

Smoking AND Sleeping

SMOKING AND SLEEP DISTURBANCES

Did you know that people who smoke are more likely to have trouble sleeping compared to non-smokers? In fact, smokers are about two times more likely to feel sleepy during the day and have trouble falling asleep compared to non-smokers (Jaehne, Loessl, Barkai, Riemann, & Hornyak, 2009). Quitting smoking is a great way to improve your health and it might help you sleep better too!



SMOKING: IS IT AFFECTING YOUR SLEEP? Many people who smoke say that smoking helps them relax. In reality, smoking makes your heart beat faster, your breathing quicker, and raises your blood pressure. These effects can impact your ability to fall asleep and stay asleep.

There are questionnaires that can help you measure how well you're sleeping. Consider taking a before and after challenge. To start, think about the following questions taken from the Pittsburgh Sleep Quality Index (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989):

DURING THE PAST MONTH...

1. **What time** have you usually gone to bed at night?
2. **How long** has it usually taken you to fall asleep each night?
3. **What time** have you usually gotten up in the morning?
4. **How many** hours of actual sleep did you get at night?

Answer these questions now and answer them again in 30 days to see how well you're sleeping after you quit smoking.

In addition to troubles falling asleep or staying asleep, people who smoke are also at a greater risk of developing sleep apnea. Sleep apnea is a serious breathing problem that interrupts your sleep. People with sleep apnea are often very sleepy during the day. The prevalence of sleep apnea can be 40 times higher in people who smoke than in non-smokers (Jaehne et al., 2009). The best treatment for sleep apnea is Continuous Positive Airway Pressure (CPAP). CPAP is a machine that keeps your airway open all night so you can breathe properly. Nasal congestion and irritation caused by smoking can negatively impact CPAP therapy. If you're a person who smokes and has sleep apnea, you should be aware that smoking is probably causing the problem and is most certainly interfering with your treatment.

QUITTING SMOKING AND SLEEPING: How to Overcome Withdrawal Symptoms - If you're trying to quit smoking, nicotine withdrawal may affect your sleep. Withdrawal symptoms usually start within 6 to 12 hours of quitting smoking and reach their peak one to three days after quitting. After three days, the symptoms slowly decrease and are usually gone within 7 to 14 days after quitting. People who smoke a lot might notice the effects of nicotine withdrawal on sleep more than people who don't smoke as much. By understanding your level of addiction, you can take steps before you quit smoking to help control the withdrawal symptoms.

HOW HOOKED ARE YOU?

Answer the following questions to determine your level of addiction to nicotine.

(The Canadian Cancer Society, 2007):

	YES	NO
On average, I smoke 15 or more cigarettes each day.	<input type="checkbox"/>	<input type="checkbox"/>
I usually smoke within 30 minutes of waking up in the morning.	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to go for more than a few hours without smoking.	<input type="checkbox"/>	<input type="checkbox"/>
When I try to quit or cut back on the amount I smoke, I experience irritability, difficulty concentrating, trouble sleeping, dizziness, frustration, or changes in my appetite.	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED...

NO to all questions:
You probably have a *low* level of nicotine addiction.

YES to 1 or 2 questions:
You probably have a *moderate* level of nicotine addiction.

YES to 3 or more questions:
You probably have a *high* level of nicotine addiction.



Sleep problems caused by nicotine withdrawal may interfere with your ability to successfully quit. If you feel tired and irritable when you quit smoking, you may be tempted to go back to smoking. There are things you can do to help control withdrawal symptoms and increase the chance that you will quit for good.

Quitting Smoking

CAN IMPROVE YOUR SLEEP AND MORE!

Many sleep problems caused by smoking and nicotine withdrawal improve or go away after you quit. Quitting smoking not only helps you sleep better, but also provides many other health benefits (Health Canada, 2007).



REMEMBER: withdrawal symptoms are temporary, while the benefits of quitting will be with you for life. To help control withdrawal symptoms including sleeping difficulties, here are some things you can try:

- **Physical activity:** In one study, people who exercised daily during the withdrawal period reported fewer difficulties falling asleep than those who didn't exercise (Grove, Wilkinson, Dawson, Eastwood, & Heard, 2006). Activities you can try include walking, gardening, or bowling.
- **Nicotine Replacement Therapy (NRT):** Products such as the nicotine patch, nicotine gum, or nicotine inhaler may help you sleep better when you quit smoking. NRT products don't require a prescription.
- **Quit smoking medications:** Medications such as Champix or Zyban may also help to control your withdrawal symptoms. These medications require a prescription.

Talk to your health care provider to find out if these recommendations might be right for you.

There are many great resources and services available to help you quit smoking. HERE ARE SOME EXAMPLES TO GET YOU STARTED:

NAME	CONTACT INFORMATION	RESOURCES AND SERVICES AVAILABLE
North American Quitline	www.naquitline.org/?page=mappage	The North American Quitline directs you to your provincial Quitline for more support.
Canadian Cancer Society	www.cancer.ca 1-888-939-3333	The Canadian Cancer Society has information available on quitting smoking, second-hand smoke, and cancer.
Health Canada	www.hc-sc.gc.ca 1-866-225-0709	Health Canada has information available on quitting smoking, second-hand smoke, and Canadian smoking statistics.

DID YOU KNOW?

Within 72 hours of quitting, your lung capacity increases and breathing becomes easier.

Within six months of quitting, coughing and sinus congestion improve.

Within one year of quitting, your risk of suffering a smoking-related heart attack is cut in half.



© Windsor-Essex County Health Unit, November 2010.

KEY REFERENCES:

Buyse, D.J., Reynolds, C.F., Monk, T.H., Berman, S.R., & Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice [Electronic version]. *Psychiatry Research*, 28(2), 193-213.

Canadian Cancer Society. (2007). *One step at a time: For smokers who want to quit*. Retrieved March 25, 2010, from www.cancer.ca

Grove, J.R., Wilkinson, A., Dawson, B., Eastwood, P., & Heard, P. (2006). Effects of exercise on subjective aspects of sleep during tobacco withdrawal. *Australian Psychologist*, 41(1), 69-76.

Health Canada. (2007). *On the road to quitting: Guide to becoming a non-smoker*. Retrieved April 23, 2010, from <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/road-voie/index-eng.php>

Health Canada. (2008). *Canadian tobacco use monitoring survey*. Retrieved March 25, 2010, from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2008/ann-eng.php

Jaehne, A., Loessel, B., Barkai, Z., Riemann, D., & Hornyak, M. (2009). Effects of nicotine on sleep during consumption, withdrawal and replacement therapy [Electronic version]. *Sleep Medicine Reviews*, 13, 363-377.

Lung Association. (2009). *Sleep apnea*. Retrieved March 25, 2010, from http://www.lung.ca/diseases-maladies/apnea-apnee_e.php

Hurst, M. (2008). Who gets any sleep these days? Sleep patterns of Canadians. *Canadian Social Trends*, 85(Summer), 39-45. Statistics Canada, Catalogue no. 11-008-X. Retrieved August 09, 2010, from <http://www.statcan.gc.ca/pub/11-008-x/2008001/article/10553-eng.pdf>

Zhang, L., Samet, J., Caffo, B., Bankman, I., & Punjabi, N.M. (2008). Power spectral analysis of EEG activity during sleep in cigarette smokers [Electronic version]. *Chest*, 133, 427-432.