

TRANSCRIPT  
**S2E5, Medical Moments**  
*Shut Eye Blues: How COVID-19 lockdowns affect sleep*  
April 23, 2020

**[00:00:03.700] - Voice over**

Welcome to Medical Moments. I'm your host, Marlon Manuel. Stories of health and wellness, and the issues that influence them, can be found in hospitals, medical practices and the community at large. Join me on this journey of medical moments.

**[00:00:21.140] - Marlon Manuel**

Welcome back to another episode of Medical Moments. I'm Marlon Manuel, and I'm glad you're listening to us at [podcast.Northside.com](http://podcast.Northside.com), i-Tunes, Spotify or wherever you get your podcasts. And just a reminder that you can find Northside hospital on Facebook, Twitter, Instagram and LinkedIn. And you can e-mail me at [PodcastComment@Gmail.com](mailto:PodcastComment@Gmail.com)

**[00:00:45.730]**

This is another in our series of episodes about how to maintain wellness during the coronavirus pandemic. COVID-19 has robbed us of daily stability, our peace of mind and our good night's sleep. Anxiety is making us more restless. Many people have shared on social media that they're having vivid dreams during this global period of lockdown and isolation. And a survey in March by the group Sleep Standards said 77 percent of Americans say coronavirus has affected their sleep. That includes nearly three of every five who say they're sleeping at least an hour or less each night.

**[00:01:24.850]**

So how do we get our sleep during this challenging time when there's so much that keeps us up at night? I ask that of Dr. Scott Leibowitz. He's a full-time sleep medicine physician and the medical director for the Northside Hospital Health System Sleep Medicine Program. We exercised social distancing and we talked by telephone.

**[00:01:44.710] - Marlon Manuel**

Dr. Leibowitz, thank you so much for joining the program today.

**[00:01:47.770] - Dr. Scott Leibowitz**

It's my pleasure. Thank you for having me.

**[00:01:49.570] - Marlon Manuel**

So before self-isolation and other stressors of the coronavirus outbreak really took hold, what were some of the common sleep problems you treated?

**[00:01:59.690] - Dr. Scott Leibowitz**

So the vast majority of sleep again, sleep problems, the diagnoses that we treat encompass insomnia, obstructive sleep apnea, which is where people stop or struggle to breathe or sleep, narcolepsy and other sleepiness conditions, abnormal sleep related movement disorders like people who kick a great deal. Sometimes people have seizures during sleep, people act out dreams, so there's a whole array of different types of disorders that account for the symptoms that people will typically present with, which encompass sort of I can't fall asleep if I wake up in the middle of the night.

**[00:02:39.970]**

I wake up tired, I feel sleepy during the day. Those are the symptoms that we see that there's multiple different types of disorders that could actually explain where those symptoms emanate from.

**[00:02:50.980] - Marlon Manuel**

And now that we have the stress of self-isolation, quarantine, lockdowns, what do you see? How what is the impact on the sleep issues or the kinds of things that you're having patients report to you in this day and age?

**[00:03:05.260] - Dr. Scott Leibowitz**

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So there's this, too. It's actually two sides to that coin. So there's one one aspect of it is just the stress and the anxiety associated with this pandemic, the uncertainty about what the future is going to hold. The loss of employment and financial stress that all of this is creating. And so that can certainly and has led to an increase with difficulties with falling asleep as well as prolonged overnight awakenings. Often people ruminating about worries and concerns and the real issues in their life.

**[00:03:40.720]**

But what's interesting, the other side of that is that with the changes in everyone's schedule, one of the things I have seen some patients since this whole pandemic started is that a lot of these patients are actually sleeping better and feeling better because they're not having to be forced to wait at these early times for these long commutes. They're working from home. They're sleeping an extra hour, two hours, three hours. And so a number of reports from patients of mine in the last couple weeks have been I feel a lot better, at least from a sleep perspective, and I feel globally better about their life and outlook there.

**[00:04:20.140]**

So it's kind of two sides to that, which has been interesting.

**[00:04:23.770] - Marlon Manuel**

On the flip side of that, so on the stress induced kinds of problems, are these with with people who previously didn't have any? They wouldn't say that they had sleep problems and now they are because of the issues that you've mentioned.

**[00:04:38.320] - Dr. Scott Leibowitz**

I don't have an accurate sample for our sample group with which to tell you that because the vast majority of the patients I'm seeing are patients who have preexisting and longstanding chronic sleep disorders. And so I can only sort of say, as it relates to the relative state of their sleep problems prior to the onset of this sense, and I certainly have had patients who have had an increase in anxiety levels and difficulties with falling asleep or prolonged middle of the night awakenings as a result of the associated anxiety with this.

**[00:05:09.670]**

So I suspect that over the coming months we will see an increase in prevalence of these type of problems as this pandemic starts to settle the consequences of this, both from an employment standpoint, economic standpoint. I suspect that we'll see more and more of that of those type of problems emerge.

**[00:05:31.190] - Marlon Manuel**

Especially as it relates to the stress induced problems with sleeping. You know, how do you treat. Do you treat that particular part of the environment when you're talking to a patient? I guess it varies from patient to patient.

**[00:05:47.030] - Dr. Scott Leibowitz**

It does. I mean, again, you know, I think when you when you think about people who have so so there's a behavioral approach. So there there's a couple of different approaches towards dealing with at least that problem, which is difficulties falling asleep and or difficulties re initiating sleep with awakening. And so from a behavioral perspective, it's it's important to first understand, is there an underlying psychiatric diagnosis? I mean, if someone can have anxiety about stress about life, but if they have a global anxiety state of anxiety, then you can initiate all sorts of behavioral techniques.

**[00:06:26.420]**

But that is the global anxiety state probably needs to be more effectively treated for those behavioral techniques to actually be able to be incorporated and ultimately be effective. But from the standpoint of there are there are many people who don't have those global anxiety states who who maybe are just sort of generally somewhat anxious about the future or about their current situation in the end. But they are

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certainly effective techniques that can be implemented where you can separate worry and anxiety from the process of sleep.

**[00:07:00.890] - Dr. Scott Leibowitz**

And in fact, what we what I've seen more of in general, and this is excluding the current circumstances in a pandemic, then we're in the midst of is that the anxiety that people have who have insomnia actually tends to be less about life and more about not sleeping and more about the consequences of not sleeping in terms of how they're going to it's going to affect the next day. And so that's where that's sort of the basic premise of what's called cognitive behavioral therapy for insomnia.

**[00:07:31.730] - Dr. Scott Leibowitz**

Techniques are implemented to try to restructure and reform an individual's approach toward sleep, expectations about sleep, beliefs about sleep and sleep loss and consequences of sleep loss, and to help reform a whole behavioral process ultimately to allow for more constructive sleep.

**[00:07:52.850] - Marlon Manuel**

That's an interesting distinction that those who are worrying about those who can't sleep because they're boring about not sleeping versus those who are worrying about, you know, I'm not working as much or should I go grocery shopping the next day. As you separate those out, especially the the parts where people are worrying about sleep because they're anxious about something. How would you address that?

**[00:08:16.730] - Dr. Scott Leibowitz**

There is it's effectively there's a technique that's used in the psychology world which helps to essentially ground the worries. And so we use this routinely with patients. And I find it to be a very effective means with which to separate sleep, waking life from sleeping life. And so what we call this a worry time. And one of the essentially it's sort of prior to going to bed, you you start to make a list and you make a list of every worry you might possibly have, big or small.

**[00:08:52.970] - Dr. Scott Leibowitz**

And you draw a column down the list and you come up with an action plan. Single one, single strategy that you are going to take the next morning to address that worry. Sometimes those worries are like, how am I going to pay my mortgage? Well, you're not going to figure that out tonight, but you're going to call the bank tomorrow morning and talk to somebody about how you may get a line of credit or whatever. And so the idea here is, is, is that you're trying.

**[00:09:19.610]**

By having a single step that you can take the next day, it allows you to sort of as I like to refer to it as essentially you're reading this book of life. And when you go to bed at night, you have to close that book. So as soon as you walk into your bedroom, the book of life needs to be close. But you need a place marker. And this worry list is essentially a place marker. So that when you get into bed and you have already addressed all those worries and you start to think about all these things, you can consciously say, you know what, I am not going to think about that.

**[00:09:48.230] - Dr. Scott Leibowitz**

I've already developed a strategy to plan. I got that taken care of. Done Book of the day is closed, I'm going to open it back up tomorrow morning is gonna be there. So let me now engage in more constructive thought process, image, mental imagery, whatever the process might be that helps people get into that quiet, meditative pre-sleep state, which is required for constructive initiation of the whole sleep process.

**[00:10:13.490] - Marlon Manuel**

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So it sounds like a part of it is addressing that anxiety with a plan. So part of anxiety is the fear of things you can't control or fear of the unknown. And in your example, you're saying, well, make a plan to address that thing that that's giving that worry.

**[00:10:28.740] - Dr. Scott Leibowitz**

Exactly. It's trying to gain control of the things. And now you're going to add things that you can't control. There are things, whether it's loved ones getting sick or you getting sick or, you know, go to the grocery store and getting, you know. But, you know, even that, like, OK, how am I gonna how am I going to get food? OK, I'm going to make sure I have some gloves and some personal protection equipment.

**[00:10:51.160] - Dr. Scott Leibowitz**

And if I'm going to go to the grocery store, I'm going to gown up. I've got to make sure that I am you know, if I have to go, I have to go. But I'm going to be in and out and I'll be super smart about what I thatching and all of those small little things which can be overwhelming when you're in the middle of a grocery store and you're worried about you. OK, I just touch that. Now, what I said, sit and wait.

**[00:11:10.480] - Dr. Scott Leibowitz**

Oh, my God. My gloves just touched this that that now I've gotten contaminated and I've contaminated my food and duh, duh, duh. You know, you have to kind of come up with an action plan where you feel like you have control over those things. And that's I mean, anxiety is is it is a far more complex but neurobiological process. But from a behavioral perspective, that's one of the ways to sort of help to gain control of the anxiety that often times could be an impediment to helping to allowing your brain to try to get into this quiet, meditative state for sleep to happen.

**[00:11:42.250] - Marlon Manuel**

Right. So that quiet, meditative state. You said that that's the initiation of sleep. What about for those who fall asleep, but then they wake up in the middle of the night and they sit bolt upright or their eyes just pop open and then they're struggling to sleep and maybe that worry has come back. Techniques to cope with that would be?

**[00:12:00.760] - Dr. Scott Leibowitz**

Similar techniques for if you are churning, you know, and perseverating on anxious lines of thinking, but a middle of the night awakening and difficulties and a prolonged middle of the night awakening is it is a different potentially a different problem than difficulties initiating sleep. And it's a little bit more of a, um, complex. The question is, is OK, so waking very sleep is not abnormal waking you, but most people will wake to three, even four times a night to get a night, but may not have conscious recollection of actually waking up or if they do wake up, it's a brief look up, look around.

**[00:12:40.540] - Dr. Scott Leibowitz**

Maybe check the time to fall back asleep very quickly with abnormal is the inability to reinitiate quickly. And so there are those who will wake up and both wide awake and they are just awake. There, you know, some. And so one way of thinking about it is like, let's say you drink a big glass of water before you go to bed or a couple hours before bed and you fall asleep. And then an hour or two after you've fallen asleep, you have to go to the back.

**[00:13:06.310] - Dr. Scott Leibowitz**

And so you get up and you stumble to the bathroom. You go to the bathroom and come back to bed. Your sleep before your head is a pillow. What that is, is a byproduct of a sleep inertia pressure that allows you to wake up, do what you gotta do. Go back to sleep very quickly. However, many people will wake up after a few hours and they are wide awake. And so that inertia is no longer present.

**[00:13:28.600] - Dr. Scott Leibowitz**

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And so that is a neuro biologic state which is very compatible with anxious thinking and worrying about life and worrying about sleep and worrying about having the hours you have left to get to you have to get up the next day. And so it's so understanding where the awakened. What is the awakening? Is the awakening a byproduct of a sleep fragmenting condition like sleep apnea or other sleep fragmenting conditions like periodic limb movement disorder or or other things that could prevent your brain from being able to sustain a stable state sleep because something is disrupting it?

**[00:14:04.510] - Dr. Scott Leibowitz**

Or is it a byproduct of a problem with an individual's timing of sleep, where that their body is designed to go to bed and wake up at hours that are much later than their life demands? And therefore, when they go to bed at night, they may or may not have trouble falling asleep, obviously for a few hours and then wake up and be wide awake and feel like they can't reinitiate sleep and will up a few hours before they can get back to sleep, only to have their alarm go off right as they're getting into their deep sleep.

**[00:14:33.850] - Dr. Scott Leibowitz**

And that's a circadian rhythm issue, meaning they're biologic clock is what is programmed for their sleep to occur and hours that are different than their life demands. And then there are those who, for other reasons, may get up and go to the bathroom and feel like that sleep inertia is present when they get back into bed and they're sort of about to fall asleep and then they start a weight. The mortgage is due tomorrow and I don't have money to pay.

**[00:14:59.830] - Dr. Scott Leibowitz**

And then they're wide awake. Right. And so that is where those behavioral strategies I described for the sleep onset difficulties, the initial problems to be more effective. Additionally, if people can't fall back asleep, the longer you stay in bed, the less likely you are to be able to fall back asleep, which is the hardest thing for patients to actually incorporate because they feel like if they get up and get out of bed, then there's just no way they're going to go back to sleep.

**[00:15:26.500] - Dr. Scott Leibowitz**

But the longer you stay in bed, the stronger the association is the bed is a place not to sleep. And so you almost have to reboot the whole process by getting up, going into another room, sitting quietly in a dimly lit room, reading something kind of relaxing and trying to, you know, and waiting until you start to get sleepy again, at which point you go back to bed. And so you're trying to decouple the association of the bed being the place not to sleep.

**[00:15:53.530] - Dr. Scott Leibowitz**

It's you. Just for that whole extended explanation, you can see that there's a symptom. Is is the important thing to differentiate because what is likely driving that problem is going to that the process could be very different for each individual. And so understanding the maintenance nuances of the eye, I wake up and I can't fall back asleep. This is crucial to be able to understand how to approach.

**[00:16:18.190] - Marlon Manuel**

It sounds like a lot of our routines and maybe our circadian rhythm has been rewired or reprogrammed because a lot of us are working on different schedules. Can. Can you address that a bit?

**[00:16:29.170] - Dr. Scott Leibowitz**

Circadian is basically a biologic rhythm that is around 24 hours. Right. We have a clock in our brain that is programs where that where all of our cells in our body actually just about all of our cells have clock genes in them. And our in our sleep and wake is going to be at all of our biologic processes are actually regulated by this master clock in our central nervous system and so are organ systems. Turn that expression of the cells of those organ systems is going to be modulated based upon the time of the day or night.

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**[00:17:04.360] - Dr. Scott Leibowitz**

And so our sleep is going to be governed by the timing of our sleep, not behaviorally, but largely biologically. And so when people are sleeping misaligned, meaning their their body clock is designed to sleep in a certain window. But their life is designed for them to sleep in a different window. Invariably sleep will unfold in a in less than optimal way and that can be manifested either by difficulties falling asleep or waking up in the middle of the night, as I alluded to previously, or difficulties waking in the morning and or waking tired and feeling sleepy during the day.

**[00:17:46.200] - Dr. Scott Leibowitz**

And so, you know, in this current pandemic, what what I've seen clinically with my patient population is people are being allowed to sleep and closer. Not not all individuals, but certainly people that I have with what is called a delayed circadian rhythm, which means their biologic window for sleep begins later than their life demands. These are typically people who are so-called night owls. And they they are finding that they are feeling better because they can stay up a little later and they can sleep a little bit later every day.

**[00:18:17.430] - Dr. Scott Leibowitz**

And so those are the individuals I was referring to who generally kind of feel better because they're now allowed to sleep with in their biologic window. Contrary to popular belief, if you are a night owl, you cannot train yourself to be a morning person by going to bed early, getting up early, and what schedule and routine is important. That scheduling routine has to be aligned with where your biologic window for sleep is really designed. I mean, this is not a hundred percent across the board, but for the vast majority of people this is the case. And so we we were taught to think that sleep is one thing for everybody. Everybody should go to bed early and it should get up early. That eight hours of sleep in the morning people and if you're not one, is meeting those criteria for a good sleep or it's because there's something wrong with your character, because you should just go to bed early and get up early and train yourself to be a morning person.

**[00:19:08.140] - Dr. Scott Leibowitz**

The reality of it is you can no more, if you are a night owl, you can no more so train yourself to be a morning person, even more so than if you are a white person. You can train yourself to be a black person by laying in the sun because these are traits genetically determined. And so now it depends on for some individuals, the degree to which that trait is expressed. But by and large, if there is a significant degree of misalignment between your biologic window for sleep and your behavior, a window of sleep, you're going to likely have trouble with sleep one way or the other.

**[00:19:41.520] - Dr. Scott Leibowitz**

And so a lot ideally people would be able to sleep when their body is designed to sleep and work when their body is designed to wake. And but that's unfortunately not the way our society is designed. And it is at least in my patients, a huge number of patients. This is one of the primary issues with sleep.

**[00:20:02.130] - Marlon Manuel**

People's behaviors are now more in tune with their master clock ...

**[00:20:06.120] - Dr. Scott Leibowitz**

Exactly.

**[00:20:06.590] - Marlon Manuel**

... that they're born with.

**[00:20:08.310] - Dr. Scott Leibowitz**

And that's where, that's the paradox of this or the contradiction of this current pandemic, is that a number of the patients I'm seeing are sleeping better.

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**[00:20:16.410] - Marlon Manuel**

Maybe an offshoot of that. You've begun to see some anecdotal evidence that people are more productive when they're working at home. And one component of that may be that they're they're getting better.

**[00:20:25.990] - Dr. Scott Leibowitz**

I tend to think so. I mean, I mean, at least anecdotally, from a small sample that I've seen over the last few weeks, I certainly have patients who routinely would come home and nap every day after work who aren't because they're now starting work at 9:00 and waking up at 8:45 and stumbling over to their computer. But now they're kind of not having to get up at 6:30 that take have a two hour commute to work and they're they're appreciably better, so there is some I don't know to what extent. And I think that would be an interesting thing to study the role of alignment of body rhythms and impact on work productivity and happiness with telecommuting.

**[00:21:27.180] - Music**

Sleep, sleep, sleep.

**[00:21:27.270] - Voice over**

It's important to acknowledge we're all anxious. The unknown is unnerving, but it's okay to not be OK. And coming to terms with that may help you rest easier. There's no one prescription for good sleep. We're all different. Our sleep demands are different. So don't compare how much you sleep to anyone else. When you wake in the morning, you feel good, you feel well-rested. Be happy to close that chapter on your life. Tackle today, fresh and energized. That's the advice from Dr. Scott Leibowitz.

**[00:21:58.980] - Dr. Scott Leibowitz**

If there's one thing that I repeat over and over and over again in my daily clinic, and the one thing that I try to stress to physicians around lecturing is that sleep is a potentially sig..., heterogeneous biologic process, meaning it can be different for everybody and for everybody. You have to think about what should your sleep be and what your sleep should be is based upon how much sleep you need and what the right window for sleep that is that should be. And so you can you know, if I go to bed at 11:00 and I wake up at 7, you're pretty good.

**[00:22:32.700] - Dr. Scott Leibowitz**

But if I get eight hours of sleep, but I go to bed at 7 pm and wake up 3 a.m., it is not the same thing. Is we going to bed at 11:00 and waking up at 7? It's so thinking about your own individual sleep and how much sleep you need is only based upon how do you feel when you get up and how do you feel during the day? And there are shorter sleepers no longer sleeping and recognizing that short sleep means six hours or six to seven hours, not four hours.

**[00:22:58.920] - Dr. Scott Leibowitz**

Four hours is rare. People function well on four hours, probably not getting the sleep they need. They're both shorter. Sleepers tend to be far more tolerant of sleep loss. So they have this basic perception that they don't need as much pain. But in fact, it's generally will need more sleep and eventually we'll catch up with things. And then nine hours is really the Long Beach side of it. And so the recognizing timing of sleep and and and needs are the crucial parts for really optimizing your own individual sleep and realizing the benefits of sleep in the way that you expect to.

**[00:23:34.350] - Voice over**

To learn more about sleep, sleep disorders and sleep studies, please go to [northside.com com/sleep](http://northside.com/com/sleep).

**[00:24:10.260] - Outro**

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