobic exercise and

weight training do just the opposite. They raise your temperature, boost your heart rate, speed your breathing, and increase levels of the stimulating hormone adrenaline. This prevents you from falling asleep at your normal bedtime, says Dr. Weaver.

It's best to exercise in the morning because that helps you sleep better at night, notes Dr. Weaver. Researchers don't know why, but they suspect that expending a burst of energy early in the day tires the body out just enough so that sleep comes more easily at night.

5. Thou shalt not sleep in on weekends. Changing your sleep patterns on the weekends resets your internal clock. "Hitting the sack late on Friday and Saturday night, and then sleeping in on Saturday and Sunday morning will prevent you from getting to sleep at your normal bedtime. So you'll wake up tired on Monday morning," says Dr. Weaver. The corollary to this commandment: Thou shalt go to bed at the same time every night and get up at the same time each day.

6. Thou shalt not lie awake in bed for more than 15 minutes. If you can't fall asleep, chances are you'll watch the clock, toss and turn, and become anxious. That will make falling asleep that much more difficult, says Dr. Woodward. The better alternative is to get up, leave your bedroom, and do something relaxing like reading or watching television. Keep the lights dim and

THE BEST WAY TO WAKE UP IN THE MORNING

When your alarm clock goes off, you:

- Hit the snooze button (for the fourth time)
- Hide your head under your pillow
- Toss your alarm clock across the room
- Spring out of bed and start your morning

Unless you answered "d," you certainly could use some more get-up-and-go. This morning makeover comes from a survey of 22 women who share the tricks that give them the most energy.

Don't be alarmed. Several respondents said they wake up every day without the aid of an alarm clock. The key is to go to bed and get up at the same time every day (including weekends). Use an alarm only when you need to get up early, such as when you're catching a 4:30 A.M. flight.

Shy away from snoozing. If you're not ready to stash away your alarm clock for good, resist the temptation to hit the snooze button. Many of the women who do use an alarm clock feel more awake if they skip the snooze.

Wake up with nature. One woman starts her day with a dose of Mother Nature. "Before I turn off the bedroom lights at night, I open the window shades and the window. I love to wake up to fresh air, the rising sun, and the sounds of birds," says Molly Brown, 42, of Allentown, Pennsylvania.

Shed some light. If you're a city dweller, you can still get the benefits of light without being roused by traffic noise. Get yourself an alarm clock that simulates the sunrise by gradually lighting up the room. These are available from Visionweaver for about \$156. For more information, write to them at PO Box 891, Bellingham, WA 98227.

Make like a cat. Did you ever notice that your feline (or canine) always stretches after waking from a nap? Several women say stretching wakes them up and leaves them feeling more energized.

Get up on the right side of the bed. Try starting your day on a positive note by reading an inspirational quote, poem, or scripture. Keep a poem-a-day book or a calendar with inspirational sayings on your bedside table.

the noise down, and make sure that whatever you read or watch doesn't excite you. Return to bed only when you feel drowsy.

7. Thou shalt not bathe less than 2 hours before bedtime. Whether you take a cool shower or soak in a hot bath, you can alter your body temperature. Remember that a natural dip in temperature helps cue your body that it's time to sleep. "Bathing too close to bedtime may throw off that natural cue," Dr. Woodward says.

8. Thou shalt not use your bed for anything other than sleep or sex. Reading, watching television, or doing office work in your bedroom can make it more difficult to fall asleep because it leaves you feeling alert, which is not the best emotional state to be in when you finally turn out the lights. "You want to associate your bedroom with tranquillity and calm, not with tension or entertainment. Reading the last chapter of a murder mystery or becoming aggravated at the evening news may keep you awake," says Dr. Moline.

9. Thou shalt design thy bedroom for rest. Flip through any department store catalog and you're bound to find the picture-perfect bedroom that you wish you had in your own home. Notice that there are no computers, fax machines, or televisions crowding the view. And everything matches. You can create the same environment.

First, ditch the hardware, software, and boob tube, and consider purchasing a color-coordinated bed ensemble that includes a comforter, duster, pillow shams, and matching sheets. The



WOMEN ASK WHY

Why doesn't my husband's snoring keep him awake?

That's a question spouses often ask. And it's no wonder, since more than 30 percent of all people snore. Most snorers are overweight men, but women catch up with them somewhere around menopause.

A few people who snore hear themselves in the light stages of sleep. But usually, it's just not on their radar screen. He doesn't hear it because he's asleep. You hear it because it's keeping you awake.

When you sleep, the muscles that open your throat relax. As you breathe, air still passes easily through your throat on the way to your lungs. If you snore, your muscles may relax too much, or your jaw may be smaller than normal. Those around you hear the vibrations of your soft palate (the fleshy part at the back of the roof of your mouth), uvula (which hangs from the soft palate), tongue, and tonsils. It sounds like a flag flapping in the wind. Some people's snoring can be heard in other rooms of the house or even by the neighbors.

Excessively loud snoring may be a sign of a more serious condition such as sleep apnea, in which those relaxed throat muscles briefly stop your breathing, awakening you for a few seconds. The pattern may go on all night. You won't remember waking up, but you may be overly tired, irritable,

matching linens will help calm the setting for sleep. Buy draperies to match, and make sure they have blackout linings to keep the room as dark as possible when it's time to sleep, says Charlotte Thompson, president and owner of Charlotte Thompson and Associates, an interior design company in Dallas. Look for shades and drapes with blackout linings at any window treatment retailer that offers custom drapes.

headachy, forgetful, or accident-prone during the day. And your partner may notice that your snoring is interrupted by gasps as you stop breathing and awaken.

There are things you can do to still get sleep while sharing a room with a snoring partner. First, go to bed a half-hour before your snoring partner. The snoring only bothers you when you're trying to fall asleep. If you're asleep first, you probably won't notice it.

You could also sew a pocket onto the back of his T-shirt and fill it with a couple of tennis balls or walnuts in the shell to prevent him from lying on his back. He'll snore less if he's on his side since the soft structures of his throat won't slide backward.

In addition, encourage him to lose weight. Obesity makes snoring worse.

Keep him away from alcohol within 4 hours of bedtime, and tell him to avoid sleeping pills, sedatives, and antihistamines. All of those things can slow breathing and worsen snoring.

When all else fails, try the time-honored "elbow technique."

Expert consulted

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Select calm, soothing shades from the blue and green color families. Reds, oranges, and yellows tend to stimulate rather than relax you, says Thompson. Opt for incandescent or halogen lighting instead of fluorescent. Halogen is closer to natural light, which is softer on the eyes.

Consider aromatherapy. Use relaxing, soothing scents like lavender, bergamot, chamomile, vanilla, and sandalwood in your bed-

room. Place one drop of essential oil on a handkerchief and sniff, or dab it on your sheets; put five drops in some bathwater and soak; or put four drops in a pan of hot water and inhale before you go to bed. If you experience any skin irritation, discontinue using the oil.

10. Thou shalt dress appropriately for bed. Wear whatever is comfortable for you: a silk negligee, a flannel nightgown, a cotton T-shirt. Or sleep in the buff. But keep in mind that your body temperature drops prior to falling asleep, rises during the night, then falls before you awake. So always think lighter rather than heavier when choosing pajamas. If you have perimenopausal symptoms such as hot flashes and night sweats, wear cool cotton pajamas, Dr. Woodward suggests.

The Ins and Outs of Sleeping Pills

If you haven't slept well for a few nights, popping a sleeping pill to cure your insomnia seems the logical thing to do. But before you reach for that bottle tonight, here's what you should know about the safety and effectiveness of sleep medications.

Over-the-counter (OTC) brands. The medications that you can buy at your drug-store may not be the best choices to help you get a good night's sleep. They contain the antihistamine diphenhydramine, which is found in many allergy, cough, and cold medicines. It causes drowsiness, but it also

THE IDEAL MATTRESS

If you lived in the days of the Roman Empire, the Renaissance, or the 16th century, your mattress would have been stuffed with hay, wool, straw, or feathers. Today, thanks to technology and manufacturer ingenuity, there are futons, water beds, and several other kinds of mattresses that provide the illusion of floating off to dreamland when we crawl under the covers.

To find the one that's right for you, test-drive a few at a bedding store. Spend at least 20 minutes lying on your back, your side, and your stomach to determine whether the mattress is too hard, too soft, or offers great support, says Mary Ann Keenan, M.D., director of neuro-orthopedics in the department of orthopedic surgery at Albert Einstein Medical Center in Philadelphia.

Firm. If you experience back pain from time to time or if you have arthritis, a firm coil mattress with a soft surface is the way to go, says Pamela Adams, D.C., a chiropractor and yoga instructor at Magnolia Chiropractic in Larkspur, California. You'll get great support for your back, and the soft surface will cushion your hips, knees, and shoulders. If you can't find one with a soft surface, place a piece of foam that is 2 inches thick over the mattress and then add a mattress pad, Dr. Adams suggests.

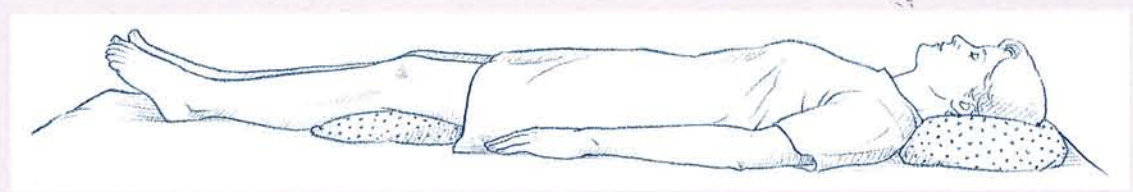
Even if you've never had any aches and pains before, chances are you'll develop them if you invest in a soft mattress. They're bad for your back and neck, and they make it difficult for you to get out of bed without straining your arms and shoulders, says Dr. Keenan.

Foam. Foam mattresses can support your back just as well as firm coil varieties. The quality of a foam mattress is measured in density. A mattress with a 34-pound compression ratio (a measure of firmness) may do the trick, but always let your back decide. For a firmer feel, try a mattress with a higher ratio. The drawback is that over time, the pressure and heat of your body may cause changes in the foam that affect the mattress's ability to give you the support you need, says Dr. Keenan.

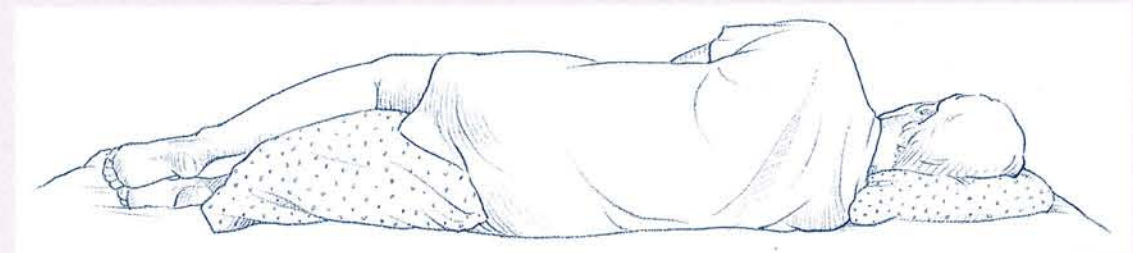
Water. Unlike solid mattresses, water-filled beds conform to your exact shape and give your body customized support. That's okay if you don't have any aches or pains and don't mind feeling like you're on a boat every time you change positions. For people with arthritis, the problem isn't the surface but the bed itself. A water bed can be difficult to get into and out of, especially in the morning, when joints are sore and stiff, notes Dr. Keenan. A water bed is also not good if you have a problem with motion sickness.

Air. Air mattresses are great as long as they're filled with enough air to make them firm. These mattresses work best for those who are prone to bedsores and other skin irritations because they can't turn themselves over in bed. While the mattress is firm, the surface is soft enough to prevent abrasions on the skin, says Dr. Keenan.

In addition to choosing the correct mattress for your needs, the position you sleep in can affect how rested you feel the next morning. "Sleeping on



your back is best," says Darin P. Mazepa, D.C., a network chiropractor and founder of Vitality of the Lehigh Valley, a holistic healing center in Emmaus, Pennsylvania. Just make sure your pillow supports your neck so that your head is in line with the rest of your body. This helps keep your spine in alignment. You can place a pillow under your knees to relax your lower-back muscles and to sustain your body's natural curves. Put your arms at your sides, not above your head. Sleeping with your arms up works your shoulder (trapezius) muscles all night and may cause muscle tightness and pain throughout the day. "Try standing with your arms raised above your head for 20 minutes," says Dr. Mazepa. "Imagine doing that for 8 hours."



If you prefer to sleep on your side, lie on your side with your knees bent and your pillow under your head, not your shoulder. To keep your spine in alignment, the pillow should be thick enough so your head is in line with the rest of your body. Place a pillow between your knees or thighs (whichever is more comfortable) so your upper hip and leg form a straight line and are parallel with your lower hip and leg. The pillow prevents you from putting stress on the gluteus muscles in your butt and on the iliotibial (IT) band, a tract of ligaments, tendons, and other tissues that stretches from above your hip to just below your knee.

dries nasal passages and other mucous membranes. Some also provide the pain reliever acetaminophen, which you don't need if you're not in pain, says Joyce Walsleben, R.N., Ph.D., director of the Sleep Disorders

Center and research associate professor at New York University School of Medicine in New York City.

In addition, you can develop a psychological dependence on OTC sleeping pills and build up

a tolerance, so you'll need to take more to get the same effect. Other side effects include disruption of sleep and memory loss. They can also make you feel drowsy and hungover the next morning.

Prescription sleeping aids. These may be a better choice, says Dr. Walsleben. They're best used for short-term treatment of insomnia and for specific circumstances, such as during times of grief, loss, or illness.

WHY CAN'T YOU SLEEP?

Ask yourself the following questions. If you answer yes to one or more of them, you need more shut-eye, and you may want to talk about your sleep habits with your doctor.

1. I have too much on my mind to fall asleep.
2. I can't go back to sleep when I wake up during the night.
3. I can't relax because I constantly worry.
4. I don't feel rested in the morning even when I've slept for 8 hours.
5. Sometimes I'm afraid to close my eyes and go to sleep.
6. I wake up too early.
7. It takes me more than 30 minutes to fall asleep.
8. I am stiff and sore in the morning.
9. I feel irritable when I can't sleep.
10. I seem to dream all night long.

• **Non-benzodiazepines.** Associated with the fewest side effects, this class of drugs includes zaleplon (Sonata) and zolpidem (Ambien). Approved by the FDA in 1999, Sonata sends you off to sleep within 30 minutes and won't cause drowsiness or that "hangover" feeling the next morning. It can be taken at bedtime or later in the evening after you've tried to fall asleep on your own, as long as you have at least 4 hours remaining in bed before you get up, says Dr. Walsleben. It's best used if you have difficulty staying asleep. Side effects are rare, but some people have reported headaches, drowsiness, and dizziness.

Unlike Sonata, Ambien stays active within your body for 7 hours instead of 4. So as long as you take it at bedtime with plans for getting at least 7 hours of shut-eye, you'll feel refreshed and energized the following morning. Both drugs are to be taken for no longer than 2 weeks.

• **Benzodiazepines.** This is the most frequently prescribed class of sleeping pills, and it includes a group of mild tranquilizers called triazolam (Halcion), es-tazolam (ProSom), and tem-azepam (Restoril). ProSom is best taken when you plan to sleep for at least 8 hours. Halcion and Restoril should also be taken only at bedtime.

Each drug varies in how fast it starts working and how long it remains active in your body once you've taken it. The longer it stays active, the more likely you'll feel groggy the next day. Halcion, for instance, starts working within 30 minutes and stays in your body up to 5½ hours. ProSom and Restoril take effect within 2 hours and remain active 8 to 15 hours.

Side effects include confusion, depression, light-headedness, dizziness, clumsiness, fainting, mood changes, increased dreaming, nausea, vomiting, drowsiness, grogginess, and weakness. These drugs shouldn't be taken longer than 2 to 3 weeks, and you must be weaned off them gradually to prevent side effects associated with withdrawal symptoms.