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Adolescent health issues pdf

You probably know that sleep (or lack thereof) affects health and well-being. Not getting a closed eye can damage thinking, make us more susceptible to accidents and suppress mood on a daily basis. In the long run, too much sleep debt can contribute to problems such as weight gain, obesity, type 2 diabetes, dementia, heart disease and more. RELATED: What happens to your body when you don't have SleepWomen should also know that how well they sleep also comes bear on other aspects of their health, such as pregnancy, postpartum, perimenopause, menopause, and aging, explains Katherine Sharkey, MD, PhD, associate professor of medicine and psychiatry and human behavior at Brown University in Providence, Rhode Island. Women, for example, are more likely to have insomnia and bigger problems in initiating and maintaining sleep - especially after menopause. Dr. Sharkey, who is also medical director of the Brown Medicine Sleep Center and associate director of the Sleep Science Research Laboratory in Brown, investigates gender differences in sleep and circadian rhythms, and how they affect mood and especially women's health problems. She says that new research in this area can improve women's health outcomes. Getting to the bottom of impaired sleep, she says, is often the key to the difference in other health areas. RELATED: How much sleep do you really need every night? Here's what she had to say on the subject in a recent phone interview. Everyday Health: Do men and women sleep differently? Does good or poor sleep affect the health of men and women differently? Katherine Sharkey: Small children of both sexes are similar to their sleep. Both boys and girls need 8 to 10 hours of sleep per night to optimal health. On puberty, studies show that boys and girls differ, menstrual girls show a higher tendency to develop insomnia than boys. The exact causes of this are unknown, but this can be caused by small variations in the circadian rhythm of boys and girls. Girls also face more fragmented sleep, possibly associated with hormonal fluctuations that occur during the menstrual cycle. RELATED: An essential guide to how hormones affect your healthSeveral studies show that the presence of different sex hormones in men and women brings different effects on sleep, according to a review published in February 2016. Adult women continue to report insomnia and generally remain more susceptible to sleep disturbances. Research [from a review published in the 2016 journal BioMed Research International] also revealed that undiagnosed sleep apnea is a big problem because as many as 90 percent of women don't know they have the condition, perhaps because they have different symptoms than men. Although men with snoring tend to report excessive fatigue, a strong need to sleep during the day, and mood or concentration lapses. Doctors are often mistaken [these causes] depression or anxiety and prescribe medications that cause weight gain, exacerbating the problem when extra pounds continue to compromise breathing. The Women's Health Research Society has acknowledged this and set up a working group to address women's symptoms. Again, it is difficult to pinpoint one reason [when it comes to these differences]. This is probably due to hormonal interaction, physiology, and many other factors. RELATED: When it comes to wellness, sleep causes major problems for WomenEH: What about pregnancy? We tend to think that being pregnant makes it harder to sleep, but is this a potential health problem? KS: There is a definite uptick in all types of sleep disorders during pregnancy. Many women report that it is difficult to find comfortable sleep positions. Breathing can be difficult because the fetus limits their lungs, whether women will have back pain or require frequent bathroom trips. In addition, restless legs syndrome becomes more common during pregnancy, probably due to iron deficiencies during pregnancy [research published in the May 2015 journal Sleep Medicine added more evidence that this is the case]. And there may be psychological problems as well. Some studies have shown that bothersome thinking and anxiety can increase during pregnancy. Some of my current research is looking at ways to help treat this. Even at this early stage of research interventions seem to be able to significantly improve mood. But without treatment mothers can be seriously exhausted when they bring their babies home, which can affect mood and increase the likelihood of developing depression after childbirth. EH: Do pregnancy-related sleep problems usually disappear after the birth of a child? KS: Most women do well and improve - but not all. Teri Pealstein, MD, Carmen Monzon, MD, Ellen Flynn, MD, and I are currently examining whether extreme sleep deprivation plays an important role in postpartum depression. There is also research investigating whether a hormonal variant or subphenotype (a link between genetics and the environment) lends certain women into mood disorders that begin during pregnancy and worsen during insomnia. We still need to carefully investigate all risk factors because most new mothers are a sleep challenge to some extent. But this is a promising area. There is some good news when it comes to the connection between nursing and sleep, however. A study published in the Journal of Perinatal & Neonatal Nursing found that women who were breastfeeding their children (nursing or stored breast milk) slept for an average of 40-45 minutes longer than bottle-fed children. Other studies confirm that bottle-feeding parents not only get significantly less sleep, but also much longer to restore the level of sleep preparedness. The current speculation is that prolactin, a pituitary hormone that produces milk, plays an important role in stabilising sleep. Individual sleep variability is huge. In my studies most of these women sleep six hours a night and only four to six hours immediately after birth. They grab naps whenever possible, but it's not appropriate to replace the missing sleep. I actually had patients insist, even two decades later, that they hadn't slept well because they had babies. EH: How does sleep change during menopause? QS: Women report many sleep problems from perimenopause right through menopause itself. Heat flaps are associated with sleep disturbances, although Fiona Baker, PhD, [senior program director for the human sleep research program SRI International Health Sciences Center in Menlo Park, California] has shown that the effects are two-way; this means that heat flashes awaken women, and waking women get a flash of heat [according to a study published in december 2014 in the journal Fertility and Sterility]. Whatever comes first, we know that changes in hormone levels associated with heat flashes can affect the brain and affect mood. Wendy Troxel, PhD, [senior behavioral and social scientist at RAND and adjunct professor of psychiatry at the University of Pittsburgh in Pennsylvania] has published research showing that personal issues, such as unhappy marriages, can threaten sleep for women in the middle of life. EH: Do these changes (and problems) persist beyond menopause? KS: Sleep tends to improve slightly [after] women's transition from perimenopause to menopause. Hormones settle in a state of greater permanence. We all want more data on this, but we don't have much yet. Meanwhile, sleep disorder narrows the gender gap as both sexes become more sensitive to diseases such as Alzheimer's disease and untreated pain. Unfortunately, older people with sleep problems are often prescribed medications for their medical problems, which later create sleep problems. And it is typical for older women to find that sleeping pills prescribed earlier in life no longer work properly. EH: It seems that it took a long time for scientists to assess the special effects of sleep on women. Would you agree? BOM: Yes. People are starting to take this seriously. As a result, we now know some things, but not everything. And the unknowns are larger for women than for men. But we are making real progress. For example, I am encouraged by our understanding of the ratio of sleep apnea to atrial fibrillation [afib] - irregular and often rapid heartbeat - in women. We learned that afib can occur due to undiagnosed sleep apnea, so any woman with a diagnosis should probably be considered for sleep examination before prescribing medication or ablation (a procedure that destroys the disturbed heart tissue). Afib may appear to be in a reversible situation that could be resolved by the treatment of CPAP (persistent positive airway pressure). We discovered this only after women were finally enrolled in NIH-funded sleep studies. Previously, it was considered only in men's conditions. EH: Do you think the current will lead to real changes in dealing with sleep sleep (including sleep deprivation) for both men and women? QS: Some things are very encouraging. Airline crews and truck drivers now have to comply with strict sleep rules. On the other hand, medicine still has its share of macho boasts about not getting enough sleep. Male or female, doctors are not impervious to the need for sleep. I believe that we can work in new ways to remove these barriers by creating more opportunities for doctors to collaborate with public health researchers and other professionals, as well as with actual sleep medicine patients. Until then, we need to focus on teaching good sleep behavior. We need to create new habits, teach people to keep the bedroom quiet, dark, and dedicated to anything but sleep; observe evening eradication rituals, which may include meditation or a warm bath; ban electronics from the bedroom; and treat the room as a dark temple. And, of course, they need to stick to a decent, consistent sleep. RELATED: How to set your sleep scheduleEH: Is there any good news to lull us to sleep tonight? QS: Good sleep depends on the individual - and behavioral modifications and medications can help almost everyone. You can overcome bad sleep, and you can find the right people to help you do it. It.