The Truth About Sleeping Pills and OTC [Podcast 71]

Dr. Park's Breathe Better, Sleep Better, Live Better Podcast

Kathy Park:	00:12	Welcome to Dr. Park's Breathe Better, Sleep Better, Live Better podcast where our goal is to help you get the sleep you need for the life you want. My name is Kathy Park, your cohost for today, and I'm here in the studio with my husband Dr. Steven Park. Hey Steve, how are you doing today?
Dr. Park:	00:28	I'm doing great. How about you?
Kathy Park:	00:29	Pretty well, thank you. On today's podcast Steve is going to be talking about another controversial topic that many of you probably have had some experience with at one time or another. That's the issue of sleeping pills or over the counter sleep aids. Recent studies show that that there's this weird trend happening around sleeping pills and OTC aids, specifically that the amount of prescriptions being written, and the number of OTC aids being sold is increasing at a faster rate than the number of people being diagnosed with a sleep problem like insomnia. Well, Steve, being the sleep medicine researcher that he is, has done extensive research on his own on this particular phenomenon and, of course, he's found

some great insights into this topic. So today's episode is appropriately entitled: The truth about sleeping pills and OTC sleep aids. So if you've ever, ever taken sleeping pills in the past, this is going to be a very eye opening show for sure, and it's one that you will not want to miss.

But before we begin, I like to remind our listeners that the information that you hear today is for general education and information purposes only and should not be relied upon as personal medical advice. Please consult your doctor before following any advice or regimen given on this show as your particular case may be different than the ones given.

Okay Steve. So I know that insomnia is a huge problem in this country and it's just growing exponentially each year. Even just anecdotally, I hear this all the time from acquaintances or friends that they're not able to sleep more than like three to four hours a night and they keep waking up.

Dr. Park: 02:20 Or interrupted.

Kathy Park: 02:21 Or interrupted, right. But you're saying that we're not really sleeping a sleep epidemic, but a sleep aid epidemic too. Right?

Dr. Park: 02:29 Yes.

Kathy Park: 02:30 So tell us what you found in your research.

Dr. Park: 02:32 So your experiences mirror my clinical experience in my practice where I would say about half or more than half of patients that I see are on some kind of a sleep aid, whether directly or indirectly. Whether taking sleeping pills—prescription or over the counter—or antidepressants to help with sleep, antihistamines to help with sleep, even alcohol to help them sleep.

Kathy Park:	02:56	So we're not just talking about specifically prescription sleep aids or over the counter medications, but sometimes we're taking them inadvertently through—like you said—antidepressants or some people are just using alcohol as a way to sleep.
Dr. Park:	03:11	Right.
Kathy Park:	03:12	So we're all experiencing some sleep problems.
Dr. Park:	03:15	Right, right.
Kathy Park:	03:16	That's what we're hearing.
Dr. Park:	03:16	So I'm going to just lump everything into one category of a pill or something that you take so that you can sleep better.
Kathy Park:	03:22	Right. Well, you know, I do understand why that's happening because taking a pill is so much simpler, right?
Dr. Park:	03:31	Right.
Kathy Park:	03:32	Than having to deal with this issue, especially when people are so confused as to why they're not able to sleep. Right? So why do you think the sleep aids aren't working as well as people think they should?
Dr. Park:	03:47	Well, like you said, everybody wants a pill for something. I think media and the medical establishments have pretty much convinced us that there's a pill for everything.
Kathy Park:	03:56	Okay.
Dr. Park:	03:57	Now, one of the problems with most modern medications is that…I think most of the more seasoned researchers and the older clinical researchers understand is that these things don't really cure the problem. Actually, I'm kind of the mindset that—and I

learned this from a really wise teacher many years ago—that in medicine we don't really cure anything. We can delay, alleviate, or help the problem get better, but we never really cure disease, right? We just kind of alleviate problems because everyone gets sick, everyone dies. So in the same way with sleep aids. You're just covering up the problem. So for many people, these things work without a doubt. But you're not really treating the root cause of the problem.

I think one of the problems with modern society these days is just the hectic, frenetic pace of modern life. We're so distracted with all the modern conveniences or lifestyles, stress, entertainment, media. All these things are combining to just ruin our sleep in general. So we want something to fall asleep when you're in trouble. So if you can't fall asleep, you want to take something.

Kathy Park: 05:10 Right.

Dr. Park: 05:11 But the best way of handling these things is to setup your lifestyle and routine so that you don't get in that situation of having insomnia problems to begin with.

Kathy Park: 05:19 So basically I think what you're saying here is that we sort of set ourselves up for failure and then we want a quick solution.

Dr. Park: 05:27 Right.

Kathy Park: 05:27 And we're looking to doctors, and doctors do want to help you. They're finding it difficult to figure out whether it's a sleep problem or another problem, but they want to address the sleep problem and they have a prescription medication for that. So they're bound to overprescribe, right?

Dr. Park:	05:46	Well, not only that. Now you generally only have about five to ten minutes per patient visit.
Kathy Park:	05:50	That's another issue, right.
Dr. Park:	05:51	Then the most optimum way of dealing with these issues is to talk about your lifestyle and habits.
Kathy Park:	05:57	But doctors can't do that.
Dr. Park:	05:58	Right. That would take about 30 to 45 minutes or even an hour.
Kathy Park:	06:02	Well not only that, I think doctors feel that they can't really approach that topic of lifestyle issues and habits with the patient, especially when the patient is coming in for a clinical issue with a diagnosis of maybe they have a heart problem or high cholesterol. I don't think it's an appropriate venue. I think that most patients feel that, and most doctors feel that way too.
Dr. Park:	06:27	But, you know, when I approach these kinds of subjects, when I confront patients about these issues, they're very appreciative.
Kathy Park:	06:33	Right. That's why we're addressing this on this podcast because I do think that people are aware enough to know that these medications are not really the answer. That's what we're seeing, right?
Dr. Park:	06:46	Right.
Kathy Park:	06:47	Even in the scientific studies.
Dr. Park:	06:48	Right. What the general gist of all the studies is saying that these prescription sleep aids only help just a little bit and it doesn't last. There's a number of potential side effects. Actually, not potential but definite side effects that we see that can have very negative consequences to your health.

Kathy Park: 07:06 Right. So can you tell us a little bit about those kinds of issues that we run into when you're taking prescription sleep aids and OTC medications? I think we've talked about this in the past in a previous podcast on how to sleep better without the medications and how medications are harming you. We did talk about sleeping pills as one of those medications that are really causing more harm than good, but can you just further expand just a little bit about what kind of problems we're having when we take sleep aids.

Dr. Park: 07:40 Sure. So I'm going to overgeneralize here because the study's on zolpidem, which is the generic name for Ambien.

Kathy Park: 07:48 Okay.

Dr. Park: 07:49 That's probably the most well studied. But this also applies to other Ambien like medications because they're all very similar in terms of the molecular content. Now Ambien or zolpidem is a non-benzodiazepine. So benzodiazepine is like Valium.

Kathy Park: 08:07 Wow, okay.

Dr. Park: 08:08 It's a very strong sedative. So it's similar, but it targets different receptors in the brain. So you don't have the memory loss issue like the Valium does, but it's a sedative. So it targets receptors in the brain that helps you to fall asleep.

Now, one thing about neurotransmitters is that if you target one particular neurotransmitter, it's not like a guided missile that targets one bunker or one building.

Kathy Park: 08:39 Right.

Dr. Park: 08:40 There's this scattering effect, this residual collateral damage, right. So it's not going to just target that one

transmitter, but these neurotransmitters also are used in other parts of the brain too.

Kathy Park: 08:52 Right.

Dr. Park: 08:53 So you're gonna have side effects by definition. Now one of the most publicized side effects from Ambien in the past couple of years has been increased sleep walking, sleep eating, sleep texting, sleep driving, sleep sexing. Just some crazy stuff that's been documented to happen as a result of these sleeping pills, and there have been a number of lawsuits as a result.

Kathy Park: 09:15 Right.

Dr. Park: 09:16 Also what's been found recently is that women metabolize Ambien at a very different rate than men. So recently the FDA and the drug companies lowered the dosage for women from ten to five milligrams. You can also imagine what happens when you wake up and eat and you don't realize you're eating. What's going to happen?

Kathy Park: 09:35 You're gonna gain weight.

Dr. Park: 09:36 Right. That's one of the known side effects of Ambien.

Kathy Park: 09:39 I don't think it's just that they're eating more. I think the same study said that it's not that subjects were eating more necessarily. It was just that maybe they were metabolizing the food they were eating at a different rate.

Dr. Park: 09:53 Right. Also we talked about this in the past. When you eat before bedtime or during your nighttime, you're going to gain weight.

Kathy Park: 09:59 Exactly, right. So inappropriate eating.

Dr. Park: 10:02 Right.

Kathy Park:	10:03	Yeah.
Dr. Park:	10:04	Then there's a whole list of other studies, and these you may not have heard about. There's a recent study linking sleeping pills and Parkinson's disease.
Kathy Park:	10:12	Wow.
Dr. Park:	10:13	It's 158% increased risk. Another one showed three to five times higher risk of dying if you take a sleeping pill. Now, there's a lot of other comorbid or other variables that you have to control for. Obviously you can't say sleeping pills cause death, but there's this association.
Kathy Park:	10:32	Right. Well if it's sort of…If it's sort of promoting weight gain and it's kind of heading you towards obesity, we know that obesity is a huge known factor for other comorbid problems. Right? Diseases.
Dr. Park:	10:48	Right. Also insomnia has been strongly linked to depression, for example, heart disease, future other conditions later on. So it kind of makes sense. Obviously you can't prove cause and effect with the studies that we do.
Kathy Park:	11:00	Right.
Dr. Park:	11:02	Also other side effects were memory loss—and that's been pretty well documented—depression, and also fractures. The number of fractures go up about two times compared to if you don't take these medications. Now, again, you don't want to read into this by thinking that the Ambien causes it, but if you have to take a sleeping pill that means you have other conditions on board that makes you predisposed to these other conditions.
Kathy Park:	11:30	Now before we start talking about the predisposition towards other conditions that you may or may not

		have—because that's what you're going to talk about next—the insomnia may not be insomnia. It may not be a sleep problem necessarily. It may be another unaddressed problem that these sleeping pills are kind of hiding, bandaging.
Dr. Park:	11:51	Right.
Kathy Park:	11:52	But I wanted to have you talk about the efficacy. So there are all these side effects, negative side effects, to taking sleeping pills, but physicians are still prescribing them.
Dr. Park:	12:04	Yes.
Kathy Park:	12:05	Pretty easily it sounds like.
Dr. Park:	12:07	Yes.
Kathy Park:	12:08	So they must be effective. They must be helping a lot of people, right? But what have you found?
Dr. Park:	12:14	Well, first of all I'm guilty as charged. I do prescribe Ambien once in a while. Very, very selectively.
Kathy Park:	12:21	Right.
Dr. Park:	12:22	Over the years, my rate of prescribing sleeping pills has dropped exponentially.
Kathy Park:	12:27	Okay.
Dr. Park:	12:28	But in very few patients, I do prescribe it. If you look at the evidence out there, and looking at these large scale studies, pretty well done studies comparing sleeping pills—so zolpidem—versus cognitive behavioral therapy for insomnia—which is a behavioral psychotherapy method that helps people with insomnia. So when you compared people who had both sleeping pills plus CBT versus CBT alone, what

		they showed was that if you take these medications, you sleep about 20 minutes longer.
Kathy Park:	13:04	20 minutes?
Dr. Park:	13:05	Yes, that's it.
Kathy Park:	13:06	That's it?
Dr. Park:	13:07	Yes. Objectively that's what they found.
Kathy Park:	13:09	20 minutes?
Dr. Park:	13:09	Yes.
Kathy Park:	13:10	So you're dealing with all of these other negative side effects, which are huge by the way. I mean like sleep walking? Sleep eating?
Dr. Park:	13:18	Yeah. Sleep driving.
Kathy Park:	13:18	Sleep driving. I mean those are like, okay, but you're gonna sleep 20 minutes. Okay. Go on. I'm just like…
Dr. Park:	13:26	Well, my unofficial theory as to why people feel like they sleep better is because they don't remember waking up.
Kathy Park:	13:32	Oh gosh. Okay.
Dr. Park:	13:34	That's a little bit of unofficial--
Kathy Park:	13:36	That's even sadder, okay?
Dr. Park:	13:38	Because it's an amnestic. Right?
Kathy Park:	13:40	Right.
Dr. Park:	13:42	Now, however—So what they found was that CBT was relatively equivalent to sleeping pills in the short term. But in the long term what happened was that if you do both, the effect of the sleeping pill wears off after a couple of months.

Kathy Park:	13:59	Right.
Dr. Park:	14:00	But then if you continue CBT then you have much better long term success rates.
Kathy Park:	14:05	Okay. So changing your behavior and thoughts much more effective at getting better sleep over the long haul than taking one sleeping pill over the short haul. Okay.
Dr. Park:	14:18	Right. So I'm not doubting the existence of insomnia. I mean I've experienced that myself. I think I mentioned before every major standardized exam I slept only for two hours. Like before my sleep boards test, I slept two hours. I was really, really stressed about that
Kathy Park:	14:32	So don't do that.
Dr. Park:	14:34	Yeah. A lot of the reasons why people come to see me for is not just stress induced insomnia because that goes away by definition.
Kathy Park:	14:42	Right.
Dr. Park:	14:43	It's when you have it for months or years or decades. You can't either fall asleep or stay asleep.
Kathy Park:	14:48	Can it be possible—This is kind off on the side note. Can it be possible that you start with a stress induced insomnia that leads into a habitual insomnia because of behavioral changes?
Dr. Park:	15:02	Sure. Well this goes into the three Ps of insomnia that's been talked about by—Oh, the name slips my mind right now. It's a classic paper. It's the predisposing factors.
Kathy Park:	15:18	Okay.

Dr. Park:	15:20	I'm sorry. The predisposing factors, the precipitating factors, and the perpetuating factors. So that kind of encompasses everything that you're talking about.
Kathy Park:	15:28	Okay.
Dr. Park:	15:29	If you're already predisposed, you're going to be more susceptible to a precipitating factor like stress sleep deprivation. But then there are these habits or thought processes that perpetuate it.
Kathy Park:	15:41	So it makes total sense that cognitive behavioral therapy would work better over the long haul for patient who is suffering from insomnia.
Dr. Park:	15:45	Exactly.
Kathy Park:	15:49	Okay, great. So as we started to mention before or as you started to kind of hit at before, you were talking about an issue with sleep problems. That sometimes our sleep problems are not really originating from a sleep problem. It's not as simple as all of that. So what do you think is causing some of these sleep problems?
Dr. Park:	16:14	So this is an issue that I've been thinking about for the last 10 years. Ever since I became boarded in sleep medicine, I was really intrigued by how well we understood insomnia and all the research that's been done. What I'm realizing in clinical practice in real life is that a lot of these patients who actually have clinically diagnosed insomnia—I mean these are classic well diagnosed conditions.
Kathy Park:	16:37	Right.
Dr. Park:	16:38	If you look at their breathing at night, it's not really insomnia. It's a breathing problem. So I had this suspicion 10 years ago, and then I came across Dr. Barry Krakow's papers. He does a lot of studies on

these kinds of issues. We mentioned this study before where he found that people with treatment resistant insomnia—so people who did not respond to medications. About 80% of these people had clinically significant undiagnosed sleep apnea.

Kathy Park: 17:05 Wow.

Dr. Park: 17:06 So now that would explain why they would wake up in the middle of the night, but it may not explain why they can't fall asleep.

Kathy Park: 17:11 Fall back asleep, right.

Dr. Park: 17:13 Then it’s a viscous cycle. If you keep waking up at night, you don’t get good sleep. So your brain gets kind of wired. You get tired but wired. Then you get all stressed out. Something stressful happens and you can’t get rid of that thought.

Kathy Park: 17:27 Right.

Dr. Park: 17:28 Right. You have to check all of your emails. You can't shut down your brain before you go to bed.

Kathy Park: 17:31 I also think that if you're constantly waking up at night no matter how tired you are, your brain has a way of telling you oh. You don’t want to fall asleep, into deep sleep, because you're gonna wake up.

Dr. Park: 17:43 Because you’ve been choking.

Kathy Park: 17:44 Right.

Dr. Park: 17:45 People dream about choking and drowning.

Kathy Park: 17:47 That’s what I mean. I think that I hear that a lot. A lot of people fear going to sleep because they know they're gonna wake up. So why go to sleep in the first place because they just don’t like that sensation of

		feeling like they're being choked to death. No wonder, right?
Dr. Park:	18:04	Right.
Kathy Park:	18:05	That makes total sense. Okay. So we're gonna have a link in the show notes to your previous interview to Dr. Krakow.
Dr. Park:	18:13	Krakow.
Kathy Park:	18:14	Krakow, I'm sorry.
Dr. Park:	18:15	Yes, yep.
Kathy Park:	18:15	Which was very eye opening by the way. I think everyone listening to this should take a listen to that episode as well. So now if that's really the case that many people who have insomnia you think are not addressing the root cause of the problem, what can they do instead? Now, you've really confused our listeners. You've taken it another notch. So it's not just the medications that are harming them, but it's the sleep issue that they may be dealing with may be another issue entirely.
Dr. Park:	18:45	Well before I talk about sleep apnea, let me talk about another condition.
Kathy Park:	18:48	Okay.
Dr. Park:	18:49	This goes along with a study that we published last year in the American Academy of Otolaryngology Head and Neck Surgery in the Open Access Journal. This is the finding that people who don't have sleep apnea on a sleep study. So the apnea hypopnea index is less than five who don't have sleep apnea. If you do drug induced sleep endoscopy, so we put them under anesthesia, and we look at their airways when they're breathing or sleeping. We find that over 80% have

		significant multilevel obstruction in their breathing passageways.
Kathy Park:	19:21	Okay. Repeat that again. Over 80% have multilevel…
Dr. Park:	19:27	Upper airway obstruction.
Kathy Park:	19:28	Upper airway obstruction meaning they're not able to breathe all that well because multiple areas of their airway are collapsing.
Dr. Park:	19:35	Right. Number one was palate. Number two was I think it was either epiglottis, and then three is tongue based. Maybe not in that order, but those are the three major areas that were obstructing.
Kathy Park:	19:47	So we're not even thinking about this as we're sleeping.
Dr. Park:	19:49	No.
Kathy Park:	19:50	But all of these different soft tissue areas are collapsing during deep sleep.
Dr. Park:	19:56	Right. This explains—It goes along with Dr. Guilleminault's description of upper airway resistance syndrome.
Kathy Park:	20:01	Uh-huh.
Dr. Park:	20:02	Young, thin people who are not overweight--
Kathy Park:	20:04	Right. Who can't be diagnosed.
Dr. Park:	20:07	Right, that generally don't snore, but they're tired and fatigued all the time with headaches, depression, anxiety, digestive issues. Most of these people get a psychiatric diagnosis.
Kathy Park:	20:18	Well, I would have a psychiatric diagnosis right now if I hadn't been married to you and I didn't go on this journey 10 years ago. I would definitely be on psycho—

		I would be on like 15 different medications by now, definitely.
Dr. Park:	20:34	Well, I see many of these patients in the office.
Kathy Park:	20:36	Right because you can't be diagnosed with sleep apnea even though you're tired all the time. So you do your due diligence to go and get a sleep study, but it comes back hey, you don't have sleep apnea. So then what do you do?
Dr. Park:	20:50	Right. Many of these people have done everything under the sun including a very, very healthy diet. A really extremely healthy diet. They exercise regularly, they don't smoke.
Kathy Park:	21:02	Right.
Dr. Park:	21:04	They're the cleanest living people I know in terms of health and wellness, and still they just feel like--
Kathy Park:	21:10	Yeah, and it's frustrating. It's really disheartening. That's one of the reasons why I felt like, you know, I support you in this ridiculous journey that we're on. I mean who would have ever thought that you'd be doing a podcast, or you'd be even writing a blog when you went into medicine, right? But I mean to watch this happen and to know that this is happening and for you to not speak up about it, I think, is malpractice right.
Dr. Park:	21:38	Absolutely. It's unethical not to talk about it.
Kathy Park:	21:42	But I think most physicians are so beleaguered by the healthcare system that what they don't know, they don't know. If they don't know, then how are the patients going to know?
Dr. Park:	21:54	Right. That's one of the reasons why I'm doing this podcast and writing my books. Because initially I went

into academia to try to educate my colleagues, and I'm finding it really challenging. It's just the nature of doctors and scientists. They're very skeptical about anything that kind of goes against the grain, which that's what they do. You have to be like that, to question everything. But any kind of scientific progress takes decades or more to become fully accepted.

Kathy Park: 22:22 Didn't you tell me that that particular research that you just cited, a lot of your colleagues just sort of glossed over it.

Dr. Park: 22:30 Yeah.

Kathy Park: 22:31 Nobody really wanted to pay attention to this incredible finding.

Dr. Park: 22:34 Well it would completely turn our paradigm of breathing and sleep upside down.

Kathy Park: 22:39 Right.

Dr. Park: 22:40 Our basic definitions of sleep apnea, for example.

Kathy Park: 22:43 I mean 80%. That's pretty significant by any standard.

Dr. Park: 22:46 Right. Then one of the criticisms was that this was a retrospective study and everyone kind of poo poos or downplays retrospective studies.

Kathy Park: 22:53 Oh let's not go there okay. Alright. So this is a problem. So what are some steps that people can take to get off these medications and still get better sleep.

Dr. Park: 23:06 Well, first of all, I would strongly recommend going through the steps that you need to address insomnia.

Kathy Park: 23:12 Okay.

Dr. Park: 23:13 So the basic lifestyle habits. We talked about this multiple times.

Kathy Park:	23:16	Yeah. Podcast 65, How to Sleep Better Without Medications.
Dr. Park:	23:19	Right.
Kathy Park:	23:20	Yeah.
Dr. Park:	23:21	Now, then the general CBT—cognitive behavioral therapy for insomnia—the three general categories are sleep restriction, sleep reconditioning, and sleep relaxation.
Kathy Park:	23:34	So three Rs.
Dr. Park:	23:35	Right.
Kathy Park:	23:36	Okay.
Dr. Park:	23:36	So sleep restriction that if it takes you two hours to fall asleep in bed, don't lay there for two hours because you're conditioning yourself to stay awake. You know you're going to stay awake for two hours.
Kathy Park:	23:47	Oh gosh. Okay.
Dr. Park:	23:48	So you have to get into bed maybe 30 minutes before your natural sleep time.
Kathy Park:	23:52	Why do we do that? I do that all the time. I just sit there counting sheep.
Dr. Park:	23:58	Right.
Kathy Park:	23:59	But don't do that.
Dr. Park:	24:00	Right. You have to condition yourself to fall asleep as soon as possible when you get into bed, not stay awake for two hours.
Kathy Park:	24:04	Okay. So what's a reasonable time to be falling asleep?
Dr. Park:	24:08	Well let's say you normally fall asleep at 10. Let's say 10 to 6. That's your eight hours of sleep right.

Kathy Park:	24:14	Right.
Dr. Park:	24:15	So if it takes you until 12 o'clock to fall asleep then get into bed at 11:30, but don't watch TV.
Kathy Park:	24:22	Beforehand.
Dr. Park:	24:23	Right.
Kathy Park:	24:23	Okay. Don't do other stuff before, okay.
Dr. Park:	24:25	Yeah just read a book in dim, incandescent light.
Kathy Park:	24:28	Okay.
Dr. Park:	24:29	Meditation, listening to music.
Kathy Park:	24:31	Breathing exercises.
Dr. Park:	24:33	Yeah, right. Then reconditioning. So you have to train your body and your brain to associate the bed with sleep, not anything else. Well, except for sex.
Kathy Park:	24:43	Okay.
Dr. Park:	24:44	So no eating in bed, no reading in bed.
Kathy Park:	24:27	No computers in bed.
Dr. Park:	24:28	No computers. No staying awake in bed.
Kathy Park:	24:50	No iPhones.
Dr. Park:	24:51	Right.
Kathy Park:	24:52	No scrolling through Instagram or Facebook.
Dr. Park:	24:53	Right, yeah.
Kathy Park:	24:55	I know that there are people out there that are doing this.
Dr. Park:	24:58	Yeah.

Kathy Park:	24:59	That's really tough. So how do we manage—Remember we had a TV in our bedroom, in our master bedroom.
Dr. Park:	25:05	Oh, that was the best thing we did to get rid of it.
Kathy Park:	25:08	Yeah. We just like cut the cord, right? We weren't even getting cable at the time. But we decided one day—and Steve did this with me fighting him every step of the way and we sold it. It was like the best thing that ever happened.
Dr. Park:	25:25	Now we stare at a blank, large wall.
Kathy Park:	25:27	Yeah. Well, we have to do something about that. That was one of the hardest decisions, but one of the best decisions in retrospect, right?
Dr. Park:	25:34	Absolutely.
Kathy Park:	25:35	To our sleep.
Dr. Park:	25:36	Yes, absolutely. The last R is relaxation. So whatever you do before bedtime should be relaxing, not stimulating or disturbing or exciting.
Kathy Park:	25:45	Okay.
Dr. Park:	25:48	So listening to music in a dark room, deep breathing techniques, meditation. There's a long list of things that you can do before you go to sleep. This has been found scientifically to help with insomnia, with sleep onset insomnia.
Kathy Park:	26:01	I would even recommend stretching. Doing light, non-aggressive stretching exercises. Like yoga stretches. There are some great videos on YouTube. I'll give you some links for your show notes to neck stretches, exercises, very relaxing I find.

Dr. Park:	26:25	I think that's a great idea. I think there's some science behind that too.
Kathy Park:	26:28	Right. I don't know. I just feel like anytime you're doing any sort of physical movement that's very gentle it kind of helps you, your body, to reset and go back into relaxation mode right?
Dr. Park:	26:43	Sure, sure. Now there's two other conditions that I'm seeing, which it's shocking how often I see it in my practice. This has to do with the fundamental concept that our jaws are shrinking. Again, this goes back to malocclusion and crooked teeth. The smaller your jaws, the more crooked teeth you have, the more narrow the airway. Since I'm doing sleep endoscopy pretty routinely on my patients that I do operations on, what I'm seeing is that besides the typical obstruction when you breathe in—that's the classic sleep apnea when the palate or the tongue falls back when you breathe in.
Kathy Park:	27:21	Right.
Dr. Park:	27:22	But there's these two additional valve-like conditions—I've read about them before—where it will prevent you from breathing or using CPAP or dental appliances for sleep apnea. So the two conditions are palatal obstruction when you exhale through your nose. I labeled it EPO or expiratory palatal obstruction.
Kathy Park:	27:41	Okay.
Dr. Park:	27:42	So it's like a valve. As you breathe out through your nose, the soft palate just backs up and closes off the passageway from your throat to your nose.
Kathy Park:	27:50	Wow.

Dr. Park:	27:51	So what happens is your breathing stops all of a sudden mid nasal exhalation. Then you hold your breath a couple seconds then you puff air out through your mouth as a bypass.
Kathy Park:	28:02	Wow.
Dr. Park:	28:03	So it's pretty obvious when you see it. Spouses say this happens all the time. The other one is epiglottis obstruction. So on the inhale, the epiglottis—which is this cartilaginous valve like structure behind your tongue on top of your voice box—it flops back as you breathe in. So in both directions you're going to have this valve like closures. I've seen patients with both conditions, inhale and exhalations.
Kathy Park:	28:28	But you're saying that this may or may not be picked up by a formal sleep study as a breathing cessation.
Dr. Park:	28:32	It can't be. It won't. It will not.
Kathy Park:	28:35	Because it will not.
Dr. Park:	28:36	No.
Kathy Park:	28:37	It has to be 10 seconds or longer and these are shorter?
Dr. Park:	28:38	Well, not even that.
Kathy Park:	28:29	No?
Dr. Park:	28:40	The sleep study doesn't tell you where the obstruction or what kind of obstruction it is. Just that you're obstructing. That's it.
Kathy Park:	28:44	Ah.
Dr. Park:	28:45	It doesn't tell you anything about the anatomy.
Kathy Park:	28:47	Ah.

Dr. Park:	28:48	Plus these obstructions will typically—especially the epiglottis—will typically give you obstructions that are less than 10 seconds.
Kathy Park:	28:55	Do you have videos?
Dr. Park:	28:57	Oh yeah. It's on my website. We'll put links on the show notes about it.
Kathy Park:	28:59	Okay. I think it would be really interesting for people to actually see this happening in real life.
Dr. Park:	29:03	Yes.
Kathy Park:	29:04	How significant that is. But this is happening day in and day out, minute by minute as you're sleeping.
Dr. Park:	29:10	Right.
Kathy Park:	29:11	Oh my goodness. No wonder people are petrified to go fall asleep.
Dr. Park:	29:16	These people generally are very anxious and very tired.
Kathy Park:	29:19	No wonder. Yeah. So that's something definitely for people to look into if cognitive behavioral therapy, if all of these other prophylactic methods to fall asleep are not really helping you. Right? Even the CPAP.
Dr. Park:	29:35	Right.
Kathy Park:	29:36	Because I can imagine people would have a lot of problems using CPAP if they had these kinds of obstructions.
Dr. Park:	29:41	Exactly, right.
Kathy Park:	29:43	Breathing out and breathing in. Well, you said that that was one of the issues that I couldn't tolerate CPAP.
Dr. Park:	29:47	Right.
Kathy Park:	29:48	Because every time I try to push air out.

Dr. Park:	29:50	Yeah. You have this palate issue.
Kathy Park:	29:52	I do. Yep. Yep. One more issue. No, I'm just kidding. So are there any other steps that people can take before they start taking medications for their sleep problems besides the soft tissue collapse breathing issues.
Dr. Park:	30:11	Go through the checklist of your really good sleep hygiene list of things to do. The daily activities, your habits. You have to really decide to change your life. It's a lifestyle decision, it's not a pill that's going to help you sleep better.
Kathy Park:	30:25	Yeah.
Dr. Park:	30:26	So survey your sleep habits and routines. Make a journal. Just write down your observations and just have a plan of action. Just take it one step at a time. Don't do too many things at once otherwise you're not going to be able to finish it. Then you go into the more breathing aspects of sleep. Obviously if you can't breathe properly, you're not going to sleep properly. That's starts from your nose all the way down into your throat. So make sure you can breathe really well through your nose. If you have any diagnosed medical condition like high blood pressure, diabetes, depression, anxiety, hypothyroidism, nighttime urination, cancer, any of these conditions think about a sleep breathing problem. Because there is strong evidence that untreated sleep apnea can lead to or aggravate all these conditions that I just talked about.
Kathy Park:	31:19	So I think it's safe to say that before you take the first line approach, which is to take a sleep aid, we need to start considering that it may be a little bit more complicated than that. That you may not be able to

just simply treat your sleep problems with one pill in other words. I mean if it's only helping you get 20 minutes more of sleep. So it would be better for the long haul to address these issues from the ground up.

Dr. Park: 31:48 Right. Think of it this way. Think of your chronic insomnia problem as a first sign of a heart attack 20 years earlier.

Kathy Park: 31:57 Oh, okay. I think that's a good point. I also think that now that everyone knows the truth about sleeping pills and over the counter sleep aids then they need to take action, right? They need to do something about it because knowledge without action is useless, I think. Alright. Any last thoughts before we wrap up for today? I think that was a lot.

Dr. Park: 32:25 Yeah. I know it's a lot of steps. Definitely go over the show notes. We'll give you a little outline of everything we talked about, especially the recommendations of how to go about taking care your sleep problem. Obviously if all these things don't help then see a sleep doctor. Get tested for sleep apnea. Even if you don't have sleep apnea, it doesn't mean that you don't have a sleep breathing problem like I mentioned before.

Kathy Park: 32:44 Right.

Dr. Park: 32:46 I would say the proportion of people who have major breathing problems without sleep apnea is bigger than the sleep apnea population, which is a crazy number. Also, lastly, after you tried all these conservative options, think about seeing a sleep doctor for cognitive behavior therapy for insomnia. So any of the major sleep labs will have a behavioral psychologist that's certified in this training. Now, if that's not too convenient—and I know they're kind of hard to find in some locations—there are lots of good online

programs. So if you search for cognitive behavior therapy for insomnia, there's some proven online programs that can be very helpful as well.

Kathy Park: 33:20 Okay. Terrific. Thank you, again, everyone for tuning in toady. If you've enjoyed today's conversation, you can get all of the show notes and the resources mentioned in this program at doctorstevenpark.com/sleepaids. While you're there, check out all of the resources we have available at the website and subscribe to the podcast either on iTunes, Stitcher, or Downcast or wherever you find it easy to listen to.

One last thing. If the information you heard today has helped you in anyway, we'd love for you to give us a rating on iTunes. But better yet, forward this to a friend or someone you know who can benefit from this information. Thank you again for helping someone else breathe better and sleep better. This is Kathy Park on behalf of Dr. Steven Park thanking you for spending some time with us today. Until next time, wishing that you breathe better and sleep better so that you can live better. Bye, bye.