Grief & Bereavement Literacy Series
Session 7: “Sleep After Loss”

Presenters: **Dr. Michael Mak, MD FRCPC FCPA**
Assistant Professor, Department of Psychiatry
Site Director, Undergraduate Education, Centre for Addiction and Mental Health
Transition to Practice Coordinator, Department of Psychiatry, University of Toronto
Vice President - Clinical, Canadian Sleep Society

March 19, 2024, 12:00pm - 1:00pm

AGENDA ITEM	DISCUSSION
Introduction & Territory Acknowledgment	**Grief & Bereavement Literacy ECHO Series “Sleep After Loss"** **Presenter: Michael Mak** Welcome to all participants, and introduction of the presenter, and presentation outline. Participants are notified that the session is being recorded.
Overview Summary Presentation & Discussion	**Presentation Summary** Learning Objectives • To review bereavement as a diagnosis. • To learn about sleep disturbances associated with personal loss and bereavement. • To learn treatments that address sleep disturbance that are associated with bereavement. **Background** • Back in 2013, depression in patients that had suffered recent loss in their lives could not be diagnosed but more recently, bereavement as a diagnosis is back. The formal diagnosis is called prolonged grief disorder. 7 to 10% of adults who are going through bereavement will suffer from this condition, so it is not a rare illness. • There's also been some controversy on the criteria for what people call complicated grief or prolonged grief which has been changing over time - Some are of the opinion that the distinction between prolonged grief disorder and normal grief wasn't clear and there have been some concerns about adding a label, that somehow it could be stigmatizing and maybe medicalizing a normal human experience. • From the DSM 5 TR, Prolonged grief disorder is defined as a patient that has experienced the loss and their personal life for at least 12 months and in young people, children and adolescents, that could be within 6 months ago. Secondarily, you have an experience of either an intense yearning or longing for the deceased person or having a preoccupation with thoughts or memories of the deceased person on most days and nearly every day for at least one month. For at least one month, feeling a part of yourself has died since the death of your loved one, having a disbelief about death, having intense emotional pain, feeling that life is meaningless because of the death, etc. So, if one meets these criteria, then they are suffering from prolonged grief disorder and certainly it's a condition that deserves treatment. • 80% of the bereaved will suffer from some sort of sleep problem. So, 4 out of 5 people who are recently bereaved will have a sleep issue. • Sleep symptoms that can occur in the bereaved- problems falling asleep or staying asleep are common to prolonged grief disorder, repetitive thoughts about lost loved ones at bedtime can affect one’s ability to fall sleep or stay asleep. If one suffers from a greater severity of grief symptoms or intensity then the sleep problems will be much worse but with time, these sleep disturbances associated with grief do tend to improve.

- The question now is- are these improvements quick enough so that a patient/client can go back to doing whatever they want to do with their lives? Specifically in young people, there is a high prevalence of sleep problems after a traumatic loss. 45 to 80% of children adolescents will have sleep issues after personal loss in their lives. They disproportionately suffer from greater instances of nightmares at nighttime which interrupts sleep.
- Exploring treatments for grief and how they affect sleep, there is a treatment called **Complicated Grief therapy** which was championed by the work of colleagues in Pittsburgh.
- Complicated grief therapy is a specialized therapy designed to treat folks who have suffered recent bereavement. It integrates interpersonal psychotherapy with cognitive behavioral techniques to address trauma-like symptoms. When a person has this complicated grief therapy, their sleep disturbances improved much more than just interpersonal psychotherapy, but the sleep problems persisted regardless of treatment.
- The worse the grief symptoms, the worse the sleep is and even if we try to treat the grief, there's still some residual sleep issues that stay behind. Bereavement and the residual sleep symptoms are associated with greater risk of cancer, high blood pressure, and negative changes to eating habits. Having sleep problems that come from bereavement leads to significant health risks. In summary, prolonged grief disorders are associated with sleep disturbances, comorbid depression and worse depression symptoms including increased risk of death.
- Insomnia disorder- this is something that must be treated. It is defined as a night-time problem from falling asleep, staying asleep or waking up too early. The disorder is not a disorder unless it causes some sort of daytime dysfunction.
- The number one treatment/the best treatment for insomnia is something called **Cognitive behavioral therapy** for insomnia which when compared with medications, it seems to work just as good, if not better and the benefit is that there are no significant side effects to take this therapy. The only downside is that you have to spend time on this therapy.
- In medical education, we are always taught sleep hygiene- keeping your bedroom cool, dark, and quiet, having a comfortable bed, not using nicotine, alcohol or exercising to boost your bedtime. Sleep hygiene is not effective in treating patients with that kind of insomnia.
- Therapies like this are given on a one-on-one format which is a main challenge for this therapy and almost all other therapies because the demand for treatments like this is extremely high whereas trained therapists, the supply is low.
- To bridge that gap, it's been investigated to see if it is effective using in group settings where there is one therapist and maybe 8 -10 participants in a group delivered through the internet/cell phone apps and found out it does work if you have the discipline to follow the directions from the therapy itself.
- It is not a one size fits all strategy, so cognitive therapy is great for most folks, but we need to be careful about giving it to patients/clients with a history of seizures, bipolar disorder and those who have a significant risk of falling.
- Sleep restriction is one of the main principles for this therapy. First off, you are to wake up every single day at the same time- your time of first awakening. It is that first light exposure that sets the starting point of your circadian rhythm or your internal body clock for the next 24hrs. Waking up every day at the same time is the key to having a good sleep.
- The second part here is as opposed to your wake time; your sleep time- the time that you go into your bedroom can be different from night to night and you should only go to bed when you're feeling sleepy.
- The third thing is no naps during the daytime. If you want to have a long continuous sleep at night, then you have to take away the naps.
- The fourth suggestion is: - if you wake up in the middle of night and it feels like it's been a long time and you're struggling to fall back asleep again, don't stay in your bedroom. Go to a different room that's dimly lit and do something boring and when you feel that head nodding feeling, then go back to sleep. It is a way to break that psychological concept of association between your bedroom and a failure to sleep. We want to associate the bedroom with success in sleep and sleepiness and not wakefulness.

	• And then lastly, use the bed only for sleep. So, there are different ways that we can relax. One way not to do it is asking people just to simply relax and not think about things that stress them out if you do that everybody thinks of the stressful things. The way to do it is to distract oneself; by observing and thinking about mundane things. Another method is to really focus on your breathing. There's something called box breathing where you take a long breath in over four seconds- Once your lungs are filled with air, you hold it for 4seconds, then you're going to slowly expel that air, exhale it over 4seconds and when your lungs are completely empty, hold for 4seconds. Rinse and repeat 3 to 5 times, you will probably fall asleep by your second repetition. • In summary, cognitive behavioral therapy for insomnia is an effective treatment for insomnia and there's early evidence that CBTI helps. • Five elements of CBT for insomnia - use of sleep restrictions, stimulus control, cognitive restructuring, realization-based therapies, sleep hygiene, which are the ones that actually matter and to keep realistic expectations of sleep requirements and daytime alertness.
Questions/discussion	**Q:** What happens if the person's insomnia is in the middle of the sleep time? **A:** There is the problem of falling asleep, difficulty staying asleep and maybe waking up too early. The three types are not differentiated. The treatments are the same for the 3 types and they are equally as effective for all 3 types. **Q:** Do you have any recommendations for someone who has a seizure disorder since CBTI is counter indicative. **A:** The problem with people with seizure disorders is that sometimes the lack of sleep actually increases the risk of having another seizure and so they can do all the other elements of CBTI but they can't do sleep restrictions. Their bedtime could be pushed for later and they will do the sleep stimulus control; waking up every day at the same time and going to bed only when they are feeling sleepy, no naps you know and can continue with the relaxation therapy. **Q:** If you have someone who oversleeps, do you recommend the same treatment. For example, sleep restrictions? **A:** The first question to ask is why is the person over sleeping? If it is because they feel too sleepy during daytime, then that is an indication for them to get a sleep test/examination. Sometimes a big cause of increased tiredness/sleepiness during the day is sleep apnea, which is associated with snoring/enclosures of your airways which is the most common reason why people feel sleepy during the daytime. If it is a natural phenomenon, then the strategy will be to you wake up every day by sending an alarm and being disciplined. You know once you wake up from an alarm, you turn on all the lights in the room because that light exposure keeps one awake. **Q:** I have heard magnesium works. Is that true for supplements and oils? **A:** There are some studies that show it does improve things but maybe those folks already had a problem with not having enough in their diet. We don't routinely ask people to take magnesium to improve their sleep, but if it helps then by all means do so. **Q:** When someone has chronic fatigue syndrome and having trouble coping without naps and increased sleepiness. **A:** For folks with chronic fatigue syndrome, there is a significant overlap with daytime sleepiness. In that situation, the key to having more energy during the daytime has to do with 2 things. - For those folks in their limited capacity to exercise when we want them to exercise as much as they can. If they can do cardiovascular exercise or even lifting weights as much as they can, that slowly builds up their ability to get through the day. - The second piece is to have better control, whatever is underlying it that's causing it. For some folks, it means taking medications. It is getting the right medical work, blood work, looking for any other underlying causes of fatigue and if you see one then you correct that.
Session Materials	**Resources shared during the session:**

and Additional Resources	**Session Recording** is uploaded on the BCCPC's YouTube page: **HERE** Dr. Joshua Black's podcast's website Action plan link https://www.bc-cpc.ca/about-us/activities/new-projects/bereavement-study/grief-and-bereavement-support-in-bc-a-collaborative-improvement-action-plan/
Closing	**Next ECHO Grief & Bereavement Literacy Series**: Zoom Registration for next Grief & Bereavement Literacy ECHO session: **"Exploring the Role and Impact of Advance Care Planning on Patient, Family and Caregiver Grief and Bereavement"** **April 9th 12pm-1pm** **Registration link** **Past sessions in this series can be found here.** Visit the BCCPC ECHO session website page for upcoming sessions in this series and other series currently running. Subscribe: BC Centre for Palliative Care YouTube page Subscribe: BC Centre for Palliative Care Newsletter