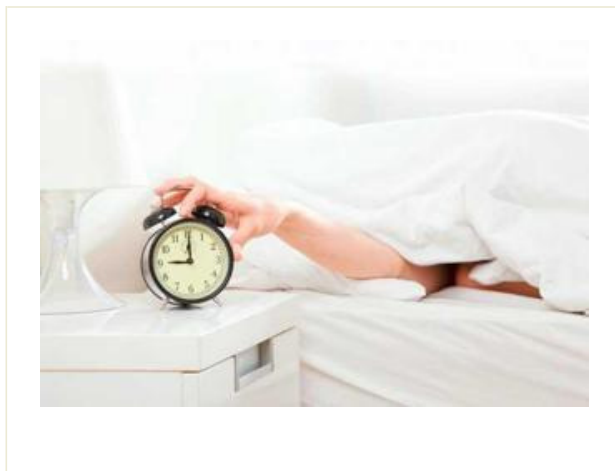


Sleeping beauty

Insomnia is a commonly discussed problem, but oversleeping goes unnoticed. It can be equally harmful

Kavita Devgan



Too much of anything, even a good thing, is bad. Insomnia is the order of the day in a stressed urban lifestyle, and is written about endlessly. The other side of the spectrum, hypersomnia or oversleeping, goes unnoticed. Most under-slept and overworked people will balk at this, but yes, sleeping too much is a problem too.

According to doctors, oversleeping is as bad, if not worse, than sleeping too little, and it is quite widespread. "Excessive sleep-related complaints are fairly common," says Girish Chandrasekharan Nair, neurologist, Fortis Hospitals, Mumbai. "I see at least three-four people every month (with the problem). But it is still highly under-diagnosed, as awareness about it is very poor."

Preeti Devnani of the Sleep Disorders Clinic, department of neurology and neurophysiology, Jaslok Hospital, Mumbai, describes hypersomnia as a condition in which someone sleeps excessively on a regular basis, usually more than 9 hours in a day while a normal healthy young adult may need no more than 5-9 hours of sleep daily.

Hypersomnia is characterized by recurrent episodes of excessive daytime sleepiness or prolonged night-time sleep. Basically it is excessive sleepiness that is not relieved with sleep, meaning sleep is not restorative, and they continue to feel tired during the day and feel the need to take frequent naps.

According to Chanchal Pal, senior consultant, department of ENT, Nova Specialty Surgery, Delhi, more than a few months of consistent oversleeping spell trouble, with many of the consequences showing up only in the long term. "However, sleep requirements vary from individual to individual, depending sometimes even on the activity levels and genes," says Dr Nair. "And in the same individual it will vary at different ages (see *How Much Sleep Do You Really Need?*)."

HOW MUCH SLEEP DO YOU REALLY NEED?	
	SLEEP NEEDS
Newborns (0-2 months)	12-18 hours
Infants (3-11 months)	14-15 hours
Toddlers (1-3 years)	12-14 hours
Preschoolers (3-5 years)	11-13 hours
School-age children (5-13 years)	10-11 hours
Teens (10-17 years)	8.5-9.25 hours
Adults	7-9 hours

Source: www.sleepfoundation.org

"The symptoms of hypersomnia are quite clear. Those suffering from it often experience prolonged night sleep and have difficulty waking from extended sleep episodes, feeling disoriented upon doing so (also known as sleep drunkenness)," says Dr Nair. It also manifests as excessive daytime somnolence (EDS). "Here the symptoms go beyond mere daytime tiredness, and lead to sleeping in situations where one is supposed to be alert. "Like falling asleep while reading, sitting in a meeting, right after lunch, as a passenger in the car, or while driving," says Manvir Bhatia, visiting senior consultant in neurology and sleep medicine, Medanta—The Medicity, Gurgaon.

Aman (who only uses a first name), a 38-year-old corporate professional based in Delhi, says he had had all these symptoms since he was 20 and they kept getting worse. "I don't remember a single conference where I didn't take a nap," he says. "I would zone out in the middle of conversations, and the worst was that I would often nod off while

driving. It scared me, but I didn't do anything about it as I had no clue about what was happening to me." Last year, during visits to three doctors for different reasons over three-four months, he was caught napping by all three. "The advice each time was the same," Aman says. "To go get a sleep test done."

What leads to it?

Aman's hypersomnia was caused by a medical condition called Obstructive Sleep Apnea (OSA). "In most of the cases I see, OSA associated with snoring at night is the major cause for daytime somnolence or oversleeping," says Dr Pal. Sleep apnea is a condition where a person, due to obstruction in the airway, snores and has spells of low saturation of oxygen. This leads to bad sleep quality, as the body struggles to breathe and maintain oxygen levels. Most often, the suffering person has no idea that his or her sleep was disrupted.

According to Dr Devnani, mood disorders, bipolar disorder and depression are common causes of hypersomnia. Dr Nair adds that he sees many cases where the cause is alcohol abuse or obesity. "It is actually a vicious cycle for the obese as hypersomnia leads to further weight gain by decreasing their metabolic rate," he says. A research paper published in the journal *Sleep* in 2008 found that people who sleep longer than 8 hours increased their risk of being obese by 21%.

"Many medications may also induce sleep as a side effect: anticonvulsants (used to treat epilepsy and seizures), antidepressants, antiemetics (used to treat nausea), antihistamines or other allergy medications, sedatives or tranquilizers," says Dr Bhatia.

Bigger problems

The common fallouts of sleeping too much are a decreased level of concentration, alertness and energy, and increased irritation and anxiety; in some cases there could be some memory loss too. "And all this obviously affects work performance. Plus there are some long-term problems too. There is a higher risk of developing high blood pressure, heart disease and many other problems as the body of hypersomniacs is unable to relax," says Dr Devnani.

Research published in 2009 by the Université Laval in Canada found that the risk of developing type 2 diabetes was twice as high for people who sleep too much. And according to research presented in March 2012 at the American College of Cardiology's 61st Annual Scientific Session, people who reportedly sleep more than 8 hours a night have a higher prevalence of heart problems, namely chest pain (angina) and coronary artery disease. Oversleeping also leads to headaches and back pain and makes depression worse.

Diagnosing the problem

"It is diagnosed by getting a detailed history of the patient by asking questions related to night and daytime sleep. To evaluate the cause we do the overnight sleep study," says Dr Bhatia. A sleep study or polysomnogram (PSG) is the most common test that electronically transmits and records specific physical activities while one sleeps. The recordings are then analysed to diagnose the sleep disorder.

"We also use a tool called a watch pad, which is the size of a wristwatch," says Dr Pal. "It is tied to the patient's hand while sleeping and has a small software chip which records all the body activity or reactions while asleep, like blood oxygen, heart activity, snoring, apneic spells (periods of cessation of spontaneous breathing), sleeping time, etc. This study can be done in a hospital or at home."

The treatment is symptomatic in nature. "If sleep apnea is the cause then the treatment involves removing obstruction-causing factors (can be nasal bone deviation, large turbinates, large uvula or tonsils, large adenoids in the case of children) or providing regular oxygen. Otherwise lifestyle changes like weight reduction, deep breathing exercises, avoidance of alcohol before sleeping, are prescribed," says Dr Pal.

Aman was prescribed a continuous positive airway pressure (CPAP) machine, which helps keep his oxygen levels stable and lets him sleep better at night. He has been using it since December and already feels much better. "I get up refreshed," he says, "and my nodding off has majorly reduced."

So don't take the habit of sleeping excessively lightly.