Optimal Sleep Health for Health Care Workers during the COVID19 Pandemic

Sleep Health and Wellness

Mandeep Singh, MBBS MD MSc FRCPC   @MndpSingh7

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WCH
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

TAPMI
Toronto Academic Pain Medicine Institute

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
COURAGE LIVES HERE

Learning Objectives

1. Understand the importance of physician health and wellbeing
2. **Discuss and understand the different domains of optimal sleep health and the relationship with overall health and well-being**
3. **Learn practical tips on how to optimize sleep health, and wellbeing**

Faculty Disclosure Slide

Faculty: **Dr. Mandeep Singh**
Disclosure: **Medical Advisory Board, Hypersomnia**
                                  Foundation (Voluntary basis)

Relationships with commercial/pharma interests: NONE
Disclosure of commercial support: NONE
Potential for conflict of interest: NONE

Mitigating potential bias: NOT REQUIRED
- The content of this discussion is not related to the services of commercial interest.
- No therapeutic recommendations for medications will be made.

Doctor as a Person

Reclaiming physician identity: It's time to integrate 'Doctor as Person' into the CanMEDS framework

J. Damon Dagnone,[1] Susan Glover Takahashi,[2] Cynthia R. Whitehead,[2] Salvatore M. Spadafora[2]
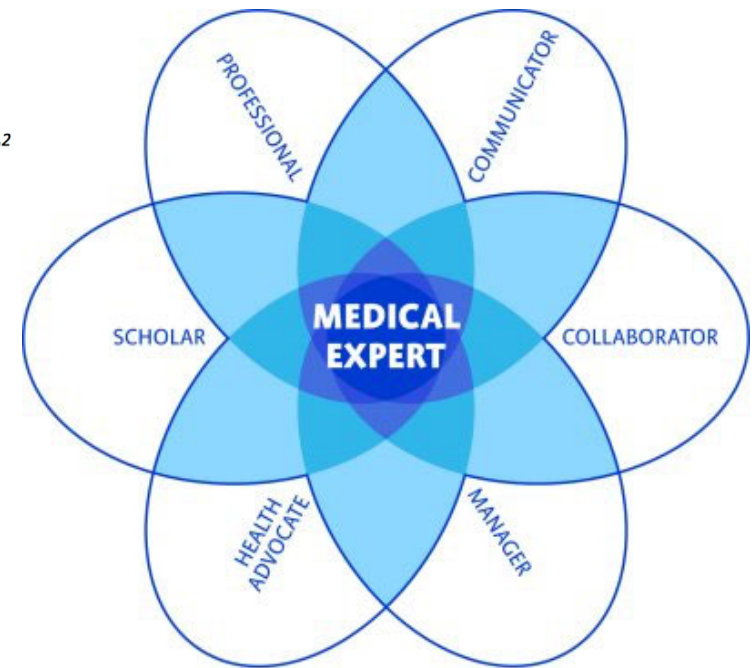
[1]Queen's University, Ontario, Canada

[2]University of Toronto, Ontario, Canada

THE CANMEDS ROLES FRAMEWORK

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Physician Burnout

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Panagioti M, et al. JAMA Intern Med. 2017;177(2):195-205.
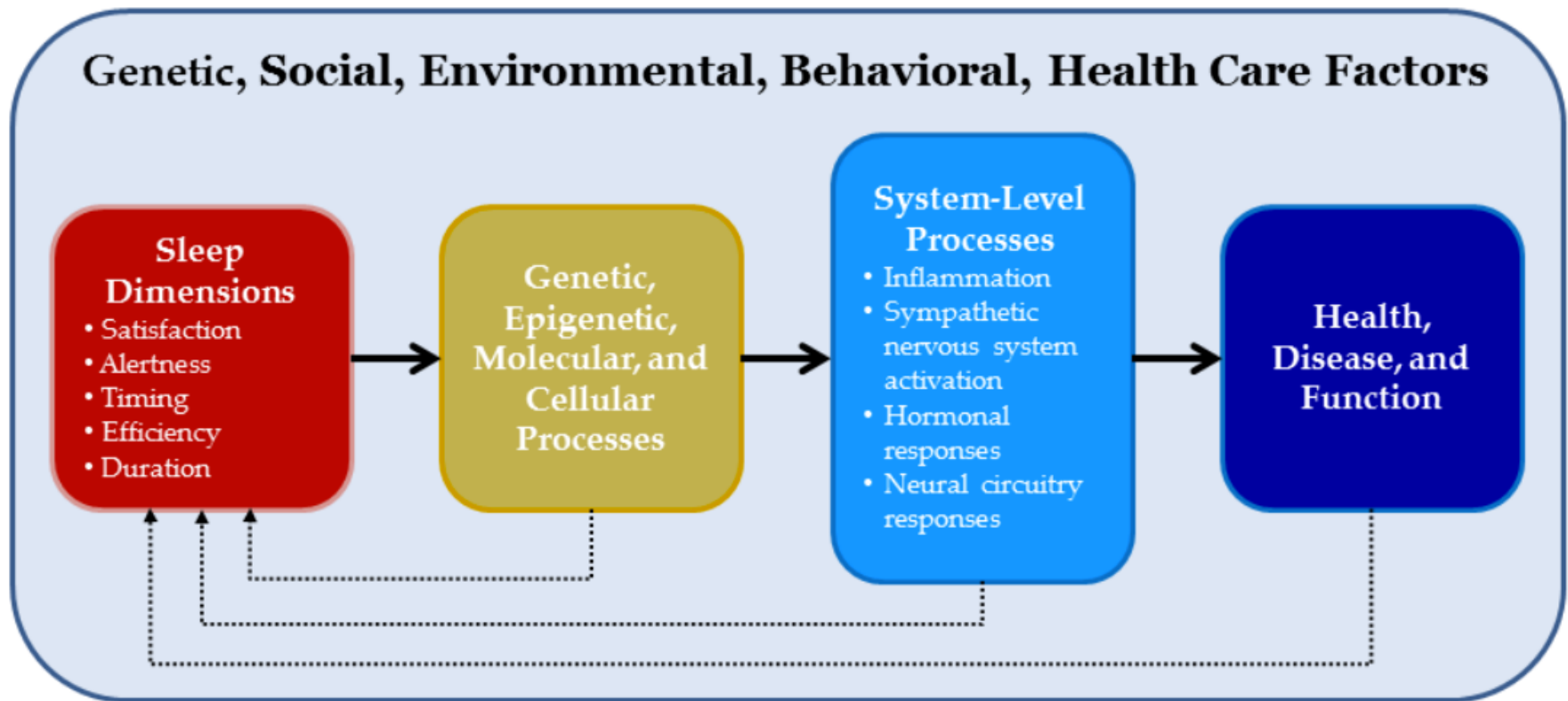
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Sleep Health

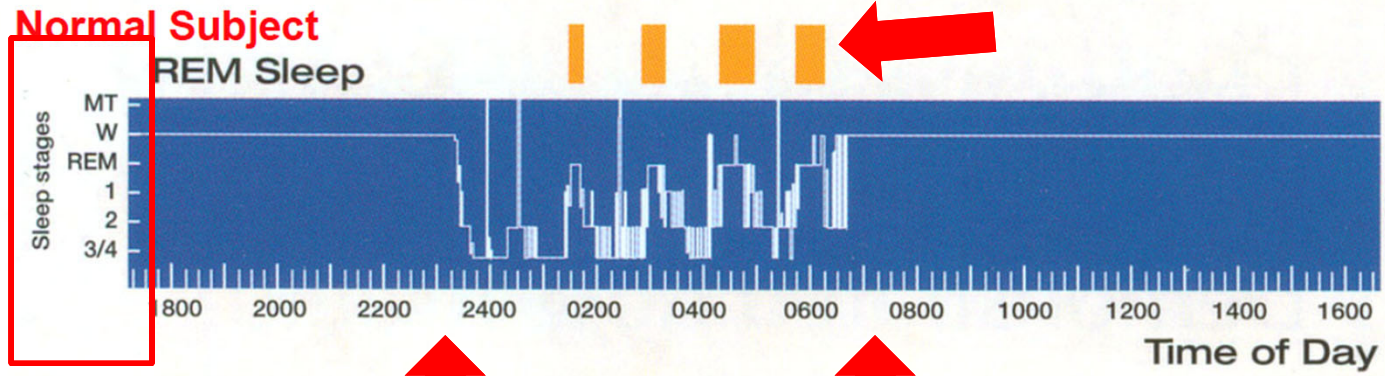# Sleep Health: Can We Define It? Does It Matter?

Daniel J. Buysse, MD

Sleep Medicine Institute and Department of Psychiatry, School of Medicine, University of Pittsburgh, Pittsburgh, PA

Normal Subject

REM Sleep

Sleep stages: MT, W, REM, 1, 2, 3/4

Time of Day: 1800, 2000, 2200, 2400, 0200, 0400, 0600, 0800, 1000, 1200, 1400, 1600

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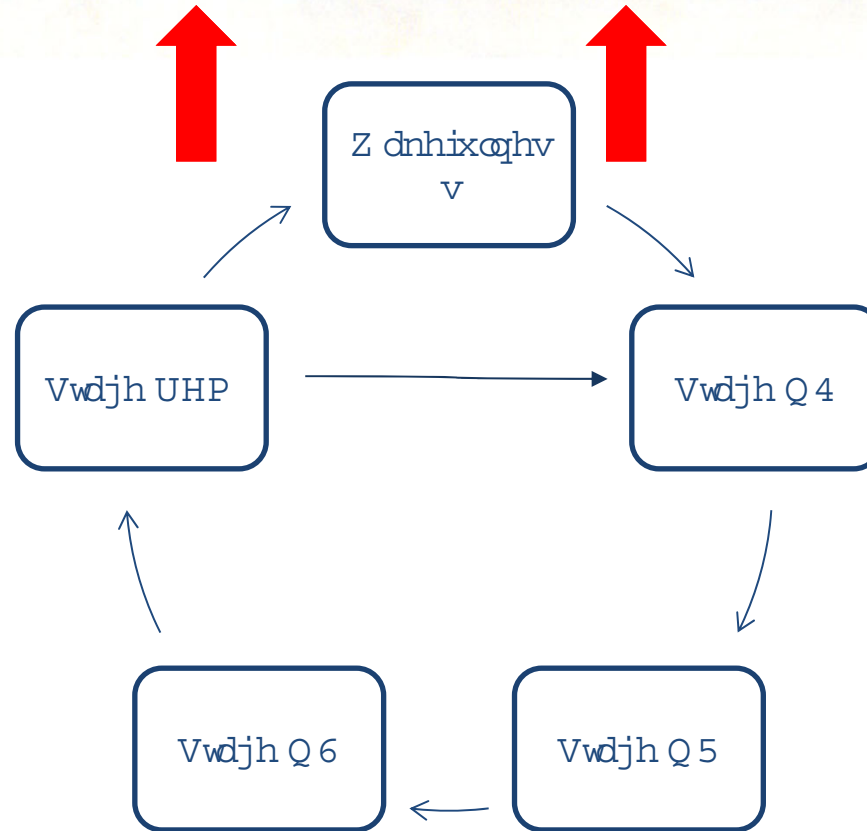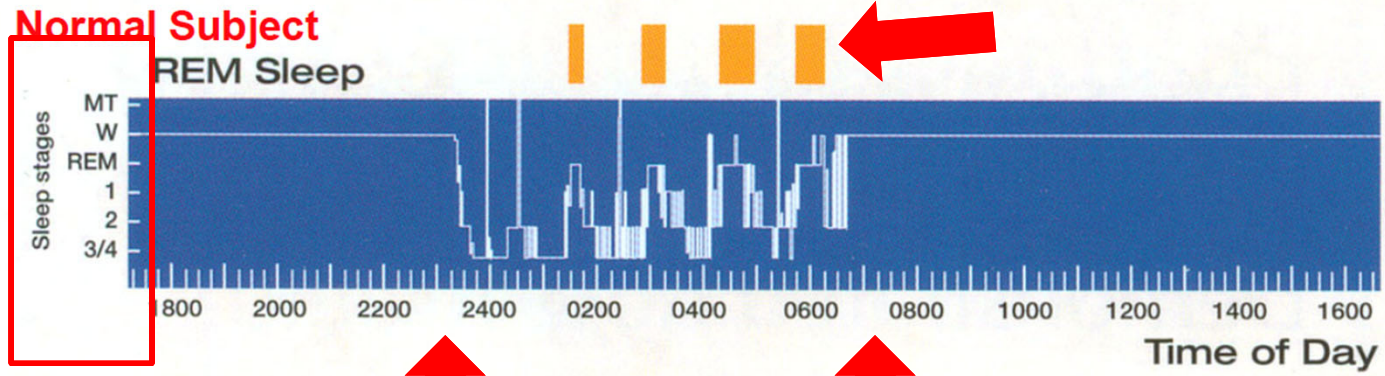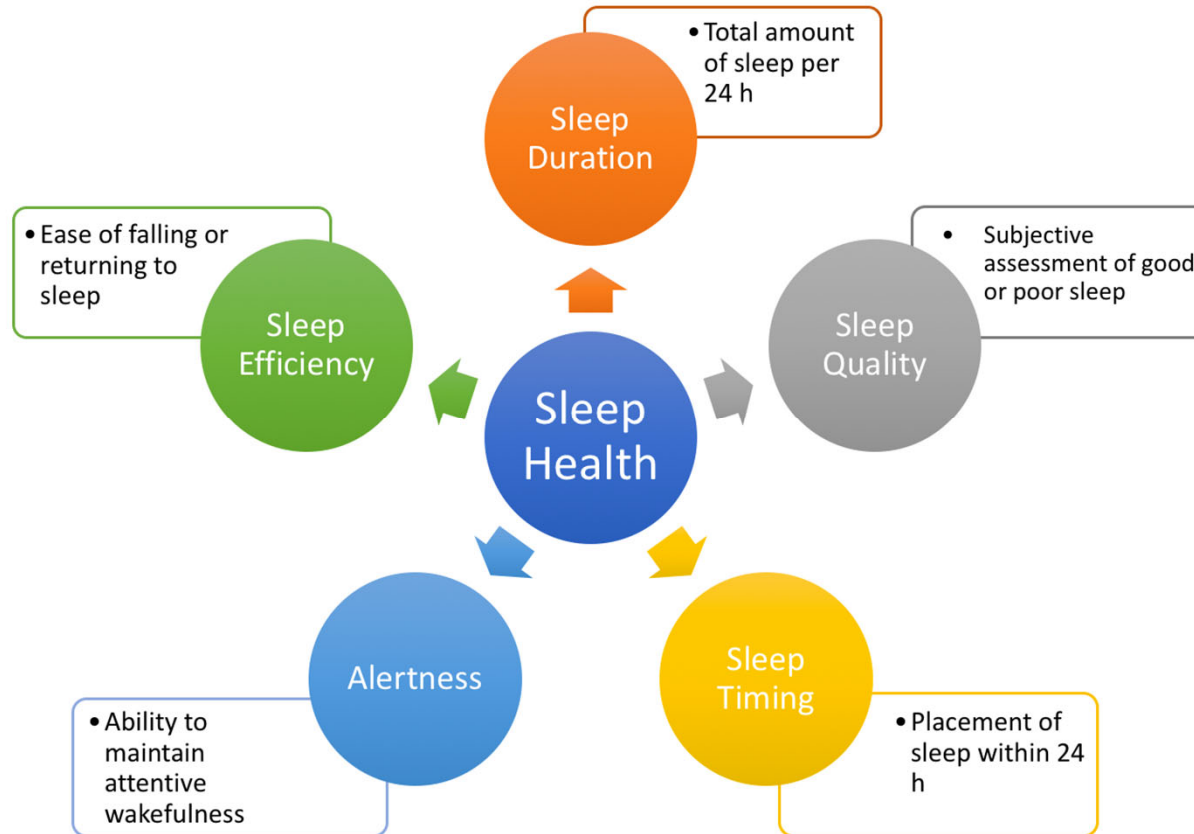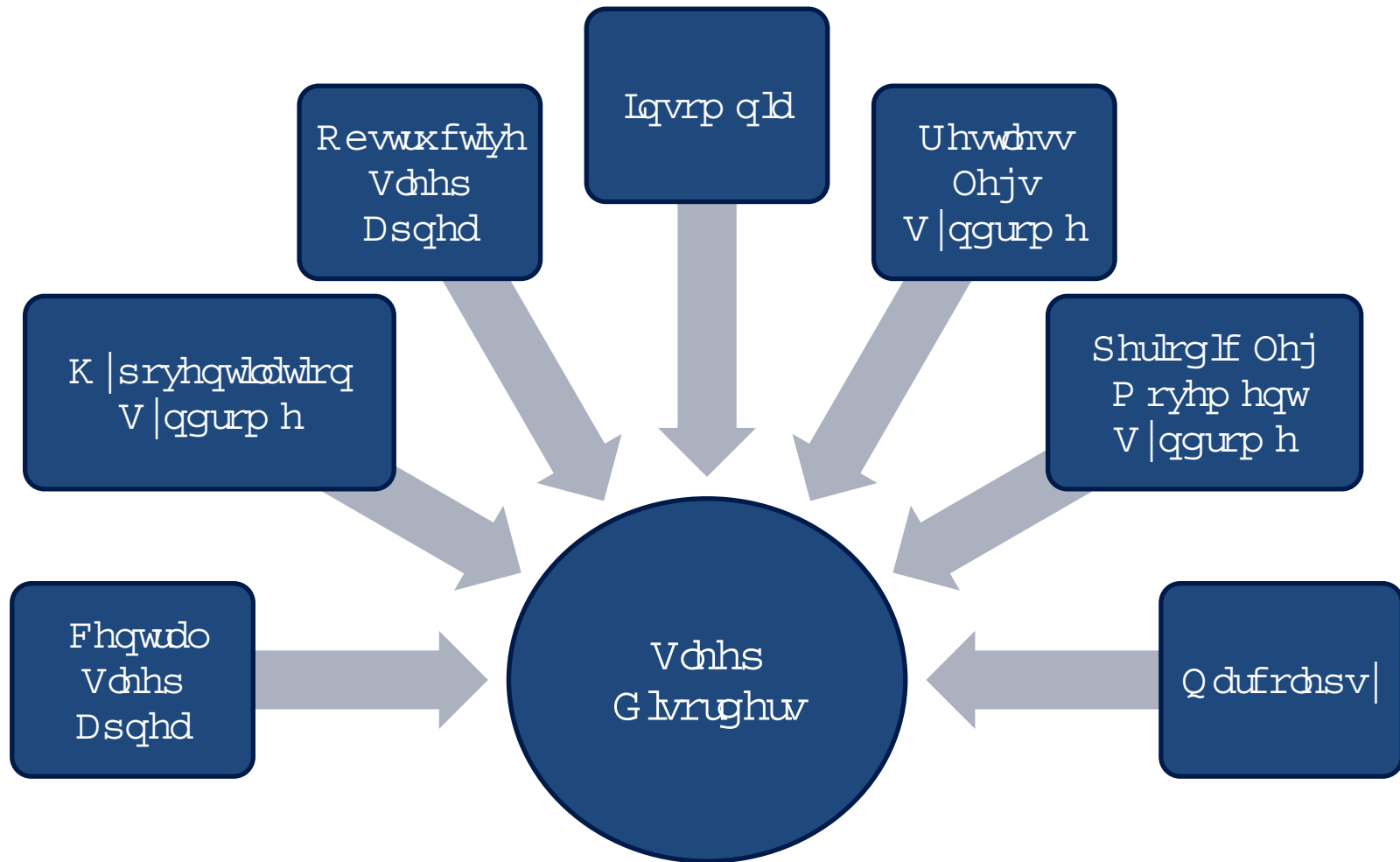@MndpSingh7

Sleep Health: Can We Define It? Does It Matter?

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Sleep Disorders

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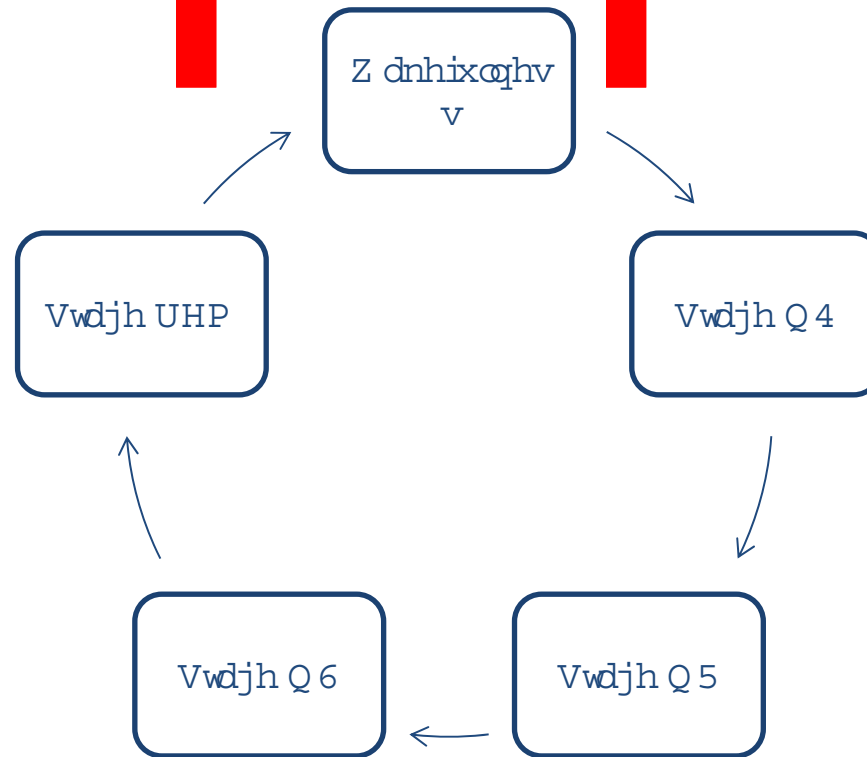
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Van Dongen et al., 2003 and 2004, Belenky et al., 2003

Freeman 2017; Sampasa-Kanyinga 2020

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Johnson 2015; Buysee 2014

Hall et al., 2008, Ohkuma 2014

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Hall et al., 2008, Ohkuma 2014

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Gangwish et al., 2005, Cappuccio et al., 2008, Hasler et al., 2004, Buxton et al., 2010
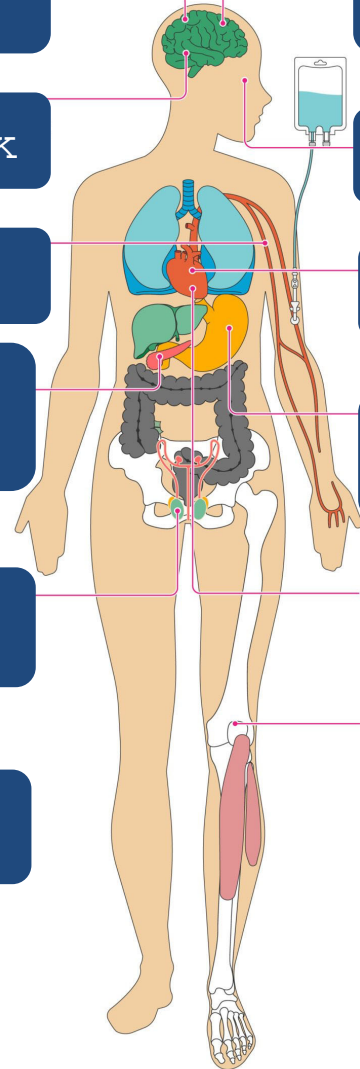
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Van Dyke 2018; Hoevenaar-Blom et al., 2011

Wingard and Berkman, 1983, Kripke et al., 2001, Hublin et al., 2007, Youngstedt et al., 2004

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Essien 2018; Cameron 2018

SPECIAL ARTICLES

Sleep, fatigue and burnout among physicians: an American Academy of Sleep Medicine position statement

Binal S. Kancherla, MD[1]; Raghu Upender, MD[2]; Jacob F. Collen, MD[3]; Muhammad Adeel Rishi, MD[4]; Shannon S. Sullivan, MD[5]; Omer Ahmed, MD[6]; Michael Berneking, MD[7]; Erin E. Flynn-Evans, PhD, MPH[8]; Brandon R. Peters, MD[9]; Fariha Abbasi-Feinberg, MD[10]; R. Nisha Aurora, MD, MHS[11]; Kelly A. Carden, MD, MBA[12]; Douglas B. Kirsch, MD[13]; David A. Kristo, MD[14]; Raman K. Malhotra, MD[15]; Jennifer L. Martin, PhD[16,17]; Eric J. Olson, MD[18]; Kannan Ramar, MD[18]; Carol L. Rosen, MD[19]; James A. Rowley, MD[20]; Anita V. Shelgikar, MD, MHPE[21]; Indira Gurubhagavatula, MD, MPH[22,23]

[1]Department of Pediatrics, Division of Pediatric Pulmonology, Texas Children's Hospital - Baylor College of Medicine, Houston, Texas; [2]Department of Neurology, Division of Sleep Medicine, Vanderbilt Medical Center, Nashville, Tennessee; [3]Pulmonary, Critical Care and Sleep Medicine Service, Walter Reed National Military Medical Center, Bethesda, Maryland; [4]Department of Pulmonology, Critical Care and Sleep Medicine, Mayo Clinic, Eau Claire, Wisconsin; [5]SleepEval Research Institute, Palo Alto, California; [6]Department of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine, New York University School of Medicine, New York, New York; [7]Concentra, Inc., Grand Rapids, Michigan; [8]Fatigue Countermeasures Laboratory, Human Systems Integration Division, NASA Ames Research Center, Moffett Field, California; [9]Sleep Disorders Center, Virginia Mason Medical Center, Seattle, Washington; [10]Sleep Medicine, Millennium Physician Group, Fort Myers, Florida; [11]Department of Medicine, Rutgers Robert Wood Johnson Medical School, New Brunswick, New Jersey; [12]Saint Thomas Medical Partners - Sleep Specialists, Nashville, Tennessee; [13]Sleep Medicine, Atrium Health, Charlotte, North Carolina; [14]University of Pittsburgh, Pittsburgh, Pennsylvania; [15]Sleep Medicine Center, Washington University School of Medicine, St. Louis, Missouri; [16]Veteran Affairs Greater Los Angeles Healthcare System, North Hills, California; [17]David Geffen School of Medicine at the University of California, Los Angeles, California; [18]Division of Pulmonary and Critical Care Medicine, Center for Sleep Medicine, Mayo Clinic, Rochester, Minnesota; [19]Department of Pediatrics, Case Western Reserve University, University Hospitals - Cleveland Medical Center, Cleveland, Ohio; [20]Wayne State University, Detroit, Michigan; [21]University of Michigan Sleep Disorders Center, University of Michigan, Ann Arbor, Michigan; [22]Division of Sleep Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; [23]Corporal Michael Crescenz VA Medical Center, Philadelphia, Pennsylvania

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COVID-19

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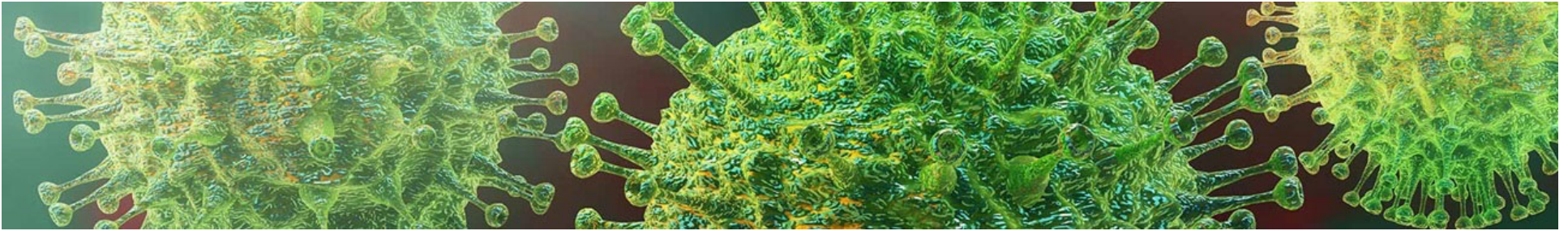
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Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Jianbo Lai, MSc; Simeng Ma, MSc; Ying Wang, MSc; Zhongxiang Cai, MD; Jianbo Hu, MSc; Ning Wei, MD; Jiang Wu, MD; Hui Du, MD; Tingting Chen, MD; Ruiting Li, MD; Huawei Tan, MD; Lijun Kang, MSc; Lihua Yao, MD; Manli Huang, MD; Huafen Wang, BD; Gaohua Wang, MD; Zhongchun Liu, MD; Shaohua Hu, MD

Over 1,200 HCWs from 34 hospitals in China dealing with COVID-19

were surveyed for mental health and sleep problems in a recent cross

sectional, survey-based, region-stratified study.

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Table 2. Severity Categories of Depression, Anxiety, Insomnia, and Distress Measurements in Total Cohort and Subgroups

Severity category	Total, No. (%)	Occupation No. (%)			Sex No. (%)			Working position No. (%)			Type of hospital No. (%)			Location No. (%)			
		Physician	Nurse	P value	Men	Women	P value	Frontline	Second-line	P value	Tertiary	Secondary	P value	Wuhan	Hubei province outside of Wuhan	Outside Hubei province	P value
ISI, insomnia symptoms																	
Absence	830 (66.0)	358 (72.6)	472 (61.8)		208 (70.9)	622 (64.5)		310 (59.3)	520 (70.7)		635 (68.0)	195 (60.1)		473 (62.2)	186 (71.2)	171 (72.4)	
Subthreshold	330 (26.2)	107 (21.7)	223 (29.2)	<.001	66 (22.5)	264 (27.3)	.04	148 (28.3)	182 (24.7)	<.001	227 (24.3)	103 (31.7)	.02	214 (28.1)	60 (22.9)	56 (23.7)	.001
Moderate	85 (6.8)	24 (4.9)	61 (8.0)		17 (5.8)	68 (7.0)		55 (10.5)	30 (4.0)		61 (6.5)	24 (7.4)		65 (8.5)	13 (4.9)	7 (2.9)	
Severe	12 (1.0)	4 (0.8)	8 (1.0)		2 (0.6)	10 (1.0)		9 (1.7)	3 (0.4)		10 (1.0)	2 (0.6)		8 (1.0)	2 (0.7)	2 (0.8)	

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Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

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Symptom severity: Highest among nurses, women, frontline HCWs, and in geographical areas with higher case infection rates, e.g. Wuhan Province

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Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

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Frontline HCW:

- insomnia (odds ratio [OR], 2.97; 95%CI, 1.92 to 4.60),

- depression (OR,1.52; 95%CI, 1.11 to 2.09),

- anxiety (OR, 1.57; 95%CI, 1.22 to 2.02),

- distress (OR, 1.60; 95%CI, 1.25 to 2.04).

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- Preliminary findings from 1117 Canadian healthcare workers (HCW)

- 03 April to 15 May 2020 (Robillard R. et al. ClinicalTrials.gov: NCT04369690)

- Questions: Mood, stress, distress and sleep during COVID19

- Frontline vs. Non-frontline HCW

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- Frontline vs. Non-frontline HCW:

  - Higher percentage clinically meaningful stress (37% vs 28%, Chi-squared = 8.5, p = .014).

  - Sleep disruption (i.e. sleep latency exceeding 30 minutes at least 4 nights per week), compared to 40% vs 27%, Chi-squared =17.7, p<.001).

  - Sleep disruption twice as high in females than in males (21% vs 13%, Chi-2 = 9.1, p = .002).

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COVID-19 Pandemic and Optimal Sleep Health

Optimal Mental Health

HCW Burnout

Health-related Quality of Life

Optimal Sleep Health

Patient Safety

Professionalism

Patient Satisfaction

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Optimal sleep health among frontline healthcare workers during the COVID-19 pandemic

Mandeep Singh, MBBS, MD, MSc ⬤ · Saroo Sharda, MBChB, MMEd ·
Mamta Gautam, MD, MBA · Raed Hawa, MSc, MD

Article Link: http://bit.ly/3gaoEKP

Infographic: https://bit.ly/2LFo4qj

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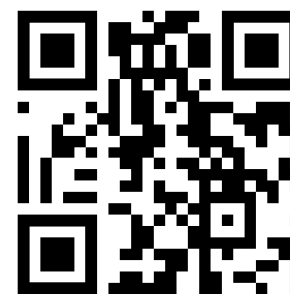
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OPTIMAL SLEEP HEALTH
FOR FRONTLINE HEALTHCARE WORKERS
— **DURING COVID-19** —

Article Link: http://bit.ly/3gaoEKP

Infographic: https://bit.ly/2LFo4qj

Can J Anesth/J Can Anesth
https://doi.org/10.1007/s12630-020-01716-2

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WAYS TO PREPARE FOR A GOOD NIGHT'S SLEEP

DURING THE DAY

Get sunlight & exercise to help maintain your sleep schedule

Limit or take power naps (15-20 mins)

Maintain a regular sleep schedule

Avoid caffeine especially after noon

Article Link: http://bit.ly/3gaoEKP

Infographic: https://bit.ly/2LFo4qj

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1-2 HOURS BEFORE BED

Save your bed for rest and sexual activity

Nicotine, alcohol, and heavy meals can disrupt your sleep

Make your room dark, quiet, and a comfortable temperature

Avoid news about the pandemic

Take a shower or bath before bed

Relax with light stretching or tai chi

Clear your mind by writing a "worry list", to review the next morning

WORRIES

Tips for Screen Use
- Limit screen time
- Use "blue blocker" glasses
- Use night-shift mode

NEWS

Article Link: http://bit.ly/3gaoEKP

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PROFESSIONAL SLEEP HEALTH ASSISTANCE
Important To Identify And Treat As Acute Insomnia Can Worsen Sleep Health.

SIGNS TO LOOK FOR

Common Signs
- Dangerous work-related mistakes
- Inability to concentrate
- Extreme irritability
- Drowsy driving

High score on a daytime sleepiness scale e.g., Epworth sleepiness scale (>10)

Loud snoring, witnessed apneas, or a high score on a sleep apnea screening tool, e.g., STOP-Bang (> 3)

Restless legs or periodic leg movements closer to bedtime

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Infographic: https://bit.ly/2LFo4qj

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TYPES OF INTERVENTION

USEFUL STRATEGIES

Lifestyle modification and cognitive behavioral therapy (CBTi) preferable

CBTi is considered first line. Speak to your physician or psychologist about therapy

Relax with light stretching, tai chi, or mindfulness

MEDICATION

Try to avoid over-the-counter or prescription sleeping pills

Avoid hypnotic medications as much as possible - consider short-term use only

Consider risk:benefits and side effects from each medication

Melatonin, paired with other sleep habits, may be useful

Article Link: http://bit.ly/3gaoEKP

Infographic: https://bit.ly/2LFo4qj

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TIPS FOR HEALTHCARE WORKERS

DAILY TIPS

Check-in with coworkers or family to discuss stress regularly

When working at home, define a work space and work schedule

During free time, practice your favorite hobby

Get exposure to sunlight and exercise regularly

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Infographic: https://bit.ly/2LFo4qj

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Shift Work

Day of first night shift — Goal: minimise sleep debt

Sleep until you wake naturally (don't set an alarm)

Avoid a morning coffee

Take a 90-minute nap to complete one sleep cycle, between 2–6pm

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Shift Work

Optimising sleep for night shifts

BMJ 2018 ; 360 doi: https://doi.org/10.1136/bmj.j5637 (Published 01 March 2018)
Cite this as: *BMJ* 2018;360:j5637

During night shift — Goal: improve performance — **Last few hours and way home**

- **Stay active**
- **Take naps of 10-20 minutes during the early part of the shift**
- **Take caffeine before napping but make that the last caffeine of the night**
- **Prescription wakefulness agents are likely effective but associated with side-effects**
- **Eat lightly and to comfort**
- **Build in checks during critical tasks to mitigate against reduced alertness performance**
- **Avoid caffeine and nicotine**
- **Try to avoid exposure to bright light (wear sunglasses even on a cloudy day)**
- **Consider public transport rather than driving**

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Shift Work

During night shift
Goal: improve performance

Stay active

Take naps of 10-20 minutes during the early part of the shift

Take caffeine before napping but make that the last caffeine of the night

Prescription wakefulness agents are likely effective but associated with side-effects

Eat lightly and to comfort

Build in checks during critical tasks to mitigate against reduced alertness performance

Last few hours and way home

Avoid caffeine and nicotine

Try to avoid exposure to bright light (wear sunglasses even on a cloudy day)

Consider public transport rather than driving

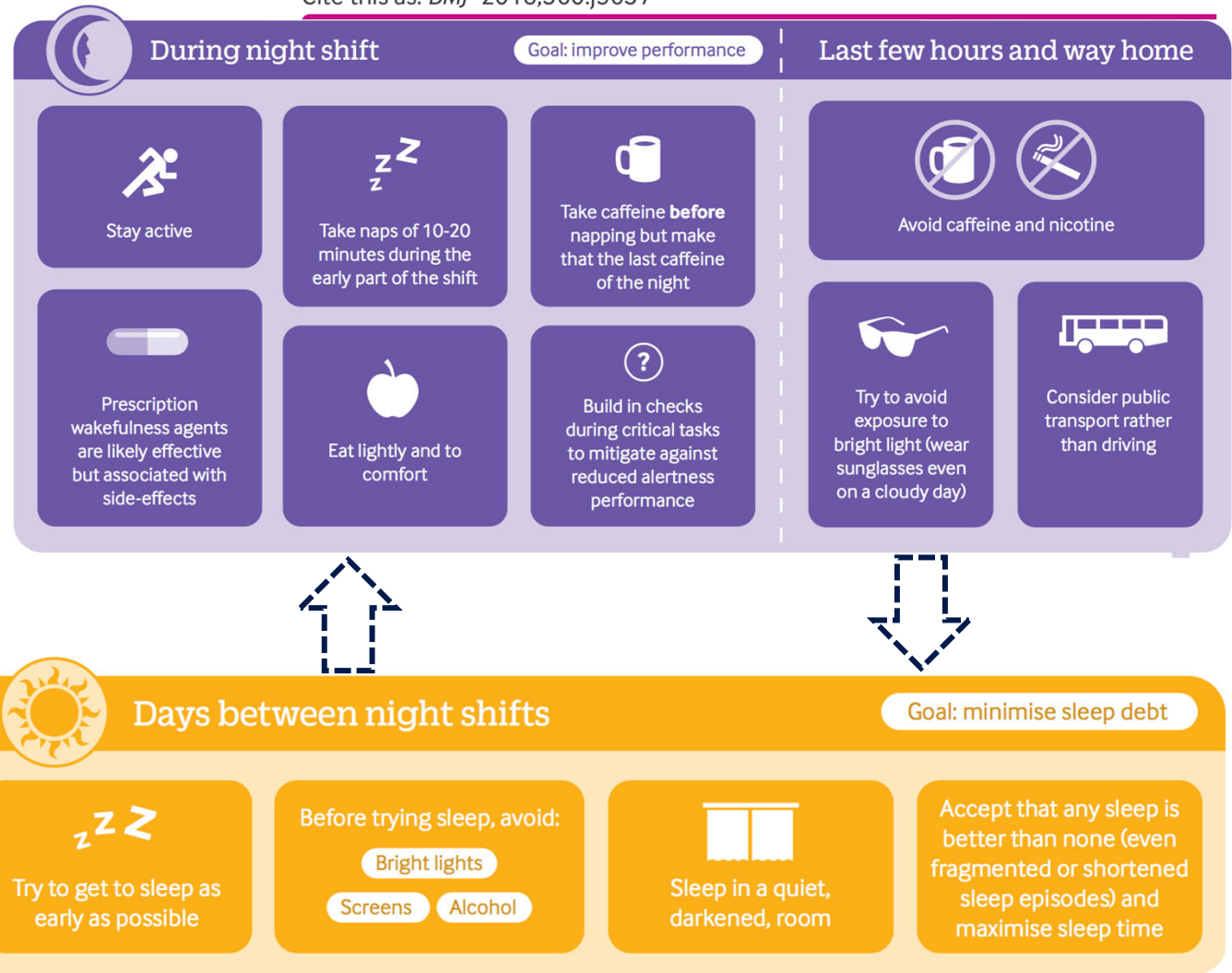## Days between night shifts
Goal: minimise sleep debt

Try to get to sleep as early as possible

Before trying sleep, avoid:
Bright lights
Screens   Alcohol

Sleep in a quiet, darkened, room

Accept that any sleep is better than none (even fragmented or shortened sleep episodes) and maximise sleep time

Shift Work

Resetting after night shifts

Goal: re-establish normal sleep rhythm

| Attempt 90 or 180-minute nap immediately following the shift | Go outside after waking | Aim to go to bed close to the normal time | Avoid daytime napping in the subsequent days |

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✚ TIPS FOR HEALTHCARE WORKERS ✚

DAILY TIPS

Check-in with coworkers or family to discuss stress regularly

When working at home, define a work space and work schedule

During free time, practice your favorite hobby

Get exposure to sunlight and exercise regularly

NIGHT SHIFT

After a night shift, avoid driving home. Try walking home, taking a taxi, or using a ride-hailing app

Try going to bed as soon as possible after a night shift

Consider taking a short nap before your night shift

Article Link: http://bit.ly/3gaoEKP

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Can J Anesth/J Can Anesth
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Useful Resources

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TAPMI

Chronic Pain   Opioids   Managing My Pain   TAPMI Clinics   Get Referred

🎓 Sleep

Reading:

- No more sleepless nights, by Peter Hauri PhD
- Quiet Your Mind and Get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety or Chronic Pain by Dr. Colleen E Carney, PhD
- The Insomnia Workbook, by Stephanie Silbernman PhD
- The Feeling Good Handbook, By Dr. David Burns
- The Anxiety and Phobia Workbook, by Edmond Bourne PhD

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🎓 Sleep

Online Resources for Cognitive Behavioural Therapy (CBT-I)

- sleepio.com (free material and paid program)
- myinsomniacareplan.ca (free)
- shuti.org (paid, or via ongoing clinical trial access)
- moodgym.anu.edu.au (For mood and anxiety, free)
- thiswayup.org.au (for mood and anxiety, paid)

Group CBT sessions

- Please ask you doctor to evaluate if group or in-person CBT is an option for you

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Other Resources

- **Canadian Sleep Society (CSS):** Patient information brochures: https://css-scs.ca/resources/brochures

- **Sleep medicine facilities in Canada:** https://css-scs.ca/resources/provider-map

- **American Academy of Sleep Medicine (AASM):** Sleep Health information: http://sleepeducation.org/

- **Society of Anesthesia and Sleep Medicine:** http://sasmhq.org

- **Sleep on it Canada:** https://sleeponitcanada.ca/

- **Canadian Sleep and Circadian Network (CSCN):** https://www.cscnweb.ca/material-for-patients-and-the-public

- **National Sleep Foundation:** https://www.sleepfoundation.org/sleep-disorders

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Questions/Discussion

Faculty of Medicine: medicine.utoronto.ca

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Thank You.

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